

Advocacy Efforts Result in Improved Medi-Cal Breastfeeding Regulations

It has been over a decade since breastfeeding advocates in local coalitions first identified problems in Medi-Cal for supporting breastfeeding. As the layers of needed change were peeled away, this has proven to be a complex, but worthy undertaking. Progress has been made, and more work needs to be done to complete the process.

It Takes a Village...

Initially Medi-Cal staff and breastfeeding advocates worked in local coalition meetings to try to improve access. The Breastfeeding Promotion Advisory Committee of the former Department of Health Services provided expert input for improving Medi-Cal's regulations with respect to breastfeeding support. In 2005 Maternal Child Health Access in Los Angeles spent months of concentrated effort gathering information and identifying problems. Since 2007 CWA, other breastfeeding advocates, and staff from the WIC and MCH Divisions of the Department of Public Health have been meeting with the Department of Health Care Services (DHCS) to streamline Medi-Cal regulations regarding lactation support for both consultations and breast pumps.

CA DHCS Supports Breastfeeding!

These efforts to improve Medi-Cal regulations for breastfeeding support the intent of the Department of Health Care Services. A recent bulletin states, "The DHCS promotes breastfeeding as the superior way to feed infants. It is a priority of the Department to promote, protect and support breastfeeding among all Californians as the most healthy and preferred method of infant feeding for at least the first year of life."

Key to the progress has been the commitment of Medi-Cal staff to understand breastfeeding and how critical the quality and timing of support is to successful and sustained feeding, particularly exclusive breastfeeding. And CWA and other breastfeeding advocates now have a better understanding of Medi-Cal operations and regulations and the impact and complexity of requesting changes.

While much remains to be done to improve access to breastfeeding consultations and pumps through Medi-Cal, several major policy issues have already been addressed, as summarized below. We're hopeful that these improvements will begin to make a difference in Medi-Cal access once they hit the field!

The following policies apply whether the individual's Medi-Cal coverage is through fee-for-service or managed care plans.

Who Is Covered?

- Lactation support services and breast pumps may now be billed under either the mother's or the infant's Medi-Cal number.

In the past, only pumps could be billed under the infant's number. The new policy is very important as many women lose Medi-Cal eligibility at 60 days post-partum but may still need lactation support after that time. Under the new policy, even after the mother's Medi-Cal ends, both lactation support and breast pumps can still be accessed using the infant's Medi-Cal number.

- Coverage for both lactation consultation and breast pumps under the infant's card is available even if the infant is older than one year of age.

This removes a major barrier to access to breastfeeding support services for toddlers for families where either the mother or the toddler has Medi-Cal coverage.

What Is the Scope of Benefits?

As noted above, both lactation consultations and breast pumps are covered by Medi-Cal.

How Are Benefits Accessed?

This depends on when the services are needed and whether the mother's or the child's Medi-Cal number is being used.

Lactation support: Families may access lactation support under any of the following that apply:

- the **mother's** Medi-Cal number **during the 60-day post-partum period** through Medi-Cal's Comprehensive Perinatal Services Program (CPSP).
- the **mother's** Medi-Cal number **after the post-partum period** if she has "full-scope" Medi-Cal. Here, the services are part of Medi-Cal's nutrition counseling benefits and are billed as CPT 4 codes 99211-99215. ..
- the **child's** Medi-Cal number under Medi-Cal's nutrition counseling benefit, with the same billing codes noted above. This major policy improvement will be issued in a formal Provider Bulletin later this year.

Are TARs required for lactation consultation under Medi-Cal? Medi-Cal Treatment Authorization Requests (TARs) for lactation consultations are generally not required under either fee-for-service or managed care. There are some exceptions, however.

