



Overview

- ▶ Reimbursement for Lactation Services as an FQHC - The Santa Barbara County Story
- ▶ What is a Federally Qualified Health Center (FQHC)?
- ▶ Steps to bill for BF through CPSP as an FQHC
- ▶ CPSP stands for Comprehensive Perinatal Services Program

Reimbursement for Lactation Services as an FQHC - The Santa Barbara County Story

- ▶ County funding for Lactation Services was maintained in a difficult economic environment
- ▶ Due to advocacy by the Breastfeeding Coalition in 2004, the program remained
- ▶ Permanent funding would need to be obtained in the future



What is a Federally Qualified Health Center (FQHC)

- ▶ A **Federally Qualified Health Center (FQHC)** is a reimbursement designation in the [United States](#) and includes:
 - ▶ [Community Health Centers](#) which serve a variety of Federally designated (MUA or MUP)
 - ▶ Serves migrant and seasonal agricultural workers,
 - ▶ Reaches out to homeless individuals and families and provide primary and preventive care and substance abuse services, and
 - ▶ Serves residents of public housing and are located in or adjacent to the communities they serve

Santa Barbara County Public Health Department a FQHC

- ▶ FQHC's bill Medi-Cal at a higher rate
- ▶ Every FQHC has a different rate (\$100-\$390+ per visit)
- ▶ In Jan 2006, regulations changed & allowed mid level providers to bill at this higher rate including RDs & Health Educators.

Steps to Provide Billable Services for BF through CPSP as an FQHC (1)

- ▶ Contact CPSP Perinatal Services Coordinator Directory by County
<http://www.cdph.ca.gov/PROGRAMS/CPSP/Pages/CPSPPerinatalServicesCoordinators.aspx#s>
- ▶ **Kelley Barragan, RN, PHN, MS**
- ▶ Perinatal Services Coordinator/SIDS Coordinator/
- ▶ Maternal Child & Adolescent Health Coordinator
- ▶ Santa Barbara County Public Health Department
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Steps to Provide Billable Services 1

- ▶ CPSP is a program for pregnant and postpartum woman.
- ▶ Provide billable services to the mother
- ▶ According to the "BF FAQs Medi-Cal Guidelines (January 2004), BF benefits are reimbursable under CPSP (BF2-6) &

Pregnancy: Comprehensive Perinatal Services Program (CPSP) Page 6 2007 Breastfeeding Related Services.

Three Categories of Clients

- 1) Our own County CPSP clients – policies and procedures were set up (50%)
- 2) Outside CPSP clients – DPA set up with each provider / site (40%)
- 3) Private doctors (non CPSP) – MOU set up (not required). Bring these clients into our CPSP program for Lactation help. PHD physician reviews / oversees component (10%)

Steps to Provide Billable Services (2)

- ▶ CPSP Dual Provider Agreement (DPA)
- ▶ Dual Provider Agreement must be set up between the CPSP agency seeing the client and the CPSP site they came from. The PHD set up DPA's with all CPSP sites within the County
- ▶ County CPSP Coordinator will help you set this up and has to be approved by the State CPSP Program
- ▶ Santa Barbara County PHD also had to approve the Dual Provider Agreement
- ▶ Santa Barbara County CPSP Coordinator meets with new CPSP providers and has them sign the DPAs. It is working great!
- ▶ Link to the CPSP Medi-Cal Manual. The manual has been updated to reflect clarifying language regarding CPSP Dual Provider Agreements. The revised language can be found on Preg Com 3, under "Reimbursable Services." (Feb 2013)
- ▶ http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/pregcom_m00o03.doc

Billing Codes for Mother ICD-10

Code Description
 Encounter for normal first pregnancy (Provide trimester)
 Encounter for other normal pregnancy (Provide trimester)
 Encounter for high risk pregnancy (Provide the risk and the trimester)

