

INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANTS:  
CURRENT REIMBURSEMENT PRACTICES IN THE UNITED STATES

By

Ellen Chetwynd

A paper presented to the faculty of the University of North Carolina as  
Chapel Hill in partial fulfillment of the requirement for the  
Degree of Master of Public Health  
In the Department of Maternal and Child Health

Chapel Hill, N.C.

April 18, 2011

Approved by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Abstract**

### **OBJECTIVES**

To explore International Board Certified Lactation Consultants' (IBCLCs) reimbursement strategies and the rate of successful reimbursement from third party payers.

### **METHODS**

All United States IBCLCs (10,495) received an email survey. Results were descriptively analyzed.

### **RESULTS**

The response rates was 29% (n=2637). Thirty-nine percent either did not know about strategies or did not file for reimbursement. Thirty-four percent use their IBCLC certificate as a billing source which was highly successful for 5% of encounters. Six percent used other credentials, which was highly successful for 25% of encounters.

### **CONCLUSIONS**

Lactation management by IBCLCs is not consistently reimbursed by third party payers. The credentials used influence the success of reimbursement claims. Many IBCLCs are not familiar with reimbursement or do not submit to insurance.

---

## TABLE OF CONTENTS

---

I	Introduction.....	p.3
	Problem Statement.....	p.6
	Conceptual Model.....	p.7
II	Literature Review.....	p.9
111	Methods.....	p.12
	Survey Design.....	p.13
	Questionnaire Development.....	p.13
	Survey Distribution.....	p.15
	Sample.....	p.15
	Data Collection.....	p.15
	Data Analysis.....	p.16
	Definition of Variables.....	p.16
IV	Results.....	p.20
	IBCLC Practice Patterns.....	p.22
	IBCLC Reimbursement Patterns.....	p.23
	Results of Study Aims.....	p.24
V	Discussion.....	p.29
	Recommendations for Future Research.....	p.32
VI	Conclusions.....	p.33
VII	Acknowledgements.....	p.35
VIII	References.....	p.36
IX	Appendix 1.....	p.40
X	Appendix 2.....	p.58

## **Introduction**

The profession of lactation consulting as defined by the International Board Certified Lactation Consultant (IBCLC) is a relatively new field of specialty care. It was established first in the United States and Australia in 1985 by the International Board of Lactation Consultant Examiners (IBLCE) and the International Lactation Consultant's Association (ILCA), and originally funded by La Leche League International. (1) Currently, there are 22,776 IBCLCs in 44 countries, 11,056 of whom practice in the United States. (2) Although IBCLCs can trace their roots to La Leche League groups, the profession has progressed well beyond peer counseling. IBCLCs are trained to work with women when breastfeeding problems occur. (3,4) Typically women with breastfeeding problems are referred to IBCLCs when the lay support community or their primary care providers are unable to manage them. (5-7) An IBCLC's skills are most useful for maintaining a healthy breastfeeding relationship when more complex situations arise, requiring a thorough evaluation of both mother and baby. The Surgeon General, in her *2011 Call to Action to Support Breastfeeding* notes that IBCLCs are the only health care professionals certified in lactation care. One of her actions to increase breastfeeding success in the United States is to increase access to IBCLCs. (8)

The specialist care that an IBCLC can provide is different from the emotional support, encouragement, and help with minor difficulties that can be managed by a host of support persons such as peer counselors and the mother's own support resources and community. There have been numerous studies showing that increasing peer support can have a positive outcome on breastfeeding success. (9,10) IBCLCs, however, are more like highly trained specialists, such as physical therapists, both of whom have a unique set of clinical skills. In contrast, peer counselors are similar to volunteer coaches of a sports team; individuals with personal

experience and more knowledge in the area of interest than the general population, and usually very willing to help others with that same interest. Breastfeeding is a learned skill, and as such, mothers often have questions and concerns in the course of normal breastfeeding. But when difficulties arise, they can cause pain and anxiety for mothers and fathers, hospitalizations, dehydration or failure to thrive in infants, as well as a need for medications for infections or skin disorders in mothers, and/or referrals to other health care specialists. (3) It is important that the appropriate care is available if these more difficult problems arise.

Similarly, IBCLC care can be differentiated from the care provided by primary care clinicians. When a mother or her baby are seen in the course of standardized clinical care, the clinician, whether in the inpatient or community setting, will have a number of goals for the encounter. While breastfeeding is hopefully one of the issues addressed for any breastfeeding mother or baby, it is usually not the only one that needs to be evaluated and treated during the allotted time, leaving little time to evaluate breastfeeding. Additionally, while primary health care providers have access to breastfeeding mothers and babies for routine health management, few have the training or experience needed to provide adequate breastfeeding support (11,12). When a primary clinician identifies a problem that needs focused attention, they typically refer that patient to a specialized clinician who can dedicate time and expertise to that one aspect of the patient's care. For instance, a primary clinician could send a patient to a physical therapist for help recovering from back pain associated with an injury, just as they could send a mother to an IBCLC if her baby is not gaining weight while exclusively breastfeeding. An IBCLC, like a physical therapist would see the patient for a focused period of time, and then send the patient back to their primary provider once the difficulty has been appropriately managed.

The term “lactation consultant” is not proprietary to International Board Certified Lactation Consultants. There are several other certification processes that can be used to gain competence in breastfeeding support. Certified Lactation Counselors (CLC) and Certified

**Table 1. Certification of “Lactation Specialists”**

IBCLC	CLC	CLE
300-1000 hours of supervised clinical experience. 45-90* hours of lactation education prior to exam www.iblce.org	5 day workshop based on WHO/UNICEF breastfeeding counseling training prior to exam www.healthychildren.cc	20 hour workshop, various readings, observations and a self administered, open book test www.cappa.net
*Beginning 2012, IBCLC candidates will need to complete 8 specific higher education credits, and 6 specific continuing education courses as well as lactation specific education before qualifying for the exam		

Lactation Educators (CLE) can be confused with IBCLCs by families seeking support with breastfeeding, human resources personnel, and other health care providers. The Center for Disease Control and

Prevention (CDC) and the Surgeon General both refer to IBCLCs when they discuss specialists in lactation management; however, the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) refer only to “lactation specialists”.

(13,8,5,6) While all certifications give practitioners valuable education and training in the support of breastfeeding mothers, IBCLCs receive a much more rigorous and in-depth education prior to certification (see Table 1). For the duration of this paper “lactation consultant” will refer specifically to IBCLCs.

Despite the growing contributions to the health care system made by IBCLCs, consistent third party reimbursement for lactation management services provided by lactation consultants is lacking. (13) Without consistent insurance coverage for lactation management services, disparities in care will continue to exist for those families with breastfeeding problems. Women who can afford to pay for the service will seek care regardless of coverage, and women from the populations most vulnerable to breastfeeding difficulties, such as African Americans and low income women, (8,14) may not be able to access the care they need to successfully breastfeed. In

order to help women in the United States to reach their breastfeeding goals, lactation management will need to be accessible and available to all mothers who are in need. (14)

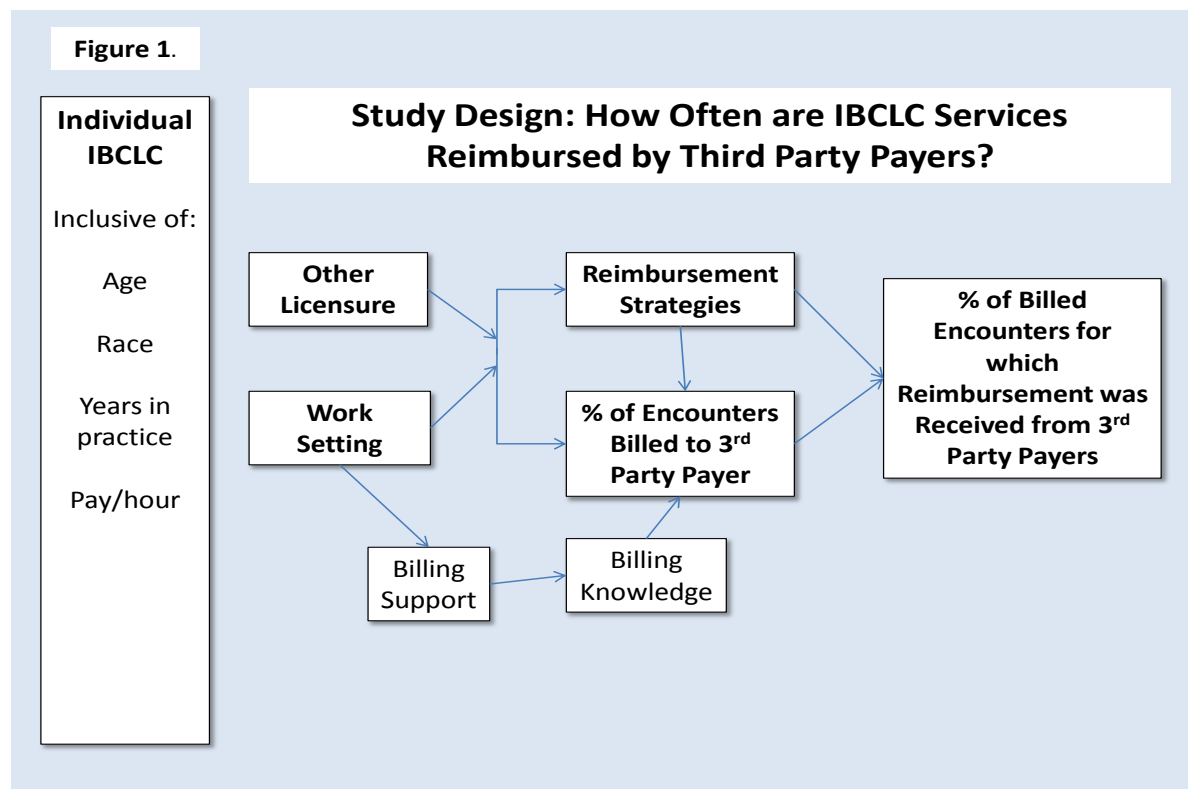
### **Problem statement**

Lack of consistent reimbursement for lactation consulting services by third party payers creates a barrier to appropriate access to care by women experiencing breastfeeding difficulties, as stated by both the CDC and the Surgeon General. (8,13) Since the IBCLC certification is rarely accepted by insurance companies as a legitimate billing provider, IBCLCs are forced to use a variety of strategies to assist their clients in receiving third party reimbursement, while others do not involve themselves in reimbursement at all. The medical community is cognizant of this problem, (8,13) however, without a clear understanding of current reimbursement practices, it becomes more difficult to advocate for change. To address this gap in our understanding, we invited all IBCLCs in the United States to complete a survey regarding their third party billing practices.

Although there are several informational articles on how to bill for lactation management services in the literature, (16-18) there is little information available on how often reimbursement occurs, and which reimbursement strategies are the most successful. The purpose of this study was to define the determinants of reimbursement for IBCLC services. To achieve this goal, we pursued the following aims (Figure 1):

- 1- To quantify how often third party payers are billed for IBCLC consults.
- 2- To measure the reimbursement rate, or percent of IBCLC lactation consults billed that successfully receive any level of reimbursement.
- 3- To determine what strategies are used by IBCLCs and their employers to facilitate third party reimbursement.

## Conceptual Model



The primary dependent variable in this study is the reimbursement rate for IBCLC encounters, or the percentage of billable encounters submitted to insurance for which any level of reimbursement is received. An IBCLC encounter is considered to be a consult, or a billable service, distinct from breastfeeding support. Breastfeeding support might be considered a part of maintaining the quality of care, and thus would not be considered a unique billable encounter. We theorized that this would be primarily affected by two variables:

- How often third party payers are billed for IBCLC encounters
- The reimbursement strategies that are being employed by IBCLCs

The percentage of IBCLC encounters billed to third party payers would be affected by several factors:



- Reimbursement strategies
- Knowledge of the billing strategies
- An IBCLC's work setting
- Any other medical licensure or credential she might have as a billing provider

Reimbursement strategies would also be affected by:

- An IBCLC's work setting
- Any other medical licensure she might have as a billing provider

We tested the following hypotheses under each aim:

*1- Quantify how often third party payers are billed for IBCLC care.*

- a. Work setting and IBCLCs other credentials will influence how often third party reimbursement is sought.

*2- Measure the reimbursement rate, or percent of IBCLC lactation consults billed that successfully receive any level of reimbursement.*

- a. The success of reimbursement strategies will vary.

*3- To determine what strategies are used by IBCLCs and their employers to facilitate third party reimbursement.*

- a. Work setting will influence the type of reimbursement strategy used.
- b. IBCLCs who have other medical licenses or credentials will use them for billing purposes.
- c. Individual characteristics of lactation consultants will not influence reimbursement strategies.
- d. Billing support available within the work setting will increase billing knowledge and thus the reimbursement rate.

