

*Opportunities for the
Lactation Consultant:
Service
Provider Models*

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Learning Objectives:

At the end of this workshop:

1. Attendees will be able to describe 3 models for how IBCLCs can provide lactation support in the community.
2. Attendees will be able to describe processes and agreements for obtaining reimbursement for services in each model.
3. Attendees will be able to identify challenges in obtaining reimbursement for services in each model.

Points we will touch on...

- Background
- Assessing the needs
- Making connections
- Getting started
- Program planning & evaluating
- Securing funding/reimbursement
- Expanding services
- Moving forward and future possibilities

Who am I?

- Mother of three
- MPH, Non RN LC
- Community Partner
- Business woman
- Retailer
- Consultant/Teacher



Assessing the need...

- Look at what services are in your community
- Talk to local Peds/OB's
- Join local coalitions, BF committees...
- Mothers groups
- Surveys/Needs Assessments
- Who are the moms in your community?
- Where are they getting ed/services?
- Where are the gaps?
- Partnerships...

What my practice looks like...



Where to start?

- ✓ Look at business structure
- ✓ Tax ID number-
<http://www.irs.gov/businesses>
- ✓ Apply for a fictitious business name statement/run ad
- ✓ Insurance/Contracts
- ✓ Get a business license in your city
- ✓ Bank accounts
- ✓ www.ftb.ca.gov/
- ✓ www.sba.gov/
- ✓ National Provider Identifier Number
www.hhs.gov

Contractor, Employee...

- Local Hospitals
- FQHC
- Comprehensive Perinatal Services Program (CPSP)
- Pediatric Groups
- Various Corporations
- WIC Agencies



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Sample
W-9

SAMPLE

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)
Joe's Vendor Service

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
1234 Main Street

City, state, and ZIP code
Local Town, CA 94110

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
OR
Employer identification number
12 : 3456789

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the Instructions on page 4.

Sign Here Signature of U.S. person ▶ *Joe P. Vendor* Date ▶ *6/1/10*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Owner of the Peninsula Breastfeeding Center

- Retail center
- Pump rentals
- Community resource
- Weigh station
- Classes
- Consultations



How do we get paid?

- Private pay
- Flexible spending accounts
- Insurance contracts
- Superbills
- Gratis



Coding

- www.findacode.com/search/search.php
- ICD-9 codes
- Codes are changing in Oct 2013
- E/M codes

Sample Superbill with Coding

- Can be used for insurance reimbursement for client to submit

- Can be used for Flexible Spending Account Receipt

Patient's Name and ID#:		Date:	
Address:		Referring MD:	
		Insurance Carrier:	
Phone:	Patient's DOB:	Insurance ID #	Group #
Infant Name:	Infant DOB:	Subscriber:	Relation to Subscriber:
Other Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify:			

Special Services		Home Services		Consultations		Breastfeeding Supplies	
New/Established Patient		New Patient		Outpatient/Physician Referral		Hospital Grade Electric Pump: E0604	
Telephone - Intermediate	99372	Focused	99341	Focused	99241	Rental ___ days @ \$	Total
Telephone - Long	99373	Expanded Focus	99342	Expanded Focus	99242	Pump Type: _____	
Services 10pm - 8 am	99052	Detailed	99343	Detailed	99243	Electric/Battery Breastpump: E0603	
						Purchase Price \$	Total
						Pump Type: _____	
Sunday/Holiday	99054	Established Patient		Comprehensive	99244	Manual Breast Pump: (remains E0602)	
Medical Team Conference	99361	Focused	99351	High Complexity	99245	Purchase Price \$	Total
		Expanded Focus	99352			Supplies: E1399	Total
		Detailed	99353			Baby Weigh Scale: E1399	
						Rental ___ days @ \$	Total

Healthy Horizons Lactation Services
 720 Howard Ave, Burlingame, CA 94010
 (650) 579-2726 Fax (650) 685-4506
 Tax ID # 94-3306065

Total Fees Paid _____
 Balance Due _____

Provider Signature and Date: _____

- MATERNAL
- ___ Abscess of breast..... 675.12
 - ___ Abscess of nipple..... 675.03
 - ___ Agalactia (no milk).....676.44
 - ___ Candidiasis.....112.9
 - ___ Cracked nipple.....676.14
 - ___ Cyst.....610.0
 - ___ Dermatitis contact.....692.9
 - ___ Engorgement of breasts.....676.24
 - ___ Galactocele (Plugged Duct).....676.84
 - ___ Galactorrhea.....676.62
 - ___ Infections of nipple.....675.04
 - ___ Lactation toxicity.....760.70
 - ___ Mastitis - non-purulent.....675.24
 - ___ Mastitis - purulent.....675.14
 - ___ Other and unspecified disorder of breast.....676.34
 - ___ Other specified infection of breast and nipple.....675.84
 - ___ Retracted nipple.....676.04
 - ___ Suppressed lactation.....676.54
 - ___ Twin pregnancy post-partum condition or complication.....651.04
 - ___ Unspecified disorder of lactation.....676.94
 - ___ Unspecified infection of the breast and nipple.....675.94
 - ___ Other.....