- One exception is when the standard units of CPSP consultation for the mother would be exceeded; in that case, a TAR is required for fee-for-service patients to access additional units of CPSP during the 60-day post-partum period.
- Another exception is when a child’s medical needs cannot be adequately addressed under the Medi-Cal billing codes listed above. Additional services necessary to “correct or ameliorate” any illness or condition the child experiences should be made available under Medi-Cal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. A TAR would be required for EPSDT breastfeeding support that goes beyond the CPT codes listed above for Medi-Cal’s usual nutrition counseling benefit.
- Some managed care plans have an internal prior approval process which they may apply to breastfeeding support services of any kind. These are not Medi-Cal TARs strictly speaking, but if internal plan approval is denied, it can be appealed to both the plan and to Medi-Cal

For more information about appeals of TAR denials or internal plan denials, contact a local legal advocacy organization, many of which are listed at www.healthconsumer.org

Breast Pumps

The following breast pumps are benefits of the Medi-Cal program, when prescribed by a licensed health care provider within their scope of practice.

<u>HCPCS Code</u>	<u>Description</u>
Manual and Personal Pumps	
E0602	Breast pump, manual, any style, purchase only, maximum reimbursement for purchase \$23.62
E0603	Breast pump, electric (AC and/or DC), any type known as personal grade electric breastpump, maximum reimbursement for purchase only, \$93.15
Hospital Grade Pumps	
E0604	Breast pump, heavy duty, hospital grade, rental only, maximum reimbursement \$2.72/day

The price point at which a rented pumped becomes owned by a patient due to a long term rental is \$500 or approximately 180 days of rental.

TARs are required for the rental price of an electric hospital grade pump when the rental cost reaches \$50, which is approximately 18 days. **CWA is asking for consideration of a policy change to eliminate or increase the TAR trigger to improve access for mothers on Medi-Cal.**

DHCS communicates important information for Medi-Cal providers through Provider Bulletins (PB), published monthly. A PB in January 2008, Bulletin 671 provides more details on breast pumps including renting hospital-grade electric pumps more than 18 days, This is another major policy improvement as we now have in writing, criteria for uniform application regarding pumps for the first time! Provider Bulletin available at: <http://files.medi-cal.ca.gov/pubsdoco/publications/bulletins/dme/archive/pdf/dme20080101.pdf>

Durable Medical Equipment Provider Moratorium

Businesses exist throughout the state to provide medical equipment, for rental or sale, to patients for medical needs. Breast pumps are durable medical equipment (DME). In February 2008 a longstanding moratorium of new DME providers was lifted, except in the counties of Los Angeles, Riverside, San Bernardino, Orange and San Diego.

Given the current budget crisis, Medi-Cal reimbursement rates for breast pumps (or any other DME) will not be increased. However, CWA has proposed that Medi-Cal purchase breast pumps in bulk for DME providers,, which would lower the costs and make the existing reimbursement rates more acceptable to DME providers, thereby improving access to the pumps for women and children with Medi-Cal coverage. Stay tuned for updates!

Reimbursement of IBCLCs

CWA and breastfeeding advocates are discussing with state staff ideas for including a major policy change that includes new ways to reimburse IBCLCs. Medical providers in Medi-Cal are reimbursed directly as 'providers' or indirectly as 'practioners' working under a licensed provider. Currently IBCLCs can be reimbursed as 'practioners' in the CPSP program working under a licensed provider. Discussions continue on ideas for more ways to reimburse IBCLCs as part of the health care team in Medi-Cal.

Medi-Cal Managed Care and Lactation Support

One of the major areas of concern of breastfeeding advocates is the wide variation in lactation support provided by the various Medi-Cal Managed Care plans. The plans currently use a letter from 1998 outlining breastfeeding support. Advocacy efforts will focus on more clearly defining lactation support and work toward more widespread standardization of policies and practices.

Communication of Improvements (Taking it to the streets!)

CWA and breastfeeding advocates will work with DHCS staff to disseminate this information to breastfeeding and health care providers, DME providers and manufacturers, and mothers. Look for more communications!

For questions contact Karen Farley at kfarley@calwic.org