## **Literature review**

Breastfeeding has been an important public health goal for in the United States for much of the twentieth century, but particularly since the breastfeeding initiation rates reached their lowest level of 24% in 1971. (19) The US government first made breastfeeding promotion explicit in the 1978 *Objectives for a Healthy Nation*, followed by the 1984 *Workshop on Breastfeeding and Human Lactation* (20) which was called by Surgeon General C Everett Koop, and outlined efforts for moving forward with breastfeeding support at the national level. Initially, government efforts focused on obtaining baseline information on breastfeeding initiation and duration rates by including questions about breastfeeding on the National Immunization Survey in 2001-2002, (14) and by publishing the Health and Human Services Blueprint for Action on Breastfeeding in 2000. (21) These efforts culminated in the Health and Human Services Office on Women's Health publicity campaign to promote breastfeeding, which ran from 2004-2006 (22) and the Agency for Healthcare Research and Quality summary of the benefits of breastfeeding in 2007. (23) From that point onward, program emphasis shifted from initiation of breastfeeding to support of continued breastfeeding, with programs such as The Business Case for Breastfeeding, (25) initiated in 2008, and continuing with the Affordable Care Act in 2010 and Surgeon General Regina Benjamin's *Call to Action to Support Breastfeeding*, released in January 2011. (8)

As the national emphasis moved from breastfeeding initiation to breastfeeding duration and exclusivity, the role of health care providers became more important. Breastfeeding initiation rates have increased to 75%, but many women stop nursing exclusively before six months, and stop nursing altogether before a year. While the AAP recommends that all babies breastfeed for

at least a year and exclusively breastfeed for 6 months, (6) the most recent statistics available from 2007 show that only 13% of US babies were exclusively breastfeeding at 6 months and 22% of babies were still breastfeeding at a year. (26) Some of the reasons women are not able to continue breastfeeding have to do with community support, such as women's need to return to work. (27) However, difficulties with breastfeeding are the primary causes of discontinuation listed by breastfeeding women. In the first 3 months of life, mothers state that difficulty with latching, concerns that their babies aren't getting enough milk, and pain with breastfeeding are their three primary reasons for weaning. (28) These are all concerns that could be successfully corrected by an IBCLC.

While the research specifically on IBCLC based interventions for breastfeeding mothers is not abundant, there is some evidence that there are improvements in breastfeeding rates with the use of IBCLCs. (29-31) Castrucci et al demonstrated an association between hospitals with lactation consultants and higher breastfeeding rates at discharge in her observational study. Mothers from hospitals with IBCLCs were 2.28 (95% CI: 1.98, 2.62) times more likely to be breastfeeding at hospital discharge. (32) Bonuck et al designed an intervention using lactation consultants in the outpatient setting for primarily low income women in which she found that control arm subjects had lower breastfeeding intensity (a cumulative breastfeeding score dichotomized at its median for bivariate analysis) at both 13 weeks (OR 1.90, 95% CI 1.13, 3.20) and 52 weeks (OR 2.50, 95% CI 1.58, 4.21) compared to those that were supported by lactation consultants. (33)

### **Understanding Reimbursement**

Reimbursement of medical care is based both on what a clinician does, and how they communicate that information to the third party payer, or insurance company. A patient's insurance card represents a contractual agreement with a third party payer to cover the cost of

medical care. That contract specifies how much of the care will be paid for by the insurance company, and how much is the responsibility of the patient. This agreement can differ by policy type, company, the type of provider giving the care, and the clinical facility and their relationship with the insurance company.

Typically, after the care is provided by the clinician, the information from the visit is communicated to the insurance company, unless the patient is paying ‘out-of-pocket’. Paying out-of-pocket means the patient will pay the clinician directly for the service, without involving an insurance company. In order to manage communication between the insurance companies and clinicians, a system of codes was developed. (34) In the United States, two primary coding systems are used for third-party billing, the Current Procedural Terminology (CPT) codes and International Classification of Disease (ICD-9) codes. CPT codes are a system maintained by the American Medical Association to classify the level of complexity of the visit. The level of coding is determined by the number of body systems (such as gastrointestinal, neurological, etc), that are evaluated and charted in the medical records for each patient contact, or the duration of face-to-face contact between the patient and the clinician. The larger the number of systems or the more time spent in a face-to-face encounter, the higher the coding level and the greater the reimbursement for the visit. (35) ICD-9-CM codes, or the International Classification of Diseases, Ninth Revision, Clinical Modification, is based on the World Health Organization’s Ninth Revision, International Classification of Diseases (ICD-9). These codes are used to classify the condition being treated, and procedures being performed. (36)

Reimbursement also depends on the credentials of the health care provider. IBCLCs use these billing codes in their communication with insurance companies; however, because IBCLCs have a certificate rather than a licensure, insurance companies are less likely to recognize

IBCLCs as billable clinicians. This has nothing to do with the quality of the care provided, but rather with what the insurance company chooses to reimburse. There are currently no government guidelines that require insurance companies to reimburse patients for IBCLC services. Often private insurance companies will model themselves on Medicaid or Medicare coverage, but currently Oklahoma is the only state in the United States in which Medicaid will reimburse an IBCLC for an IBCLC consult. And even here, the IBCLC must have another medical licensure in order to qualify as a billing clinician. (36) For this reason, IBCLCs sometimes use “incident-to” billing, in which another clinician, with a medical license recognized as a billable clinician by the insurance companies, will come into the visit, evaluate the patient, and agree to the plan of care. In this way, the second clinician takes responsibility for the care that is being given, and the insurance company is then billed under their licensure. (37)

## METHODS

The purpose of our study was to define current reimbursement practices among IBCLCs in the United States. This study was carried out in several phases. First, key informant interviews were undertaken with practice managers in clinical settings employing lactation consultants, and with IBCLCs who had interest and experience in this topic. Next, the knowledge gained was used to create a confidential email survey which was mailed to as many lactation consultants as possible by way of a collaborative relationship with the International Board of Lactation Consultant Examiners. The data from the survey was then analyzed to answer the study questions.

## **Survey Design**

The survey was designed using Qualtrics survey software (38). It was created by the primary investigator, with technical assistance from the survey technology staff at the Odum Institute, University of North Carolina at Chapel Hill. The survey was reviewed by two other researchers who have conducted surveys for the United States Lactation Consultant Association (USLCA), an epidemiologist from the Cecil G. Sheps Center for Health Services Research, and members of Carolina Global Breastfeeding Institute, the International Board of Lactation Consultant Examiners, and the United States Breastfeeding Committee for content accuracy. The first pilot test was given to local IBCLCs and the Board of United States Lactation Consultant Association. Their input was incorporated, and it was piloted again on a smaller group of local IBCLCs.

## **Questionnaire Development**

Careful attention was paid to both the order of the questions, and the way the questions were built to increase optimizing, defined as a respondent's desire to be thorough and thoughtful throughout the survey, and decrease satisficing, defined as a respondent's desire to complete the process, but minimize energy expenditure in doing so thus decreasing the quality of their responses. (39) Qualtrics has a number of possible survey question design tools that require extra computer skills, but which might simplify or add interest to survey questions. The risks of using these higher level tools were weighed against the interest and visual cleanliness that they might add to the survey responses. Additionally, each question was evaluated for simplicity and clarity. Directions for survey questions were kept as short as possible. When items caused confusion during testing of the survey, block capitals were used to increase clarity. It was recognized that some of the topics being explored were complex concepts, and that this level of

complexity might complicate the survey and therefore increase the risk of satisficing. However, it was theorized that this would be counterbalanced by the motivation that IBCLCs would feel, particularly in these difficult economic times, to answer questions on a topic that has significant bearing on their professional success and acceptance as medical professionals. (39)

The first section of the survey collects basic demographic data about individual lactation consultants and their job history. From the key informant interviews conducted during the design process, it was concluded that many lactation consultants hold multiple jobs as IBCLCs simultaneously in order to work full time. Even within the same job, there are often a variety of roles performed; for example, one lactation consultant might teach a prenatal breastfeeding class, provide consulting on an inpatient unit, and see patients in an outpatient clinic, all of which have potentially different avenues for third party reimbursement. Therefore, the beginning of the survey was designed to gather information on all of the positions individual IBCLCs held.

The second part of the survey also attempted to differentiate how each IBCLC was categorized within her position, and how this informed her work flow and the type of work she did. For instance, she may have been hired by human resources in a hospital as a registered nurse (RN), but have exclusively lactation consulting responsibilities. To reduce survey participant burden, participants were asked to select the current position in which they spent the most time to answer questions in the second part of the survey about current job status and work flow, and to select the job in which they had the most information about reimbursement to answer the questions on this topic in the third part of the survey. See Appendix 1 for complete survey.

### **Survey Distribution**

Since the survey was distributed to the entire population of current IBCLCs in the United States, no sampling strategies were employed during distribution. The survey was sent out three

times. No identifying contact information was collected on survey respondents, so each recipient received the survey invitation with each mailing. Survey distribution was designed to follow the guidelines presented by Roe and Crawford; however, between the timing of the Institutional Review Board's approval of the project, and an intervening weekend, it was instead sent at 5 days, then 8 days after the original invitation to participate, rather than the recommended 4, 8, and 13 days after the initial invitation. (40) The survey URL was imbedded in the invitational email. No incentives were provided to participants. Each recruitment letter informed participants that the survey would take 12-15 minutes to complete. The invitation indicated that continuing with the survey was considered a consent to participate in the research study. Contact information was included for the primary investigator, the academic advisor, and the University Of North Carolina Office Of Human Research Ethics, whose Institutional Review Board reviewed the study design and approved it before it was mailed. See appendix 2 for a copies of the invitational letters.

### **Sample**

While the recipient pool included all IBCLCs in the United States, survey respondents were a voluntary, self-selected sub-sample. There were no exclusion criteria. No data was collected on participants who did not respond to the survey.

### **Data Collection**

Several options were utilized in order to maximize the confidentiality of the data being collected. The primary investigator never had access to the email list of recipients. The recruitment letter, with the survey link, was sent to IBLCE, who then mailed it to their email database. IP addresses of respondents' computers were immediately dropped from the dataset.



The confidential survey results went directly to, and are stored in, the primary investigator's password protected Qualtrics account.

### **Data Analysis**

Standard baseline statistical software, available in Qualtrics, was used to calculate medians, averages, and standard deviations on some of the simple demographic items. Raw data was then downloaded into Microsoft Office Excel 2007 to clean obvious errors in text entries so that only relevant information was analyzed. Next, the data was entered into SAS® software, (Version 9.2 of the SAS System. Copyright 2002-2008, SAS Institute Inc. SAS and all other SAS Institute Inc. product or service names are registered trademarks of SAS Institute Inc., Cary, NC, USA). The variables to be utilized in the survey analysis were reconfigured to be most useful for the analysis. The data was then downloaded from SAS to STATA, version 10 (41) where the final analysis was completed. Analysis included cross tabulations, row and column percentiles, and chi square calculations for each relevant variable relationship and linear regression t-tests to evaluate the significance of data trends.

### **Definition of Variables**

#### **Rate of reimbursement for billable services**

Because IBCLCs perform a wide range of services, not all of which can be classified as billable, for the purposes of this survey, billable IBCLC encounters needed to be differentiated from 'breastfeeding support'. This was accomplished by giving the following examples in the survey for a "lactation consult".

#### Example:

**Lactation consult:** a midwife [who is also an IBCLC] sees a patient for a breastfeeding problem, and bills for a breastfeeding problem.

**NOT a lactation consult:** a midwife [who is also an IBCLC] sees a patient for a post partum visit and provides breastfeeding support, but bills for post partum evaluation

Example:

**Lactation consult:** a hospital nurse [who is also an IBCLC] is called to a room specifically to help with breastfeeding and tracks the time spent providing lactation management

**NOT a lactation consult:** a hospital nurse [who is also an IBCLC] completes a LATCH score as part of routine post partum care (42)

The reimbursement rate for billed IBCLC encounters was the primary outcome of interest for this study. The reimbursement rate was calculated as the number of billable IBCLC encounters reimbursed at any level by insurers over the number of billable IBCLC encounters submitted to insurers. The final reimbursement rate does not include IBCLC encounters that were not billed to insurance.

**Percent of time billed services reimbursed by third party payers**

Respondents were asked to rank the percent of time that their billable IBCLC encounters were submitted to insurance companies. They were then referred to these submitted encounters, and asked to estimate for what percent of these submitted charges did they actually receive any level of reimbursement from third party payers. The categories for both questions included: ‘Don’t know’, 0-19%, 20-49%, 50-79% and 80-100%. The categories of percentages were then collapsed into low (0-19%), medium (20-79%) and high (80-100%) reimbursement levels.

**Reimbursement strategies**

Using the information gathered during key informant interviews, a list of known reimbursement strategies was created for each work setting. Each respondent was asked to choose all the strategies that applied to their work setting, and were offered the option of filling in ‘other’ if their strategy was different from any of the strategies offered as options. Strategies were then collapsed into four similar reimbursement strategy types across all work settings: 1-

Use of IBCLC certificate for billing, 2-Infrastructure, 3-Use of another licensure for billing, whether it was their own, or another provider’s (as in incident-to billing), and finally, 4-No recovery for services, defined as no submission of IBCLC encounter to an insurance company for reimbursement. (Table 2) Additionally, every combination of billing strategies for those participants who indicated more than one reimbursement strategy was created as its own category.

	<b>Inpt Hospital</b>	<b>Outpt Hospital</b>	<b>Private Clinic</b>	<b>Non-Profit Clinic</b>	<b>Self Employed</b>
<b>Direct IBCLC</b>	-Billing for services as rendered	-IBCLC as billing source	-IBCLC as billing source	-IBCLC as billing source	-IBCLC as billing source -Out of pocket -Out of pocket & super bill*
<b>Infrastructure</b>	-Equip sales -Room fee -Mat package	-BF Educ -Readmission -Equip sales	-BF Educ -Readmission -Equip sales	-BF Educ -Readmission -Equip sales	-Equip sales
<b>Other license</b>	-option not offered	-Incident to -Other license of IBCLC	-Incident to -Other license of IBCLC	-Incident to -Other license of IBCLC	-Other license of IBCLC
<b>No Recovery</b>	-No recovery	-No recovery	-No recovery	-No recovery	No recovery
	*Super bills are forms used to designate specific CPT and ICD-9-CM codes for insurance				

The write in responses for the ‘other’ category did not reveal any significant new strategies and were not incorporated into the analysis. The combination variables of ‘IBCLC Certificate & Other License’ and ‘Infrastructure and Other License’ were very small, containing only 24 responses combined across all settings. These categories were also eliminated from analysis.