Sample HICF

1500

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 04/03

MPMG
577 Airport Blvd., Suite #300
Burlingame, CA 94010

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> OTHER <input type="checkbox"/>		2. PATIENT'S NAME (Last, First, Middle Initial) Smith, Sam N.		3. PATIENT'S BIRTH DATE 8 15 11		4. INSURED'S ID NUMBER XDM3162456		5. INSURED'S NAME (Last, First, Middle Initial) Smith, Robert J.	
6. PATIENT'S ADDRESS (Street, City, State, ZIP Code) 123 Main Street Burlingame CA 94010		7. PATIENT'S RELATIONSHIP TO INSURED Spouse		8. PATIENT'S SEX M		9. INSURED'S ADDRESS (Street, City, State, ZIP Code) Same as # 5		10. INSURED'S SEX M	
11. EMPLOYER'S NAME OR SCHOOL NAME		12. EMPLOYER'S ADDRESS (Street, City, State, ZIP Code)		13. EMPLOYER'S PHONE NUMBER (Area Code, Number)		14. INSURED'S POLICY OR GROUP NUMBER H3602		15. INSURED'S DATE OF BIRTH 12 3 64	
16. EMPLOYER'S TYPE OF BUSINESS		17. EMPLOYER'S TYPE OF SCHOOL		18. EMPLOYER'S TYPE OF SCHOOL		19. INSURANCE PLAN NAME OR PROGRAM NAME TRS Health Net		20. IS THERE ANOTHER HEALTH BENEFIT PLAN? NO	
21. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE Signature on file		22. DATE 8/15/11		23. SIGNATURE Signature on file		24. DATES PATIENT IS ABLE TO WORK IN CURRENT OCCUPATION NIA		25. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES NIA	
26. DATE OF CURRENT ILLNESS 779.31		27. IF PATIENT HAS HAD ANOTHER ILLNESS (Specify Date)		28. MEDICATED RESUBMISSION ORIGINAL REF. NO.		29. PRIOR AUTHORIZATION NUMBER XYZ201112345		30. CHARGES 195 - 4	
31. DATE OF SERVICE 8 15 11		32. PLACE OF SERVICE 99244		33. PROCEDURE, SERVICE, OR SUPPLY 195 - 4		34. CHARGES 195 - 40		35. AMOUNT PAID 155 -	
36. SIGNATURE OF PHYSICIAN OR SUPPLIER Sheela D. J...		37. DATE 8/15/11		38. SERVICE FACILITY LOCATION INFORMATION Healthy Horizons 1432 Burlingame Ave Burlingame, CA 94010 NPI # XXXXXXX21		39. BILLING PROVIDER INFO & PH 650 579-2726 Healthy Horizons Burlingame, CA 94010 NPI # XXXXXXX21		40. BALANCE DUE	

What happens when the need increases?

- Hiring employees vs. contractors
- Payroll
- Overhead – rent, utilities, workmen's comp, sales tax...
- Training
- Delegating and managing

Endless possibilities...

- Medical Provider – DME
- Expansion of Workplace Lactation Services
- Speaking engagements
- Educational workshops
- Expert for lactation-related issues

References

1. Bonuck, K.A., Trombly, M., Freeman, K., & McKee, D. (2005). Randomized, controlled trial of a prenatal and postnatal lactation consultant intervention on duration and intensity of breastfeeding up to 12 months. *Pediatrics*, 116(6), 1413-1426.
2. American Academy of Pediatrics (AAP). (n.d.). Supporting breastfeeding and lactation: The primary care pediatrician's guide to getting paid. Retrieved August 27, 2008, from <http://www.aapdistrictii.org/BreastCoding.pdf>
3. Riordan, J. (2005). Work Strategies and the lactation consultant. In J. Riordan (Ed.), *Breastfeeding and human lactation* (3rd ed., pp. 31-63). Sudbury, MA: Jones and Bartlett Publishers.