239.2 Routine Postpartum Follow Up

091.02 Infection of nipple associated with puerperium R L BI
 091.03 Infection of nipple associated with lactation R L BI
 091.111 Abscess of breast associated with pregnancy, first trimester R L BI
 091.112 Abscess of breast associated with pregnancy, second trimester R L BI
 091.113 Abscess of breast associated with pregnancy, third trimester R L BI
 091.13 Abscess of breast (mastitis - purulent) associated with lactation R L BI
 091.23 Nonpurulent mastitis associated with lactation
 092.03 Retracted / Inverted nipple associated with lactation R L BI
 092.13 Cracked nipple associated with lactation R L BI
 092.29 Engorgement of breast associated with puerperium R L BI
 092.29 Other & unsp disorders of breast associated with puerperium (i.e. inverted nipple, sore/neuralgia of nipple, vasospasm of nipple) R L BI
 092.3 Agalactia (primary)
 092.4 Hypogalactia
 092.5 Suppressed lactation (elective, secondary)
 092.6 Galactorrhoea
 092.79 Other disorders of lactation (Plugged duct, puerperal galactocele, postpartum engorgement) R L BI



Steps to Provide Billable Services (4)

- ▶ Lactation Consultants (LC) are not licensed in California & can not bill independently
- ▶ Under CPSP, the LC can bill if also a CNM, nurse practitioner, RN, LVN, social worker, RD, health educator, or a Comprehensive Perinatal Health Worker (CPHW). CPHW can have a high school degree, 18 years of age, and one year of paid perinatal experience (ex. Health Education Assistant or PC).
- ▶ **Approval in July 2014 for Breastfeeding Peer Counselors to Bill just like IBCLCs ☺**

Steps to Provide Billable Services as an FQHC (5)

- ▶ If we go past 8-12 units or 2-3 hours (billing codes 59605 Postpartum Nutrition & 59603 Nut Counseling), we answer the following questions in our doctor note and therefore do not need to submit a TAR since we are a FQHC. We do have to keep it on file. (Preg: CPSP Pg 12-Aug 2008 TARs)
- ▶ **Longer services of IBCLC required due to the severity of: not latching**
- ▶ **Anticipated improved outcome with additional services:**
- ▶ Medi-Cal does not reimburse for phone calls
- ▶ Can not be reimbursed for home visits since one has to be a nurse

Steps to Provide Billable Services (6)

- ▶ As an FQHC, we are reimbursed equally for State Medi-Cal and Managed Medi-Cal (CenCal Health in Santa Barbara County)
- ▶ Do not receive the FQHC rate for private insurance
- ▶ Can not bill for two FQHC visits on the same day
- ▶ Clients with state Medi-Cal -Time frame for CPSP Postpartum services is to the last day of the second month post the month of delivery. So, regardless of whether the baby was delivered on January 1 or the 31st, the coverage is valid until March 31.

Steps to Provide Billable Services (7)

- ▶ We fax the assessment to the obstetrician and pediatrician
- ▶ We do not need a doctor referral to see the mother
- ▶ The **8** (LCs, LE, PCs) are partially paid by county general fund money /CPSP. When we see clients for BF problems will do not code our time to WIC and thus are not double dipping.

Conclusion

- ▶ Establishing this reimbursement system through CPSP was a slow and challenging process
- ▶ The journey is worth it. Many families receive lactation help which affects health outcomes for generations
- ▶ 2009 two IBCLC (1 FTE) generated \$175,382.
- ▶ 2010 year with three IBCLC's (1.5 FTE) \$213,000.
- ▶ 2011 with (1.5 FTE) \$224,000.
- ▶ 2012 - 4 IBCLCs (1.75FTE) \$261,901
- ▶ 2013 - 5 IBCLCs \$297,000 (1.75 FTE)
- ▶ 2014 - 6IBCLCs **\$372,357 (2.45-2.85 FTE)**
- ▶ **2015- \$433,981**



Conclusion

- ▶ **Breastfeeding is a Public Health and Social Justice Issue**
- ▶ Generating new revenue for lactation is possible
- ▶ **Never, never give up**
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**What
Questions
Do You
Have?**