**Other licensure**

Respondents were asked for their official job classification, and given the opportunity to check all the definitions that applied. Types of licensures were divided into five categories. The first category included any medical license that provides an opportunity for consistent reimbursement from insurance companies, such as physicians (MD), advanced practice nurses (APN), registered dieticians (RD), and physician’s assistants (PA). Registered nurses and

IBCLCs were each given separate categories, and a category for both together. When an IBCLC who was also an RN classified herself only as a nurse, that was taken to be her primary role. She was only given credit for being both an IBCLC and an RN if she actually indicated both as her official job classifications. The ‘other’ category is made up of all certifications or licensures that are not considered billable licensures or certificates, and included things like child birth educator (CBE).

### **Work Setting**

Each survey respondent was asked first to identify the work setting in which they had the most information about reimbursement strategies for lactation consulting and given the options of 1-Hospital, 2-Outpatient clinic connected to the hospital, 3-Private, for profit, outpatient clinic, 4-Not for profit, outpatient clinic, and 5-Self employed outpatient clinic or practice. If ‘I don’t provide lactation consulting in my position’ was chosen, they were taken to the end of the survey. Within each chosen work setting, respondents answered a focused series of questions about reimbursement, modified to be relevant to their worksite.

### **Billing support**

Within each work site respondents were asked whether a billing support person was available specifically for lactation services. This was not included in the response options for the self-employed respondents because it was assumed that they would not have an employee to do this.

### **Billing knowledge**

Billing knowledge utilizes the response to the question:”What percent of consults are actually billed to insurance companies at your work site?” If respondents chose a percentile

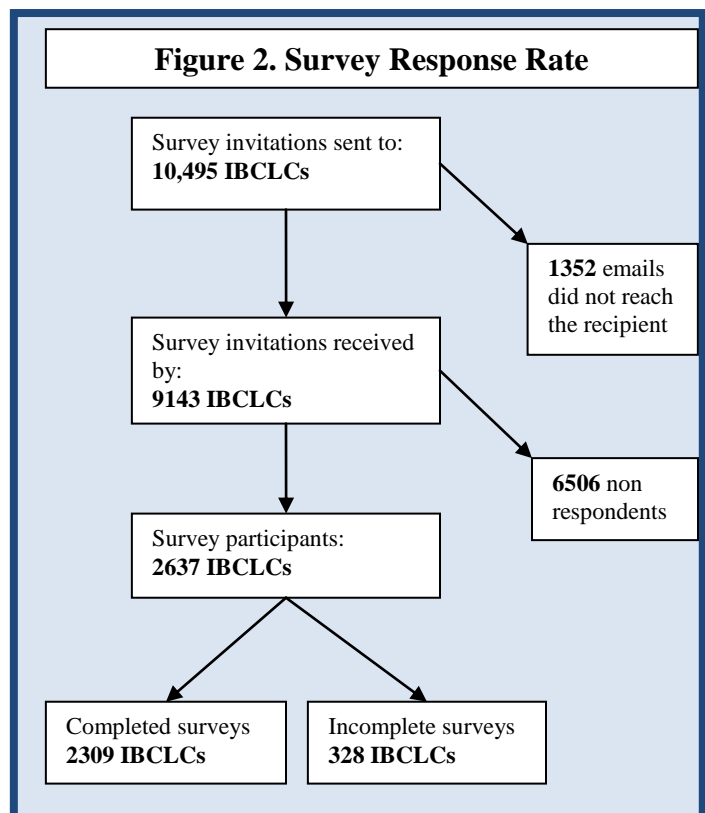
bracket for this question, they were categorized as having billing knowledge. If they indicated they did not know, they were categorized as not having billing knowledge.

### Age, Years of Practice, and Pay/hour

All of these variables were continuous variables and were modified to be categorical for comparisons. For age, categories were created for every 10 years, for years of practice, categories of 5 years were created, and for pay/hour, the categories were from \$10-20/hr.

## RESULTS

The survey response rate was 29%, calculated as the number of surveys initiated/ the number of surveys received. (Figure 2). Responses were collected from every state, including 13 participants who identified themselves as ‘other’, meaning their IBCLC practice was outside of the 50 states and DC. Figure 3 shows the number of responses received from each state.

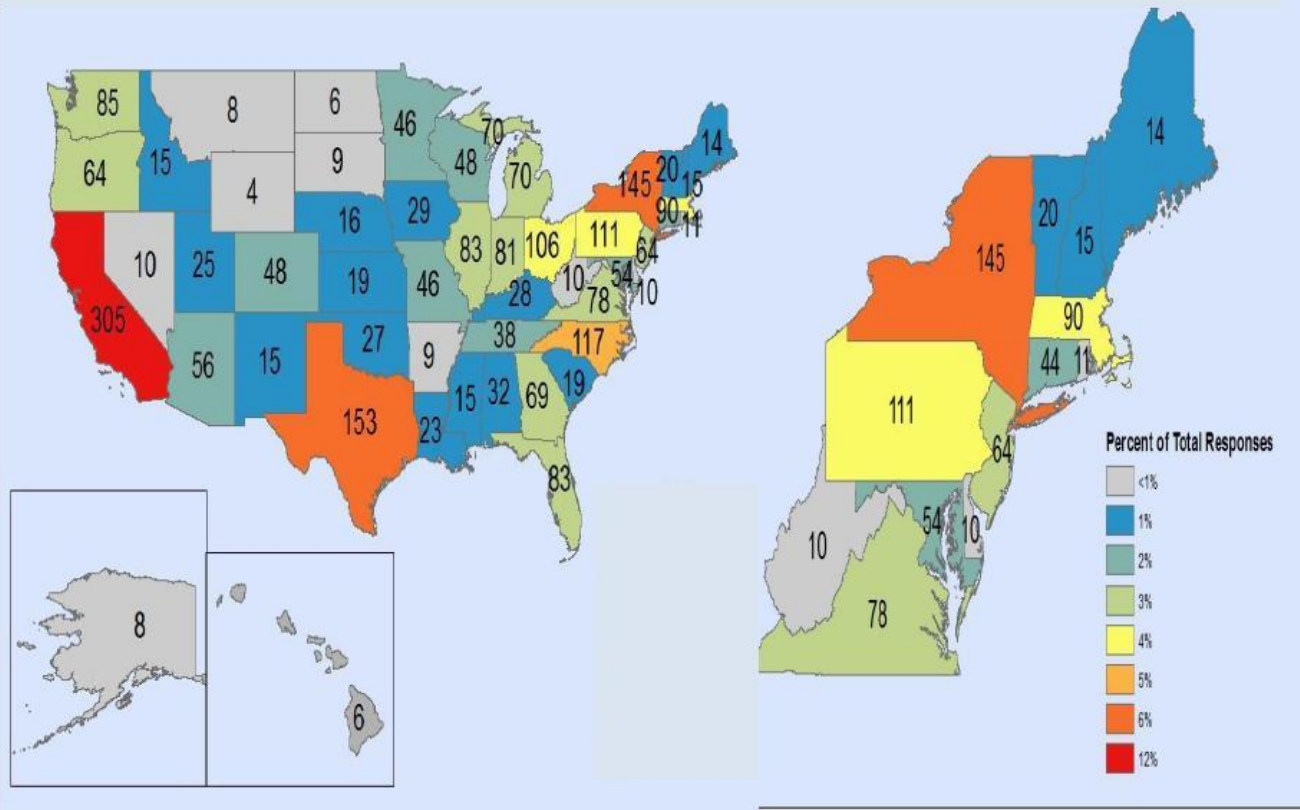


Most survey recipients

identified themselves as non-Hispanic white (88%), with Hispanic being the next most common race (6%). Two percent of survey participants identified themselves as non-Hispanic black (Table 3). Sixteen percent of respondents spoke Spanish as a second language, and another 4% spoke a different second language.

## Survey Response Counts and Percent of Total Responses by State

**Figure 3.**



The average age of the survey participants was 49, after ages that were implausible were eliminated from the response pool. Two thirds of the respondents were between the ages of 40-59. The median number of years with an IBCLC certificate was 8; however, almost half of the survey respondents had had their IBCLC license for 5 years or less (Table 3).

## IBCLC Practice Patterns

Table 3 IBCLC Demographic Data			IBCLC Practice Patterns		
Race	Frequency	Count	Other Licensure	Frequency	Count
Non-Hispanic White	88 %	2215	Registered Nurse	49 %	1004
Non-Hispanic Black	2 %	59	Child Birth Educator	5 %	100
Hispanic	6 %	138	Registered Dietician	3 %	60
Asian/Pacific Island	2 %	39	Nurse Practitioner	1.5 %	31
Amer Ind/Native Alaskan	1 %	27	Licensed Practical Nurse	1 %	25
Other	3 %	82	Physician	0.6 %	14
Language			PA, CPM, CNM	--	<5 each
None	80 %	1650	Work Status		
Spanish	16 %	342	Full time with benefits	41 %	699
French	1 %	28	Full time w/out benefits	2 %	34
Other	3 %	98	Part time with benefits	28 %	471
Age			Part time w/out benefits	15 %	246
18-29 years	3.5 %	69	Per Diem On-Call	14 %	241
30-39 years	15 %	274	Hourly Pay		
40-49 years	25 %	464	\$ 0-20	8 %	155
50-59 years	41 %	754	\$ 21-30	26 %	484
60-69 years	14 %	262	\$ 31-40	37 %	703
70+	1.5 %	13	\$ 41-50	17 %	318
Years of IBCLC Certificate			\$ 51-70	8 %	157
1-5 years	42 %	856	\$ 71-100	4 %	18
6-10 years	22 %	448			
11-15 years	19%	383			
16-20 years	12 %	254			
21-25 years	5 %	102			

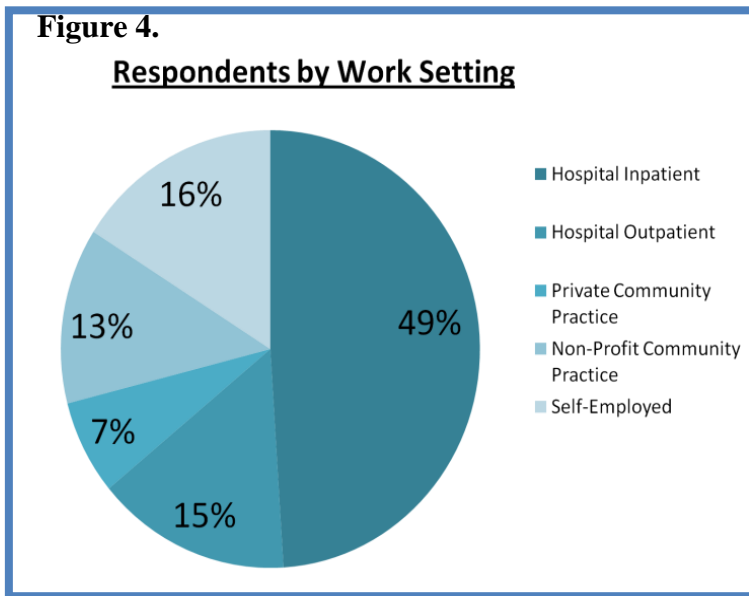
Sixty eight percent of respondents work a single job, while 26% held two or more positions as an IBCLC. The majority of participants worked part-time or per diem (57%). Two percent of the respondents identified themselves as full time IBCLCs without benefits. Fifteen percent identified themselves as part-time IBCLCs without benefits, excluding participants who identified themselves as per diem. Twelve percent of respondents were required to be union members.

The average hourly pay for respondents was \$36.77 with a standard deviation of \$14.95 per hour. This mean hourly pay included survey respondents who held other licensures that had higher average hourly pay than IBCLCs; however, only 8% of respondents identified themselves

in this way; including, 14 physicians, 2 physician’s assistants, and 31 advanced practice nurses. Their average salaries ranged from \$44-\$68 per hour. While most (84%) respondents identified ‘Lactation Consultant, IBCLC’ as the official title of their job, 60% had a second medical licensure. Almost half of second licensures were RNs, followed by 5% child birth educators (CBE), and 3% registered dieticians (RD) (Table 3). Thirty percent of survey respondents indicated that they were paid more for their position because they were certified IBCLCs than they would have been if they were not certified IBCLCs.

### **IBCLC Reimbursement Patterns**

Most of the survey respondents work in hospitals. (Figure 4) Among those 1300



respondents who identified the hospital as their work setting, the majority are in the inpatient setting. While there are some IBCLCs who work in both the inpatient and outpatient settings, for this section of the survey, respondents were asked to identify one of them to answer the questions regarding

reimbursement. Figure 4 is a representation of the designated work setting for part three of the survey, and represents the work setting in which respondents know the most about reimbursement.



**Review of Study Aims**

*1-Quantify how often third party payers are billed for IBCLC care.*

- a. Work setting and the IBCLCs other credentials will influence how often third party reimbursement is sought*

There was significant difference in how often third party payment was sought dependent on work settings ( $p < 0.001$ ) and the other credentials held by an IBCLC ( $p < 0.001$ ). Overall, 40% of respondents did not know whether their workplace filed for reimbursement of IBCLC

**Table 4. Effect of Workplace and Licensure on % Billable IBCLC Encounters Submitted to Insurance**

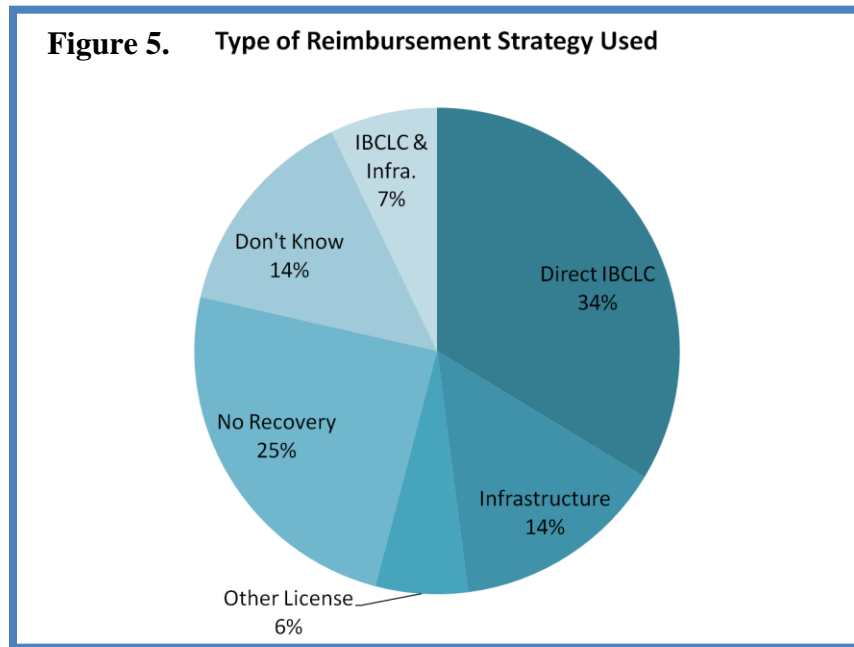
Work Setting	High Billing (80-100%)	Mod Billing (20-79%)	Low Billing (0-19%)	Don't Know
Inpatient Hospital	10%	3%	39%	48%
Outpatient Hospital	36%	8%	35%	21%
Private Community	51%	9%	19%	21%
Non-Profit Community	5%	2%	64%	29%
Self-Employed	11%	6%	43%	40%
<b>Credentials of the IBCLC</b>				
MD/APN/RD/PA	41%	4%	34%	21%
RN & IBCLC Only	18%	4%	38%	40%
RN Only	9%	3%	41%	47%
IBCLC Only	17%	5%	39%	39%
Other	13%	6%	39%	42%

P values were calculated without the 'Don't know' column

encounters. Among the various work settings, private community clinics and outpatient hospital settings were most likely to seek insurance reimbursement for their patients, while non-profit community clinics, hospitals, and self-employed IBCLCs were the least likely to seek insurance reimbursement. Among the types of credentials held by IBCLCs, those who have a second credential more likely to be accepted by insurers are most likely to seek third party reimbursement for IBCLC encounters. Registered nurses were the least likely to seek reimbursement. (Table 4) While it is not possible to determine the percentage of those indicating 'low billing' are actually not submitting claims to insurance companies, by analyzing the responses to 'reimbursement strategies', we see that 25% of all respondents indicate that their primary 'reimbursement strategy' is not to seek reimbursement (Figure 5).

- 2- Measure the reimbursement rate, or percent of IBCLC lactation consults billed that successfully receive any level of reimbursement.
- a. The success of reimbursement strategies will vary.

IBCLCs most often use their IBCLC credentials or direct billing when submitting claims to insurance companies, followed by the use of infrastructure techniques as a means of recovering



the cost of providing IBCLC services (see Table 2 for definitions). IBCLCs are least likely to use a second credential

as a reimbursement strategy (Figure 5).

There was a significant difference in the success of the various reimbursement strategies utilized by

**Table 5. Effect of Reimbursement Strategy and Work Site on Reimbursement Rate**

Reimbursement Strategy	High Reimbursement (80-100%)	Mod Reimbursement (20-79%)	Low Reimbursement (0-19%)	Don't Know
Direct IBCLC	5%	3%	44%	48%
Infrastructure	1%	5%	27%	67%
Other Licensure	25%	13%	7%	55%
IBCLC & Infra.	7%	14%	12%	67%
<b>Work Setting</b>				
Inpatient Hospital	1%	2%	29%	68%
Outpatient Hospital	9%	11%	31%	49%
Private Community	21%	12%	20%	47%
Non-Profit Community	2%	1%	62%	35%
Self-Employed	6%	4%	45%	45%
P value calculated without the 'don't know' category				

IBCLCs ( $p < 0.001$ ) Overall, 57% of respondents did not know rate of successful reimbursement in their work setting. Among those who did, the most successful reimbursement strategy was using another credential as the billing source. One in four IBCLCs using another credential,

whether that was through incident-to billing, or their own second credential, rated their reimbursement rate as high, while only one in twenty IBCLCs using their own credential rated their reimbursement rate as high. Conversely, almost half of those using their IBCLC credentials rated their success as low and less than one in ten IBCLCs using another license rated their reimbursement as low. Using infrastructure techniques as a reimbursement strategy was least likely to be identified as highly successful (Table 5).

There was also a significant difference in reimbursement rate based on work site (p<0.001). The most likely setting to have

<b>Table 6.</b>	High Reimbursement (80-100%)	Mod Reimbursement (20-79%)	Low Reimbursement (0-19%)	Don't Know
High Billing (80-100%)	22%	16%	6%	56%
Mod Billing (20-79%)	14%	25%	8%	53%
Low Billing (0-20%)	0%	1%	77%	22%
P value calculated without the 'don't know' category				

a high reimbursement rate was the private clinics, followed by the hospital outpatient clinics. Self employed IBCLCs rate reimbursement as low for their patients about half of the time (Table 5).

The rate at which billing was submitted seemed to be the primary indicator for a high reimbursement rate (p<0.001). For those who submitted bills to insurance at a high rate, the reimbursement rate was split fairly evenly between high and moderate reimbursement. Those who billed at a low rate virtually never claimed that those reimbursements were successful at a high rate, indicating that there is not likely to be selective reimbursement, or reimbursement only in those cases that were likely to succeed. When bills are not often submitted for reimbursement, there is a corresponding low rate of successful reimbursement (Table 6).

3-To determine what strategies are used by IBCLCs and their employers to facilitate third party reimbursement.

- b. Work setting will influence the type of reimbursement strategy used.
- c. IBCLCs who have other medical licenses will use those licensures for billing purposes.
- d. Individual characteristics of lactation consultants will not influence reimbursement strategies.
- e. Billing support available within the work setting will increase billing knowledge and thus the reimbursement rate.

<b>Reimbursement Strategy</b>	<b>Inpt Hospital</b>	<b>Outpt Hospital</b>	<b>Private Comm</b>	<b>Non Profit Comm</b>	<b>Self Employed</b>
Direct IBCLC	9%	24%	9%	100%	81%
Infrastructure	21%	20%	8%	0%	0%
Other Licensure	--	13%	59%	0%	3%
IBCLC & Infra.	8%	12%	1%	0%	9%
No Recovery	36%	28%	17%	0%	4%
Combined categories of 'Other licensure & Infrastructure', and 'Direct IBCLC & Other Licensure' not included in table.					

There is a significant difference in the type of reimbursement strategy used depending on which work setting IBCLCs are in ( $p < 0.001$ ). In hospital settings, both inpatient and outpatient, reimbursement is most likely not to be sought for IBCLC services provided. When reimbursement is sought in inpatient settings, infrastructure techniques are the most common strategies used. Respondents in inpatient hospital settings were not offered the option of choosing incident-to-billing since most of the care provided in hospitals is part of the bundled maternity package, and not offered as a joint visit with a clinician. Infrastructure techniques are also more common in the outpatient hospital settings than any of the community settings. Other licensures are most likely to be used as the billing source in private community practices, but even among private community practices, almost 1 out of 5 do not seek any reimbursement for IBCLC consults. Non-profit community setting respondents exclusively use their IBCLC certificate as the billing source and self employed IBCLCs are also very likely to use their IBCLC credentials (Table 7).

Those IBCLCs who have other billable medical licenses (MD/APN/RD/PA) use their other licensure 37% of the time and the IBCLC certificate 41% of the time. When each license was examined individually within this category, RDs use their IBCLC certificate 82% of the time, MDs use their IBCLC certificate 17% of the time, and their MD licensure 50% of the time, CNMs use their IBCLC 25% of the time, and their CNM 25% of the time, and nurse practitioners use their NP 54% of the time, and their IBCLC 25% of the time. RDs are more likely than the other billable licensures to use their IBCLC credential (data not shown).

<b>Table 7. Effect of Demographic Variables on Type of Reimbursement Strategy Used</b>						
	Direct IBCLC	Infra-structure	Other License	No Recovery	Don't Know	IBCLC & Infra.
<b>Age</b>	(p<0.001)					
21-30	48%	7%	7%	10%	26%	2%
31-40	43%	9%	7%	16%	18%	7%
41-50	37%	14%	5%	24%	15%	5%
51-60	30%	15%	5%	28%	14%	8%
61-70	28%	18%	6%	22%	14%	12%
<b>Years of Practice</b>	(p=0.014)					
0-5	36%	12%	5%	23%	18%	6%
6-10	35%	14%	7%	24%	15%	5%
11-15	28%	14%	6%	29%	13%	10%
16-20	31%	19%	6%	26%	11%	7%
21-25	29%	14%	4%	28%	13%	12%
<b>Pay per hour</b>	(p<0.001)					
\$0-20	69%	1%	4%	15%	4%	7%
\$21-30	39%	11%	6%	23%	16%	5%
\$31-40	23%	16%	5%	30%	17%	9%
\$41-50	28%	20%	6%	23%	15%	8%
\$51-70	39%	10%	5%	26%	13%	7%
\$71-100	63%	4%	7%	16%	8%	2%

While race had no significant affect on reimbursement strategy (p=0.286), there was a significant difference in all of the other demographic categories including age (p<0.001), years of practice (p=0.014), and salary (p<0.001). The lowest paid IBCLCs were most likely to use their IBCLC credentials as the billing source. The use of the IBCLC credential as the primary billing source goes down slightly as the years in practice increases, but this is not a significant trend (p=0.1). However, as age decreases, IBCLCs are more likely to use their IBCLC credential

as the primary billing source ( $p=0.001$ ) less likely to seek reimbursement for their care ( $p=0.001$ ) and more likely to use infrastructure techniques as a reimbursement technique ( $p=0.003$ ).

There is no significant difference ( $p=0.304$ ) in knowledge of whether IBCLC services are being billed to insurance companies if there is a billing support person present at the work setting designated for billing of lactation services. However, the presence of a billing support person does make a difference on the strategy used for reimbursement ( $p<0.001$ ). Those facilities that have a billing support person are more likely to use another medical license as the billing source (15% for supported vs. 2% if not supported), less likely not to use 'no recovery' as the billing strategy (7% for supported vs. 44% if not supported) and more likely to use the combined category of infrastructure techniques and the IBCLC credential (17% support vs. 2% if not supported) as a reimbursement strategy.

## DISCUSSION

This study clearly demonstrates that IBCLCs do not consistently submit billing to insurance companies for reimbursement, and when they do submit, they are unlikely to be reimbursed. There were also a surprising number of IBCLCs who did not know what strategies their work setting used to assist their patients in obtaining reimbursement for lactation services. Reimbursement was less likely to be sought in the hospital setting, and more likely to be sought in the outpatient setting, particularly in private practices. High rates of submission to insurance companies were more likely to be associated with high to moderate rates of reimbursement where low rates of submission were almost always associated with low reimbursement rates, indicating that there was not likely to be selective submissions to insurance, based on likelihood of success. When hospitals sought reimbursement for IBCLC services, they were more likely to

use infrastructure strategies, such as equipment sales or higher costs of maternity packages than using the IBCLC credential to bill for individual IBCLC encounters. The presence of billing personnel was associated with the use other licenses or infrastructure strategies but did not change the IBCLC's level of knowledge about reimbursement within that setting.

It was interesting to find approximately that half of the time, clinicians who have other credentials do not use them for reimbursement of IBCLC encounters, particularly since it is clear that this strategy is the best way to insure reimbursement for IBCLC encounters from insurance companies. This data makes it clear that it is not the type of care that lactation consultants give, but the credential that they use that dictates whether insurance companies reimburse management of lactation because the only difference between using another credential for billing, whether that is incidence-to billing or a second credential of the IBCLCs, is the billing license itself. The care given by an IBCLC, and the billing codes used with the insurance company, are the same. And yet, not only is the reimbursement rate different in these two situations, they represent the opposite ends of the spectrum in success of reimbursement for an IBCLC encounter. These findings suggest that IBCLC credentials are not consistently accepted by insurance companies, even when the encounter would potentially be considered a billable encounter when provided by another clinician.

Hospitals are using infrastructure techniques to cover the cost of maintaining IBCLCs on the units, without billing for their time as IBCLCs. While it is certainly appropriate for hospitals to charge for equipment and increases in the cost of bundled care to cover the availability of IBCLCs, if the net results of the technique low rates of successful reimbursement, IBCLCs become a financial burden to the unit. Some hospitals, therefore, hire nurses who are IBCLCs. While there are some shared responsibilities between the work of an RN and an IBCLC, they are

inherently different. (43) Therefore, even if a nurse can perform both roles, when she spends the time an IBCLC would with a breastfeeding mother to carry out a full evaluation and consult, she is being taken away from her work as a nurse. Additionally, if an IBCLC on a post partum unit understands that her role is being paid for by the charges to insurance for the equipment she is using, it might incentivize inpatient IBCLCs to utilize more equipment in the care of breastfeeding mothers in order to maintain the financial viability of their presence on the unit.

While using the IBCLC credential is the most accurate way for IBCLCs to submit bills to insurance companies, it is clear from this survey that it is not often successful. This may explain the higher use of another medical license as the billing source in community settings. Many of the IBCLCs using other licenses are using incident-to billing techniques. While this seems relatively simple, it can be difficult to accommodate in a busy clinic, and profoundly impacts an IBCLC's ability to work as an autonomous health care provider. Additionally, it impairs professional recognition of the specialty level skills that an IBCLC has, and means that the care she provides is not tracked in the medical system. While patients are more often receiving the reimbursement for their care, this technique reflects the fact that IBCLCs have yet to be fully integrated into the medical system.

Our survey results are in accordance with an unpublished summary of an online survey conducted by the United States Lactation Consultant Association in 2008 in that they both found a high rate of IBCLCs who could not provide details about reimbursement at their work sites. However, this is the only information shared by both surveys, as the 2008 survey focused primarily on the payment received, rather than the rate of successful reimbursement. Our study does, however, provide information that supports the statements made by the Surgeon General



and the CDC that poor reimbursement could pose a barrier to women seeking help for breastfeeding problems.

The strengths of our survey include the comprehensiveness of the survey invitation, and the dispersal of the survey completion results. While a 29% response rate is not particularly high, because the survey invitation was distributed to all lactation consultants in the United States with email addresses, one in four IBCLCs in the US took the survey and we have results from every state in the nation. Additionally, reimbursement was explored from several different angles; giving us a picture not just of how often reimbursement was received, but some insight into the strategies that were used, and those that were perceived to be the most successful.

Our findings must be interpreted in the context of the study design. While the survey responses are distributed over all of the states, they cannot be considered an accurate representation of all IBCLCs because they were not randomly selected for participation. Since we have no collected data on non-participants, the definition of our participating population is limited. Additionally, the responses were collected at the IBCLC level and were not weighted as to the number of patients each IBCLC sees, and it is therefore not an accurate depiction of billing submission and success at the encounter level, only at the level of each individual IBCLC participant. Billing practices and success rates were self-reported by IBCLCs who may not have accurate insight into intricacies of billing and reimbursement. Future studies utilizing insurers' claims data bases or mothers' experiences would complement this work and provide a more detailed profile of billing practices and reimbursement. Finally, the interpretation of our reimbursement rate is limited by the fact that low reimbursement is inclusive of zero. This makes the usefulness of the rating of low billing rates and low reimbursement rates less useful than the moderate and high billing rate classifications.

## **Recommendations for Future Research**

To our knowledge, this is the first study to look at billing submissions and their success rates for IBCLCs. More detailed information needs to be gathered on what IBCLCs do both in the inpatient and outpatient settings, and what percentage of those services are actually appropriate for third party reimbursement.

In order to further assist IBCLCs in their understanding of reimbursement practices, it would be useful to do a more thorough analysis of how reimbursement strategies are successfully carried out, which ICD-9 and CPT codes are most useful, and if there are methods that have been used to successfully negotiate coverage of services with the insurance industry.

## **CONCLUSIONS**

The current reimbursement situation for IBCLCs in the United States is complex. However, recent emphasis on breastfeeding quality of care from multiple national organizations may help to change this. The Joint Commission now has exclusive breast milk feeding as one of their perinatal care measures. (44) The CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC) is helping hospitals focus on breastfeeding as a quality of care initiative. (45,46) The Ten Steps to Successful Breastfeeding used by the Baby Friendly Hospital Initiative are being advocated by the CDC and the Surgeon General. (8,13)

Both the CDC and the Surgeon General specifically state that access to appropriate care due to poor third party reimbursement is a barrier to women receiving the breastfeeding assistance they need.(8,13) All of these policy changes mean that breastfeeding is becoming a priority at the national level. In order to maintain

momentum, and continue to improve the situation for breastfeeding mothers, several steps need to be taken.

1. Lactation consultants individually need to understand reimbursement practices, and make reimbursement of their services a priority.
2. The professional organizations that support IBCLCs need to provide more education and resources about reimbursement.
3. Third party payers need to accept IBCLC certification as a billable credential, or, IBCLC licensure needs to be advocated.
4. Government agencies such as Medicaid and TRICARE need to lead the way in improving reimbursement for lactation management.

All of this will both foster better breastfeeding success for women, and move the IBCLC profession further towards suitable integration into the healthcare system as specialists in the field of lactation management.

## **Acknowledgements**

I would like to acknowledge for following people, without whom I would not have been able to complete this project.

Miriam Labbok MD for her advice and support as my Academic Advisor.

Alison Stuebe MD for generously sharing her time, expertise, patience, and tact as my Second Reader.

IBLCE for the distribution of the survey to their entire list of IBCLCs in the United States. Specifically: Anna Utter, Marcia Lutostanski, and Jess Maggi.

USLCA for providing me with the contacts needed to understand this topic fully. Specifically: Judy Gutowski and Scott Sherwood.

The Odum Institute for answering the dozens of technical questions I had making the survey, sending it, and processing it. Specifically: Teresa Edwards and Sally Morris.

Anne-Marie Meyer PhD for caring enough about the project to disassemble it, and then caring enough again, to help me rebuild. And for teaching me many things in the process without saying “I told you so”....very often.

Marcus Herman-Giddens, who managed everything, including me, during the project development, IRB submission process, researching, analyzing, and writing phases of this paper. He has put up with a lot, and been supportive through it all. Thank you.

## **REFERENCES**

- (1) Carothers C, Lauwers J. The lactation consultant profession--1985-2010. 2010; Available at: <http://www.ilca.org/i4a/pages/index.cfm?pageid=3724#ContactUs>. Accessed 3/24, 2011.
- (2) International Board of Lactation Consultant Examiners. How many lactation consultants in the world. 2011; Available at: <http://www.iblce.org/upload/downloads/NumberIBCLCsWorld.pdf>. Accessed 3/24/11, 2011.
- (3) Lawrence RA, Lawrence RM. Breastfeeding: A guide for the medical profession. 7th edition ed. Maryland Heights, Missouri: Mosby, an imprint of Elsevier; 2011.
- (4) Hoddinott P, Tappin D, Wright C. Breast feeding. *BMJ* 2008 Apr 19;336(7649):881-887.
- (5) American College of Obstetricians and Gynecologists. Breastfeeding: maternal and infant aspects. Special reports from ACOG. *ACOG Clinical Reviews* 2007;12(suppl):1s-16s.
- (6) Gartner LM, Morton J, Lawrence RA, Naylor AJ, O'Hare D, Schanler RJ, et al. Breastfeeding and the use of human milk. *Pediatrics* 2005 Feb;115(2):496-506.
- (7) Keister D, Roberts KT, Werner SL. Strategies for breastfeeding success. *Am Fam Physician* 2008 Jul 15;78(2):225-232.
- (8) U. S. Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: United States Department of Health and Human Services, Office of the Surgeon General, 2011.
- (9) Chapman DJ, Morel K, Anderson AK, Damio G, Perez-Escamilla R. Breastfeeding peer counseling: from efficacy through scale-up. *J Hum Lact* 2010 Aug;26(3):314-326.
- (10) Sikorski J, Renfrew MJ, Pindoria S, Wade A. Support for breastfeeding mothers: a systematic review. *Paediatr Perinat Epidemiol* 2003 Oct;17(4):407-417.
- (11) Feldman-Winter LB, Schanler RJ, O'Connor KG, Lawrence RA. Pediatricians and the promotion and support of breastfeeding. *Arch Pediatr Adolesc Med* 2008 Dec;162(12):1142-1149.
- (12) Taveras EM, Li R, Grummer-Strawn L, Richardson M, Marshall R, Rego VH, et al. Mothers' and clinicians' perspectives on breastfeeding counseling during routine preventive visits. *Pediatrics* 2004 May;113(5):e405-11.
- (13) Shealy K, R., Li R, Benton-Davis S, Grummer-Strawn LM. The CDC Guide to Breastfeeding Interventions. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

- (14) Li R, Darling N, Maurice E, Barker L, Grummer-Strawn LM. Breastfeeding rates in the United States by characteristics of the child, mother, or family: the 2002 National Immunization Survey. *Pediatrics* 2005 Jan;115(1):e31-7.
- (15) Gutowski JL, Walker M, Chetwynd EC. Containing health care costs help in plain sight, International Board Certified Lactation Consultants: allied healthcare providers contribute to the solution. Morrisville, NC United States Lactation Consultant Association 2010.
- (16) American Academy of Pediatrics. Coding for breastfeeding and lactation services. *AAPpediatric coding newsletter* 2008;3(10):1-4.
- (17) American Academy of Pediatrics: District II New York State. Supporting breastfeeding and lactation: the primary care pediatrician's guide to getting paid. 2011; Available at: <http://www.aapdistrictii.org/BreastCoding.pdf>. Accessed 3/25, 2011.
- (18) Medela I. How to complete the professional superbill. 2011; Available at: <http://www.medelabreastfeedingus.com/for-professionals/lc-information/127/reimbursement-for-breastpumps-and-lactation-consultant-services>. Accessed 3/25, 2011.
- (19) Wolf JH. Low breastfeeding rates and public health in the United States. *Am J Public Health* 2003 Dec;93(12):2000-2010.
- (20) United States. Public Health Service. Division of Maternal and Child Health United States. Public Health Service. Office of the Surgeon General. The Reports of the Surgeon General: Surgeon General's Workshop on Breastfeeding & Human Lactation. 1984;Publication No. HRS-D-MC 84-2.
- (21) United States Department of Health and Human Services. HHS blueprint for action on breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of Women's Health; 2000.
- (22) Office on Women's Health in the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services. Womenshealth.gov National Breastfeeding Campaign. 2010; Available at: <http://www.womenshealth.gov/breastfeeding/government-programs/national-breastfeeding-campaign/>. Accessed 3/21, 2011.
- (23) Ip S, Chung M, Raman G, Trikalinos TA, Lau J. A summary of the Agency for Healthcare Research and Quality's evidence report on breastfeeding in developed countries. *Breastfeed Med* 2009 Oct;4 Suppl 1:S17-30.
- (24) Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, et al. Breastfeeding and maternal and infant health outcomes in developed countries (Full Rep). *Evid Rep Technol Assess* 2007;Apr(153):1-186.
- (25) Office on Women's Health in the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services. womenshealth.gov The Business Case for

Breastfeeding. 2010; Available at: <http://www.womenshealth.gov/breastfeeding/government-programs/business-case-for-breastfeeding/>. Accessed 3/21, 2011.

(26) U. S. Department of Health and Human Services. Healthy People 2020 Topics and Objectives. 2010; Available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>. Accessed 4/6, 2011.

(27) Johnston ML, Esposito N. Barriers and facilitators for breastfeeding among working women in the United States. *J Obstet Gynecol Neonatal Nurs* 2007 Jan-Feb;36(1):9-20.

(28) Li R, Fein SB, Chen J, Grummer-Strawn LM. Why mothers stop breastfeeding: mothers' self-reported reasons for stopping during the first year. *Pediatrics* 2008 Oct;122 Suppl 2:S69-76.

(29) Gross SM, Resnik AK, Nanda JP, Cross-Barnet C, Augustyn M, Kelly L, et al. Early Postpartum: A Critical Period in Setting the Path for Breastfeeding Success. *Breastfeed Med* 2011 Mar 31.

(30) Thurman SE, Allen PJ. Integrating lactation consultants into primary health care services: are lactation consultants affecting breastfeeding success? *Pediatr Nurs* 2008 Sep-Oct;34(5):419-425.

(31) Wambach KA, Aaronson L, Breedlove G, Domian EW, Rojjanasrirat W, Yeh HW. A Randomized Controlled Trial of Breastfeeding Support and Education for Adolescent Mothers. *West J Nurs Res* 2010 Sep 27.

(32) Castrucci BC, Hoover KL, Lim S, Maus KC. A comparison of breastfeeding rates in an urban birth cohort among women delivering infants at hospitals that employ and do not employ lactation consultants. *J Public Health Manag Pract* 2006 Nov-Dec;12(6):578-585.

(33) Bonuck KA, Trombley M, Freeman K, McKee D. Randomized, controlled trial of a prenatal and postnatal lactation consultant intervention on duration and intensity of breastfeeding up to 12 months. *Pediatrics* 2005 Dec;116(6):1413-1426.

(34) National Endowment for Financial Education. Understanding Private Health Insurance. 2006; Available at: [www.healthinsuranceinfo.net/nefe](http://www.healthinsuranceinfo.net/nefe). Accessed 4/12, 2011.

(35) E/M University. E/M University: Clinically-Driven E/M Coding Education. 2011; Available at: <http://www.emuniversity.com>. Accessed 4/12, 2011.

(36) Centers for Disease Control and Prevention/ National Center for Health Statistics. Classification of Diseases, Functioning, and Disability. 2010; Available at: <http://www.cdc.gov/nchs/icd/icd9cm.htm>. Accessed 4/12, 2011.

(37) International Lactation Consultant Association. FAQs- International Lactation Consultant Association. 2011; Available at: <http://www.ilca.org/i4a/pages/index.cfm?pageid=3313>. Accessed 4/16, 2011.

- (38) Qualtrics Labs Inc. Qualtrics. 2010;17,664.
- (39) Krosnick JA. Survey research. *Annu Rev Psychol* 1999;50:537-567.
- (40) Crawford SD, Roe DJ. Practical Approaches to Web Survey Implementation. 2009:1-105.
- (41) StataCorp. 2007;Stata Statistical Software: Release 10.
- (42) Jensen D, Wallace S, Kelsay P. LATCH: a breastfeeding charting system and documentation tool. *J Obstet Gynecol Neonatal Nurs* 1994 Jan;23(1):27-32.
- (43) Mannel R, Mannel RS. Staffing for hospital lactation programs: recommendations from a tertiary care teaching hospital. *J Hum Lact* 2006 Nov;22(4):409-417.
- (44) The Joint Commission. Specifications Manual for Joint Commission National Quality Measures (v2010B2) Measure Information Form PC-05. 2010; Available at: <http://manual.jointcommission.org/releases/TJC2010B/MIF0170.html>. Accessed 4/5, 2011.
- (45) Centers for Disease Control and Prevention. 2007 CDC National survey of Maternity Practices in Infant Nutrition and Care (mPINC). 2010; Available at: <http://www.cdc.gov/breastfeeding/data/mpinc/index.htm>. Accessed 4/5, 2011.
- (46) Bartick M, Stuebe A, Shealy KR, Walker M, Grummer-Strawn LM. Closing the quality gap: promoting evidence-based breastfeeding care in the hospital. *Pediatrics* 2009 Oct;124(4):e793-802.



## Appendix 1

Note that survey is presented here without skip logic and while it is an accurate portrayal of what was in the survey, the look of the survey taken by the IBCLCs was quite different in the Qualtrics survey software.

Thank you for taking 10-15 minutes to respond to the following research survey. Your responses will be strictly confidential, you may skip any questions or exit the survey at any time. By continuing with this survey, you are consenting to participate.

In which state do you practice as an IBCLC?

How old are you?

Enter number of years (1)
---------------------------

What is your race or ethnicity? Directions: Select all that apply.

- Non-Hispanic Black (1)
- Non-Hispanic White (2)
- Hispanic (3)
- Asian or Pacific Islander (4)
- American Indian or Alaska Native (5)
- Other (6)

Can you provide lactation consulting in a language besides English? Directions: Select all that apply.

- No (1)
- Yes (Spanish) (2)
- Yes (French) (3)
- Yes-other (please specify) (4) \_\_\_\_\_

How many years have you had your IBCLC certificate? Directions: Round up to the first year.

Enter number of years (1)
---------------------------

Please check ALL the places you have worked as an IBCLC. Directions: Include full time and part time, but NOT volunteer. Example: If you have worked in a setting more than once, it will only be listed once. If one job has covered multiple components, list all of them (for instance, if your hospital cross trains everyone to work post partum and newborn nursery, list both of them). If you work or worked more than one job at the same time, list all of them.

- Inpatient newborn care (1)
- Inpatient neonatal intensive care (2)
- Inpatient pediatrics (3)
- Inpatient labor and deliver (4)
- Inpatient post partum (5)
- Inpatient lactation care (6)
- Outpatient, hospital based pediatric care (7)
- Outpatient hospital based maternity care (8)
- Outpatient hospital based lactation care (9)
- Outpatient hospital based family medicine care (10)
- Community based pediatric care (11)
- Community based maternity care (12)
- Community based family medicine care (13)
- Community based midwifery care (14)
- Community health department (15)
- WIC office (16)
- Community based independent private practice (17)
- Research (18)
- Other (19) \_\_\_\_\_
- Other (20) \_\_\_\_\_
- None (21)

Please check all your FIRST lactation consulting job or jobs. Directions: Include full time and part time, but NOT volunteer. Example: If your first job covered multiple components, list all of them (for instance, if your hospital cross trains everyone to work post partum and newborn nursery, list them both). If you worked more than one job at a the same time, list all of them.

- Inpatient newborn care (1)
- Inpatient neonatal intensive care (2)
- Inpatient pediatrics (3)
- Inpatient labor and deliver (4)
- Inpatient post partum (5)
- Inpatient lactation care (6)
- Outpatient, hospital based pediatric care (7)
- Outpatient hospital based maternity care (8)
- Outpatient hospital based lactation care (9)
- Outpatient hospital based family medicine care (10)
- Community based pediatric care (11)
- Community based maternity care (12)
- Community based family medicine care (13)
- Community based midwifery care (14)
- Community health department (15)
- WIC office (16)
- Community based independent private practice (17)
- Research (18)
- Other (19) \_\_\_\_\_
- Other (20) \_\_\_\_\_
- None (21)

Please check all your MOST RECENT lactation consulting job or jobs. Directions: Include full time and part time, but NOT volunteer. Example: If your first job covered multiple components, list all of them (for instance, if your hospital cross trains everyone to work post partum and newborn nursery, list them both). If you worked more than one job at the same time, list all of them.

- Inpatient newborn care (1)
- Inpatient neonatal intensive care (2)
- Inpatient pediatrics (3)
- Inpatient labor and deliver (4)
- Inpatient post partum (5)
- Inpatient lactation care (6)
- Outpatient, hospital based pediatric care (7)
- Outpatient hospital based maternity care (8)
- Outpatient hospital based lactation care (9)
- Outpatient hospital based family medicine care (10)
- Community based pediatric care (11)
- Community based maternity care (12)
- Community based family medicine care (13)
- Community based midwifery care (14)
- Community health department (15)
- WIC office (16)
- Community based independent private practice (17)
- Research (18)
- Other (19) \_\_\_\_\_
- Other (20) \_\_\_\_\_
- None (21)

Have you ever had to leave a job because lactation services were being reduced or eliminated?

- Yes (1)
- No (2)

Which setting have you had to leave because lactation services were being reduced or eliminated? Directions: Choose all that apply Example: If the covered multiple components, list all of them (for instance, if your hospital cross trains everyone to work post partum and newborn nursery, put both of them into the box). If this happened in more than one job setting, list all of them.

- Inpatient newborn care (1)
- Inpatient neonatal intensive care (2)
- Inpatient pediatrics (3)
- Inpatient labor and deliver (4)
- Inpatient post partum (5)
- Inpatient lactation care (6)
- Outpatient, hospital based pediatric care (7)
- Outpatient hospital based maternity care (8)
- Outpatient hospital based lactation care (9)
- Outpatient hospital based family medicine care (10)
- Community based pediatric care (11)
- Community based maternity care (12)
- Community based family medicine care (13)
- Community based midwifery care (14)
- Community health department (15)
- WIC office (16)
- Community based independent private practice (17)
- Research (18)
- Other (19) \_\_\_\_\_
- Other (20) \_\_\_\_\_
- None (21)

Please briefly describe the reduction or elimination of services which prompted you to leave.

The next series of 5 questions address how you are professionally recognized within your CURRENT work place or work places.

Do you currently provide ANY lactation consulting in your current position or positions?

- Yes (1)
- No (2)

How many positions do you currently hold as a lactation consultant?

Number of current IBCLC positions (1)
---------------------------------------

What is your PREFERRED TITLE in your CURRENT position or positions? Directions: Check all that apply.

- Nurse RN (1)
- Nurse LPN (2)
- Dietitian RD (3)
- Child Birth Educator CBE (4)
- Nurse Practitioner NP (5)
- Certified Nurse Midwife CNM (6)
- Certified Professional Midwife CPM (7)
- Physician MD (8)
- Physician DO (9)
- Physician's Assistant PA (10)
- Midwife CNM (11)
- Nurse Practitioner NP (12)
- Lactation Consultant IBCLC (13)
- Lactation Consultant CLC (14)
- Lactation Educator LE (15)
- WIC Peer Counselor (16)
- Researcher (17)
- Other (18) \_\_\_\_\_

What is your OFFICIAL JOB CLASSIFICATION in your CURRENT JOB or JOBS as listed by Human Resources? Directions: Check all that apply.

- Nurse RN (1)
- Nurse LPN (2)
- Dietitian RD (3)
- Child Birth Educator CBE (4)
- Nurse Practitioner NP (5)
- Certified Nurse Midwife CNM (6)
- Certified Professional Midwife CPM (7)
- Physician MD (8)
- Physician DO (9)
- Physician's Assistant PA (10)
- Midwife CNM (11)
- Nurse Practitioner NP (12)
- Lactation Consultant IBCLC (13)
- Lactation Consultant CLC (14)
- Lactation Educator LE (15)
- WIC Peer Counselor (16)
- Researcher (17)
- Other (18) \_\_\_\_\_
- Don't know (19)

What LICENSES OR CERTIFICATES would QUALIFY YOU for your CURRENT JOB or JOBS as listed by Human Resources? Directions: Check all that apply.

- Nurse RN (1)
- Nurse LPN (2)
- Dietitian RD (3)
- Child Birth Educator CBE (4)
- Nurse Practitioner NP (5)
- Certified Nurse Midwife CNM (6)
- Certified Professional Midwife CPM (7)
- Physician MD (8)
- Physician DO (9)
- Physician's Assistant PA (10)
- Midwife CNM (11)
- Nurse Practitioner NP (12)
- Lactation Consultant IBCLC (13)
- Lactation Consultant CLC (14)
- Lactation Educator LE (15)
- WIC Peer Counselor (16)
- Researcher (17)
- Other (18) \_\_\_\_\_
- Don't know (19)

What is your CURRENT HOURLY WAGE rounded up to the nearest dollar amount? Directions: Slide the bar until the number at the end of the bar shows the correct dollar amount. Example: if you make a salary, or are paid per client, please make your best estimate at an hourly wage. If you work more than one job, average your pay for an overall estimate.  
\_\_\_\_\_ HOURLY WAGE (1)

Please list the job title for the job in which you work the MOST HOURS. Directions: This job will be the one you use to answer the next 4 questions

Please list your current job title or work status.

How many years have you worked in this position as an IBCLC? Directions: round up to the nearest year.

Enter number of years (1)
---------------------------

What type of contract do you hold as a LACTATION CONSULTANT in this position?

- Full time with benefits (1)
- Full time without benefits (2)
- Part time with benefits (3)
- Part time without benefits (4)
- Per diem/on call/supplemental (5)
- Other (6) \_\_\_\_\_

Are you required to belong to a union in this position?

- Yes (1)
- No (2)

Are you paid more for this position because of your IBCLC certification?

- Yes (1)
- No (2)
- Don't know (3)

In order to isolate reimbursement for lactation consulting, the next set of questions are about lactation consulting given INDEPENDENT OF ANY OTHER HEALTH CARE SERVICES. Directions: For the next 2 questions, please do NOT consider breastfeeding support provided in combination with other services as lactation consulting. Example: Lactation consult: a midwife sees a patient for a breastfeeding problem, and bills for a breastfeeding problem NOT a lactation consult: a midwife sees a patient for a post partum visit and provides breastfeeding support, but bills for post partum evaluation. Example: Lactation consult: a hospital nurse is called to a room specifically to help with breastfeeding, and tracks the time spent providing lactation management. NOT a lactation consult: a hospital nurse completes a LATCH score as part of routine post partum care

Do you provide lactation consulting INDEPENDENT OF ANY OTHER HEALTH CARE SERVICES

- Yes (1)
- No (2)

For the next question, think about when you provide lactation consulting independent of other health care. What percentage of your time do you spend providing lactation consulting INDEPENDENT OF ANY OTHER HEALTH CARE SERVICES on a weekly basis. Directions: Slide the bar until the number at the end of the bar shows the correct percentage. Use the examples above to define "lactation consulting" Example: If you spend half your time providing lactation consulting, that would be 50%.

- \_\_\_\_\_ WHEN YOU WERE HIRED, what percent time were you told you would provide lactation consulting? (1)
- \_\_\_\_\_ CURRENTLY, what percent time is ACTUALLY SPENT providing lactation consulting? (2)
- \_\_\_\_\_ CURRENTLY, what percent time is spent providing breastfeeding support that DOES NOT QUALIFY as lactation consulting (3)

In which CURRENT job setting do you have the MOST INFORMATION ABOUT BILLING for lactation services? Directions: This is the job you will use to answer this LAST set of questions.

- Hospital (1)
- Outpatient clinic connected to the hospital (2)
- Private, for profit, outpatient clinic (3)
- Not for profit or government funded outpatient clinic (4)
- Self employed outpatient clinic or practice (5)
- I don't provide lactation consulting in my position (6)

What is your job title in this setting?

Does your hospital have a designated person or department that works with billing for lactation services?

- Yes (1)
- No (2)
- Don't know (3)

How does your hospital recover the cost of lactation care? Directions: choose all that apply

- Billing for service as rendered, requiring you to track the amount of time spent or services provided for each mother/baby couplet (1)
- Equipment sales (2)
- Room charges (3)
- High set cost of maternity package to include lactation services (4)
- No recovery of service cost (5)
- Other (6) \_\_\_\_\_
- Don't know (7)

Is the mother's insurance or the baby's insurance billed for services?

- Mother (1)
- Baby (2)
- Depends on the department where the Lactation Consultant is working (3)
- Depends on services provided (4)
- Don't know (5)
- Other (6) \_\_\_\_\_

Do you fill out paperwork or on line documentation to track that you have seen a mother and/or baby for lactation consulting?

- Yes (1)
- No (2)
- Don't know (3)

Do you bill for telephone triage?

- Yes (1)
- No (2)
- Depends (please explain) (3) \_\_\_\_\_

How many minutes does your employer EXPECT you will spend in a typical lactation consultation? Directions: slide the bar until the number at the end of the bar shows the correct number of minutes.

\_\_\_\_\_ Minutes DESIGNATED per mother baby couplet (1)

How many minutes do you ACTUALLY spend on average during a single lactation consultation? Directions: slide the bar until the number at the end of the bar shows the correct number of minutes.

\_\_\_\_\_ Minutes SPENT per mother/baby couplet (1)

How many mother/baby breastfeeding couplets would you see in an average 8 hour day? Example: if you do not work for 8 hours, estimate how many you would see if it were an 8 hour day

Enter number of couplets seen in an 8 hour day (1)

What percent of consults are billed to insurance companies at your hospital?

- 80-100% of visits (1)
- 50-79% of visits (2)
- 20-49% of visits (3)
- 0-19% of visits (4)
- Don't know (5)

On average what percent of billed lactation services are actually received from insurance companies?

- 80-100% of charge (1)
- 50-79% of charge (2)
- 20-49% of charge (3)
- 0-19% of charge (4)
- Don't know (5)

If you would be willing to share more detail about reimbursement in your setting, please send a separate email to <chetwynd@email.unc.edu> with your contact information and specify in which area of practice you work. I will look forward to hearing from you!

What is your job title in this setting?

Does your outpatient clinic have a person or department that works with billing for lactation services?

- Yes (1)
- No (2)
- Don't know (3)

How does your outpatient clinic recover the cost of lactation care? Directions: choose all that apply?

- By billing "incident to" requiring another provider to come into the room, examine the patient, and agree on the plan of care so that the patient may be billed under the other practitioner's license (1)
- By billing under another medical license that you have (2)
- Using IBCLC as the billing source (3)
- Billing for breastfeeding education (4)
- Billing for readmission to the hospital (5)
- Equipment sales (6)
- No recovery for lactation services (7)
- Other (please specify) (8) \_\_\_\_\_

Please indicate whose insurance is billed for services

- Mother only (1)
- Baby or babies only (2)
- Both (3)
- Depends on the department the IBCLC is working in (4)
- Depends on services during the visit (5)
- Neither mother or baby (6)
- Don't know (7)
- Other (please specify) (8) \_\_\_\_\_

Please check up to TWO common CPT codes that you use

- 99201 E/M new (1)
- 99202 E/M new (2)
- 99203 E/M new (3)
- 99204 E/M new (4)
- 99205 E/M new (5)
- 99211 E/M estab (6)
- 99212 E/M estab (7)
- 99213 E/M estab (8)
- 99214 E/M estab (9)
- 99215 E/M estab (10)
- 99441 E/M tele (11)
- 99442 E/M tele (12)
- 99443 E/M tele (13)
- 99381 E/M new (14)
- 99391 E/M estab var (15)
- 99341 E/M new home (16)
- 99342 E/M new home (17)
- 99343 E/M new home (18)
- 99221 E/M hosp new (19)
- 99222 E/M hosp new (20)
- 96150 H&Beh new (21)
- 96151 H&Beh est (22)
- 96152 H&Beh ind interven (23)
- 96153 H&Beh grp interven (24)
- 96154 H&Beh grp intv pt pres (25)
- 99155 H&Beh grp interv pt absent (26)
- S9443 educ lactation (27)
- S9445 educ other (28)
- DON'T KNOW (29)
- Other (30) \_\_\_\_\_

Please drag and drop up to 4 of the most common ICD-9 codes you use FOR MOTHERS and put them in the box from most common to least common. Directions: Click and hold your mouse button on one item to move it from the list to the box. Once they are in the box, you can change the order by following the same steps to move the item into its new position or back out of the box.

FOR MOTHERS: Up to 4 of the most common ICD-9 codes from most common to least common	
_____	Don't use ICD-9 codes for mothers (1)
_____	675.14 Abscess, infective mastitis (2)
_____	676.54 Agalactia, suppressed lactation (3)
_____	676.34 Anomaly of the breast or nipple, breast pain, trauma or ulceration to the nipple (4)
_____	676.84 Breastfeeding difficulty, delayed lactation (5)
_____	112.89 Candidiasis of the breast or nipple (6)
_____	676.14 Cracks/fissures of the nipple (7)
_____	676.24 Engorgement of the breast (8)
_____	675.94 Infection of the breast or nipple (unspecified) (9)
_____	676.04 Inverted nipple (10)



676.94 Lactation disorder (11)  
 v24.1 Lactation Care/Exam (12)  
 675.24 Mastitis (interstitial), blocked duct (13)  
 675.04 Nipple infection (14)  
 Other (please specify) (15)

Please drag and drop up to 4 of the most common ICD-9 codes you use FOR BABIES Into the box. Directions: Click and hold your mouse button on one item to move it from the list to the box. Once they are in the box, you can change the order by following the same steps to move the item into its new position.

FOR BABIES: Up to 4 of the most common ICD-9 codes from most common to least common

Don't use ICD-9 codes for babies (1)  
 796.1 Abnormal reflex (2)  
 750.1 Anomaly of the tongue (3)  
 750.0 Ankyloglossia (4)  
 767.9 Birth trauma (5)  
 774.39 Breast milk jaundice (6)  
 775.5 Dehydration, neonatal (7)  
 787.20 Dysphagia-difficulty swallowing (8)  
 780.92 Excessive crying (9)  
 783.3 Feeding problem-infant (10)  
 779.3 Feeding problem (includes prematurity) (11)  
 780.91 Fussy baby (12)  
 789.07 Intestinal Distress (13)  
 765.28 Late preterm infant (14)  
 774.6 Neonatal jaundice (15)  
 774.2 Preterm jaundice (16)  
 530.81 Reflux (17)  
 783.41 Slow wt gain/failure to thrive > 28 days (18)  
 779.34 Slow wt gain/failure to thrive < 28 days (19)  
 771.71 Thrush/candidiasis (20)  
 Other (please specify) (21)

- Do you bill for telephone triage?
- Yes (1)
  - No (2)
  - It depends (please specify) (3) \_\_\_\_\_
  - I don't know (4)

How many minutes is it EXPECTED you will spend in a typical lactation consultation? Directions: slide the bar until the number at the end of the bar shows the correct number of minutes.

\_\_\_\_\_ Minutes DESIGNATED per mother/baby couplet (1)

How many minutes do you ACTUALLY spend in a typical lactation consultation? Directions: slide the bar until the number at the end of the bar shows the correct number of minutes.

\_\_\_\_\_ Minutes SPENT per mother/baby couplet (1)

How many mother/baby breastfeeding couplets would you see in an average 8 hour day? Example: if you do not work for 8 hours, estimate how many it would be if it were an eight hour day

Enter number of couplets seen in an 8 hour day (1)

What percent of consults are actually billed to insurance companies at your clinic?

- 80-100% of visits (1)
- 50-79% of visits (2)
- 20-49% of visits (3)
- 0-19% of visits (4)
- Don't know (5)

What percent of the above charges billed does your clinic actually receive for lactation consulting services from insurance companies?

- 80-100% of charge (1)
- 50-79% of charge (2)
- 20-49% of charge (3)
- 0-19% of charge (4)
- Don't know (5)

If you would be willing to share more detailed insight about reimbursement in your setting, please send a separate email to <chetwynd@email.unc.edu> with your contact information and specify in which area of practice you work. I will look forward to hearing from you!

What is your job title in this setting?

Does your outpatient clinic have a person or department that works with billing for lactation services?

- Yes (1)
- No (2)
- I don't know (3)

How does your outpatient clinic recover the cost of lactation care? Directions: choose all that apply

- By billing "incident to" requiring another provider to come into the room, examine the patient, and agree on the plan of care so that the patient may be billed under the other practitioner's license (1)
- By billing under another medical license that you have (2)
- Using IBCLC as the billing source (3)
- Billing for breastfeeding education (4)
- Billing for readmission to the hospital (5)
- Equipment sales (6)
- No recovery of lactation services (7)
- Other (please specify) (8) \_\_\_\_\_

Please indicate whose insurance is billed for services

- Mother only (1)
- Baby or babies only (2)
- Both (3)
- Depends on the department the IBCLC is working for (4)
- Depends on services provided during the visit (5)
- Neither mother or baby (6)
- Don't know (7)
- Other (please specify) (8) \_\_\_\_\_

Please check up to TWO common CPT codes that you use

- 99201 E/M new (1)
- 99202 E/M new (2)
- 99203 E/M new (3)
- 99204 E/M new (4)
- 99205 E/M new (5)
- 99211 E/M estab (6)
- 99212 E/M estab (7)
- 99213 E/M estab (8)
- 99214 E/M estab (9)
- 99215 E/M estab (10)
- 99441 E/M tele (11)
- 99442 E/M tele (12)
- 99443 E/M tele (13)
- 99381 E/M new (14)
- 99391 E/M estab (15)
- 99341 E/M new home (16)
- 99342 E/M new home (17)
- 99343 E/M new home (18)
- 99221 E/M hosp new (19)
- 99222 E/M hosp new (20)
- 96150 H&Beh new (21)
- 96151 H&Beh est (22)
- 96152 H&Beh ind interven (23)
- 96153 H&Beh grp interven (24)
- 96154 H&Beh grp intv pt pres (25)
- 99155 H&Beh grp interv pt absent (26)
- S9443 educ lactation (27)
- S9445 educ other (28)
- DONT KNOW (29)
- Other (30) \_\_\_\_\_

Please drag and drop up to 4 of the most common ICD-9 codes you use FOR MOTHERS and put them in the box from most common to least common. Directions: Click and hold your mouse button on one item to move it from the list to the box. Once they are in the box, you can change the order by following the same steps to move the item into its new position or back out of the box.

FOR MOTHERS: Up to 4 of the most common ICD-9 codes from most common to least common	
_____	Don't use ICD-9 codes for mothers (1)
_____	675.14 Abscess, infective mastitis (2)
_____	676.54 Agalactia, suppressed lactation (3)
_____	676.34 Anomaly of the breast or nipple, breast pain, trauma or ulceration to the nipple (4)
_____	676.84 Breastfeeding difficulty, delayed lactation (5)
_____	112.89 Candidiasis of the breast or nipple (6)
_____	676.14 Cracks/fissures of the nipple (7)
_____	676.24 Engorgement of the breast (8)
_____	675.94 Infection of the breast or nipple (unspecified) (9)
_____	676.04 Inverted nipple (10)
_____	676.94 Lactation disorder (11)
_____	v24.1 Lactation Care/Exam (12)
_____	675.24 Mastitis (interstitial), blocked duct (13)
_____	675.04 Nipple infection (14)
_____	Other (please specify) (15)

Please drag and drop up to 4 of the most common ICD-9 codes you use FOR BABIES into the box. Directions: Click and hold your mouse button on one item to move it from the list to the box. Once they are in the box, you can change the order by following the same steps to move the item into its new position or back out of the box.

FOR BABIES: Up to 4 of the most common ICD-9 codes from most common to least common	
<input type="checkbox"/>	Don't use ICD-9 codes for babies (1)
<input type="checkbox"/>	796.1 Abnormal reflex (2)
<input type="checkbox"/>	750.1 Anomaly of the tongue (3)
<input type="checkbox"/>	750.0 Ankyloglossia (4)
<input type="checkbox"/>	767.9 Birth trauma (5)
<input type="checkbox"/>	774.39 Breast milk jaundice (6)
<input type="checkbox"/>	775.5 Dehydration, neonatal (7)
<input type="checkbox"/>	787.20 Dysphagia-difficulty swallowing (8)
<input type="checkbox"/>	780.92 Excessive crying (9)
<input type="checkbox"/>	783.3 Feeding problem-infant (10)
<input type="checkbox"/>	779.3 Feeding problem (includes prematurity) (11)
<input type="checkbox"/>	780.91 Fussy baby (12)
<input type="checkbox"/>	789.07 Intestinal Distress (13)
<input type="checkbox"/>	765.28 Late preterm infant (14)
<input type="checkbox"/>	774.6 Neonatal jaundice (15)
<input type="checkbox"/>	774.2 Preterm jaundice (16)
<input type="checkbox"/>	530.81 Reflux (17)
<input type="checkbox"/>	783.41 Slow wt gain/failure to thrive > 28 days (18)
<input type="checkbox"/>	779.34 Slow wt gain/failure to thrive < 28 days (19)
<input type="checkbox"/>	771.71 Thrush/candidiasis (20)
<input type="checkbox"/>	Other (please specify) (21)

Do you charge for telephone triage?

- yes (1)
- No (2)
- It depends (please specify) (3) \_\_\_\_\_
- Don't know (4)

How many minutes is it EXPECTED you will spend in a typical lactation consultation? Directions: slide the bar until the number at the end of the bar shows the correct number of minutes.

\_\_\_\_\_ Minutes DESIGNATED per mother/baby couplet (1)

How many minutes do you ACTUALLY spend in a typical lactation consultation? Directions: slide the bar until the number at the end of the bar shows the correct number of minutes.

\_\_\_\_\_ Minutes SPENT per mother/baby couplet (1)

How many mother/baby breastfeeding couplets would you see in an average 8 hour day? Example: if you do not work for 8 hours, estimate how many it would be if it were an eight hour day

Enter number of couplets seen in an 8 hour day (1)
--

What percent of consults are actually billed to insurance companies at your clinic?

- 80-100% of visits (1)
- 50-79% of visits (2)
- 20-49% of visits (3)
- 0-19% of visits (4)
- Don't know (5)

What percent of the above charges billed does your clinic actually receive for lactation consulting services from insurance companies?

- 80-100% of charge (1)
- 50-79% of charge (2)
- 20-49% of charge (3)
- 0-19% of charge (4)
- Don't know (5)

If you would be willing to share more detailed insight about reimbursement in your setting, please send a separate email to <chetwynd@email.unc.edu> with your contact information and specify in which area of practice you work. I will look forward to hearing from you!

What is your job title in this setting?

Does your outpatient clinic have a person or department that works with billing for lactation services?

- Yes (1)
- No (2)
- I don't know (3)

How does your outpatient clinic recover the cost of lactation care? Directions: select all that apply

- By billing "incident to" requiring another provider to come into the room, examine the patient, and agree on the plan of care so that the patient may be billed under the other practitioner's license (1)
- By billing under another medical license that you have (2)
- Using IBCLC as the billing source (3)
- Billing for breastfeeding education (4)
- Billing for readmission to the hospital (5)
- Equipment sales (6)
- No recovery of lactation services (7)
- Other (please specify) (8) \_\_\_\_\_

Please indicate whose insurance is billed for services

- Mother only (1)
- Baby or babies only (2)
- Both (3)
- Depends on the department the IBCLC is working for (4)
- Depends on services provided during the visit (5)
- Neither mother or baby (6)
- Don't know (7)
- Other (please specify) (8) \_\_\_\_\_

Please check up to TWO common CPT codes that you use

- 99201 E/M new (1)
- 99202 E/M new (2)
- 99203 E/M new (3)
- 99204 E/M new (4)
- 99205 E/M new (5)
- 99211 E/M estab (6)
- 99212 E/M estab (7)
- 99213 E/M estab (8)
- 99214 E/M estab (9)
- 99215 E/M estab (10)
- 99441 E/M tele (11)
- 99442 E/M tele (12)
- 99443 E/M tele (13)
- 99381 E/M new (14)
- 99391 E/M estab (15)
- 99341 E/M new home (16)
- 99342 E/M new home (17)
- 99343 E/M new home (18)
- 99221 E/M hosp new (19)
- 99222 E/M hosp new (20)
- 96150 H&Beh new (21)
- 96151 H&Beh est (22)
- 96152 H&Beh ind interven (23)
- 96153 H&Beh grp interven (24)
- 96154 H&Beh grp intv pt pres (25)
- 99155 H&Beh grp interv pt absent (26)
- S9443 educ lactation (27)
- S9445 educ other (28)
- DONT KNOW (29)
- Other (30) \_\_\_\_\_

Please drag and drop up to 4 of the most common ICD-9 codes you use FOR MOTHERS and put them in the box from most common to least common. Directions: Click and hold your mouse button on one item to move it from the list to the box. Once they are in the box, you can change the order by following the same steps to move the item into its new position or back out of the box.

FOR MOTHERS: Up to 4 of the most common ICD-9 codes from most common to least common	
_____	Don't use ICD-9 codes for mothers (1)
_____	675.14 Abscess, infective mastitis (2)
_____	676.54 Agalactia, suppressed lactation (3)
_____	676.34 Anomaly of the breast or nipple, breast pain, trauma or ulceration to the nipple (4)
_____	676.84 Breastfeeding difficulty, delayed lactation (5)
_____	112.89 Candidiasis of the breast or nipple (6)
_____	676.14 Cracks/fissures of the nipple (7)
_____	676.24 Engorgement of the breast (8)
_____	675.94 Infection of the breast or nipple (unspecified) (9)
_____	676.04 Inverted nipple (10)
_____	676.94 Lactation disorder (11)
_____	v24.1 Lactation Care/Exam (12)
_____	675.24 Mastitis (interstitial), blocked duct (13)
_____	675.04 Nipple infection (14)
_____	Other (please specify) (15)

Please drag and drop up to 4 of the most common ICD-9 codes you use FOR BABIES into the box. Directions: Click and hold your mouse button on one item to move it from the list to the box. Once they are in the box, you can change the order by following the same steps to move the item into its new position or back out of the box.

FOR BABIES: Up to 4 of the most common ICD-9 codes from most common to least common

Don't use ICD-9 codes for babies (1)  
 796.1 Abnormal reflex (2)  
 750.1 Anomaly of the tongue (3)  
 750.0 Ankyloglossia (4)  
 767.9 Birth trauma (5)  
 774.39 Breast milk jaundice (6)  
 775.5 Dehydration, neonatal (7)  
 787.20 Dysphagia-difficulty swallowing (8)  
 780.92 Excessive crying (9)  
 783.3 Feeding problem-infant (10)  
 779.3 Feeding problem (includes prematurity) (11)  
 780.91 Fussy baby (12)  
 789.07 Intestinal Distress (13)  
 765.28 Late preterm infant (14)  
 774.6 Neonatal jaundice (15)  
 774.2 Preterm jaundice (16)  
 530.81 Reflux (17)  
 783.41 Slow wt gain/failure to thrive > 28 days (18)  
 779.34 Slow wt gain/failure to thrive < 28 days (19)  
 771.71 Thrush/candidiasis (20)  
 Other (please specify) (21)

Do you charge for telephone triage?

- yes (1)
- No (2)
- It depends (please specify) (3) \_\_\_\_\_
- Don't know (4)

How many minutes is it EXPECTED you will spend in a typical lactation consultation? Directions: slide the bar until the number at the end of the bar shows the correct number of minutes.

\_\_\_\_\_ Minutes DESIGNATED per mother/baby couplet (1)

How many minutes do you ACTUALLY spend in a typical lactation consultation? Directions: slide the bar until the number at the end of the bar shows the correct number of minutes.

\_\_\_\_\_ Minutes SPENT per mother/baby couplet (1)

How many mother/baby breastfeeding couplets would you see in an average 8 hour day? Example: if you do not work for 8 hours, estimate how many it would be if it were an eight hour day

Enter number of couplets seen in an 8 hour day (1)

What percent of consults are actually billed to insurance companies at your clinic?

- 80-100% of visits (1)
- 50-79% of visits (2)
- 20-49% of visits (3)
- 0-19% of visits (4)
- Don't know (5)

What percent of the above charges billed does your clinic actually receive for lactation consulting services from insurance companies?

- 80-100% of charge (1)
- 50-79% of charge (2)
- 20-49% of charge (3)
- 0-19% of charge (4)
- Don't know (5)

If you would be willing to share more detailed insight about reimbursement in your setting, please send a separate email to <chetwynd@email.unc.edu> with your contact information and specify in which area of practice you work. I will look forward to hearing from you!

What is your job title in this setting?

How do you recover the cost of providing lactation care? Directions: choose all that apply

- By using another licensure that I have (1)
- Using only IBCLC as the billing source (2)
- With equipment sales (3)
- No recovery for services (4)
- Patients pay out of pocket (5)
- Patients pay out of pocket and are provided with information they need to submit to insurance (6)
- Other (please specify) (7) \_\_\_\_\_



Please indicate whose insurance is billed for services

- Mother only (1)
- Baby or babies only (2)
- Both (3)
- It depends (please specify) (4) \_\_\_\_\_

Please check up to TWO common CPT codes that you use

- 99201 E/M new (1)
- 99202 E/M new (2)
- 99203 E/M new (3)
- 99204 E/M new (4)
- 99205 E/M new (5)
- 99211 E/M estab (6)
- 99212 E/M estab (7)
- 99213 E/M estab (8)
- 99214 E/M estab (9)
- 99215 E/M estab (10)
- 99441 E/M tele (11)
- 99442 E/M tele (12)
- 99443 E/M tele (13)
- 99381 E/M new (14)
- 99391 E/M estab (15)
- 99341 E/M new home (16)
- 99342 E/M new home (17)
- 99343 E/M new home (18)
- 99221 E/M hosp new (19)
- 99222 E/M hosp new (20)
- 96150 H&Beh new (21)
- 96151 H&Beh est (22)
- 96152 H&Beh ind interven (23)
- 96153 H&Beh grp interven (24)
- 96154 H&Beh grp intv pt pres (25)
- 99155 H&Beh grp interv pt absent (26)
- S9443 educ lactation (27)
- S9445 educ other (28)
- DON'T KNOW (29)
- Other (30) \_\_\_\_\_

Please drag and drop up to 4 of the most common ICD-9 codes you use FOR MOTHERS and put them in the box from most common to least common. Directions: Click and hold your mouse button on one item to move it from the list to the box. Once they are in the box, you can change the order by following the same steps to move the item into its new position or out of the box.

FOR MOTHERS: Up to 4 of the most common ICD-9 codes from most common to least common

- \_\_\_\_\_ Don't use ICD-9 codes for mothers (1)
- \_\_\_\_\_ 675.14 Abscess, infective mastitis (2)
- \_\_\_\_\_ 676.54 Agalactia, suppressed lactation (3)
- \_\_\_\_\_ 676.34 Anomaly of the breast or nipple, breast pain, trauma or ulceration to the nipple (4)
- \_\_\_\_\_ 676.84 Breastfeeding difficulty, delayed lactation (5)
- \_\_\_\_\_ 112.89 Candidiasis of the breast or nipple (6)
- \_\_\_\_\_ 676.14 Cracks/fissures of the nipple (7)
- \_\_\_\_\_ 676.24 Engorgement of the breast (8)
- \_\_\_\_\_ 675.94 Infection of the breast or nipple (unspecified) (9)
- \_\_\_\_\_ 676.04 Inverted nipple (10)
- \_\_\_\_\_ 676.94 Lactation disorder (11)
- \_\_\_\_\_ v24.1 Lactation Care/Exam (12)
- \_\_\_\_\_ 675.24 Mastitis (interstitial), blocked duct (13)
- \_\_\_\_\_ 675.04 Nipple infection (14)

\_\_\_\_\_ Other (please specify) (15)

Please drag and drop up to 4 of the most common ICD-9 codes you use FOR BABIES into the box. Directions: Click and hold your mouse button on one item to move it from the list to the box. Once they are in the box, you can change the order by following the same steps to move the item into its new position or back out of the box.

FOR BABIES: Up to 4 of the most common ICD-9 codes from most common to least common

- \_\_\_\_\_ Don't use ICD-9 codes for babies (1)
- \_\_\_\_\_ 796.1 Abnormal reflex (2)
- \_\_\_\_\_ 750.1 Anomaly of the tongue (3)
- \_\_\_\_\_ 750.0 Ankyloglossia (4)
- \_\_\_\_\_ 767.9 Birth trauma (5)
- \_\_\_\_\_ 774.39 Breast milk jaundice (6)
- \_\_\_\_\_ 775.5 Dehydration, neonatal (7)
- \_\_\_\_\_ 787.20 Dysphagia-difficulty swallowing (8)
- \_\_\_\_\_ 780.92 Excessive crying (9)
- \_\_\_\_\_ 783.3 Feeding problem-infant (10)
- \_\_\_\_\_ 779.3 Feeding problem (includes prematurity) (11)
- \_\_\_\_\_ 780.91 Fussy baby (12)
- \_\_\_\_\_ 789.07 Intestinal Distress (13)
- \_\_\_\_\_ 765.28 Late preterm infant (14)
- \_\_\_\_\_ 774.6 Neonatal jaundice (15)
- \_\_\_\_\_ 774.2 Preterm jaundice (16)
- \_\_\_\_\_ 530.81 Reflux (17)
- \_\_\_\_\_ 783.41 Slow wt gain/failure to thrive > 28 days (18)
- \_\_\_\_\_ 779.34 Slow wt gain/failure to thrive < 28 days (19)
- \_\_\_\_\_ 771.71 Thrush/candidiasis (20)
- \_\_\_\_\_ Other (please specify) (21)

Do you bill for travel time?  
 Yes (1)  
 No (2)  
 Depends (please explain) (3) \_\_\_\_\_

Do you bill for telephone triage?  
 Yes (1)  
 No (2)  
 Depends (please explain) (3) \_\_\_\_\_

How many minutes do you typically EXPECT to use to see a breastfeeding mother and/or baby? Directions: slide the bar until the number at the end of the bar shows the correct number of minutes.  
\_\_\_\_\_ Minutes SPENT per mother/baby couplet (1)

How many mother/baby breastfeeding couplets would you see in an average 8 hour day (if you do not work for 8 hours, estimate how many it would be if it were an eight hour day)? Slide the bar until the number at the end of the bar shows the correct number.

Enter number of couplets seen in an 8 hour day (1)

What percent of consults are actually billed to insurance companies for your clinic or practice?

- 80-100% of visits (1)
- 50-79% of visits (2)
- 20-49% of visits (3)
- 0-19% of visits (4)
- Don't know (5)

What percent of the above charges billed does your clinic or practice actually receive for lactation consulting services from insurance companies?

- 80-100% of charge (1)
- 50-79% of charge (2)
- 20-49% of charge (3)
- 0-19% of charge (4)
- Don't know (5)

If you would be willing to share more detailed insight about reimbursement in your setting, please send a separate email to <chetwynd@email.unc.edu> with your contact information and specify in which area of practice you work. I will look forward to hearing from you!

## Appendix 2

### **Text for Email 1:**

Dear IBCLC,

As an IBCLC, you know that your professional organizations and colleagues are working with you to improve reimbursement for our services and decrease disparities in the availability of lactation care and management. By participating in this 10-15 minute research survey, you have an opportunity to help move this initiative forward! The information you provide will be invaluable to all of us practicing as IBCLCs.

This project is part of research at UNC Gillings School of Global Public Health and results will also be submitted for publication.

It has been approved by the UNC IRB Office as Study ID: 11-0357

If you have any questions or concerns please contact:

Primary Investigator: Ellen Chetwynd RN BSN IBCLC 919-548-6087 <[chetwynd@email.unc.edu](mailto:chetwynd@email.unc.edu)>

Faculty Advisor: Miriam Labbok MD: 919-966-0928 <[labbok@email.unc.edu](mailto:labbok@email.unc.edu)>

UNC IRB Office: 919-966-3113 <[irb\\_questions@unc.edu](mailto:irb_questions@unc.edu)>

The following groups provided advice and guidance and will receive a report of the findings:

- International Board of Lactation Consultant Examiners (IBLCE)
- United States Lactation Consultant Association (USLCA)
- United States Breastfeeding Committee (USBC)
- Carolina Global Breastfeeding Institute (CGBI)

It is being distributed with the help of the International Board of Lactation Consultant Examiners.

Participation is voluntary and confidential. There will be no record of whether you completed the survey.

Here is the survey link. By clicking this link to open the survey, you are consenting to participate. You may skip any questions or exit the survey at any time.

[https://uncodum.qualtrics.com/SE/?SID=SV\\_5p9RQnO2TehG9F2](https://uncodum.qualtrics.com/SE/?SID=SV_5p9RQnO2TehG9F2)

Thank you for your time!

**ILCA/USLCA members, please keep your eyes open for an important survey on workplace issues!**

**Text for Email 2:**

Dear IBCLC,

If you have completed the IBCLC Reimbursement Research Survey, thank you for your time! Please disregard the remainder of this email.

If you have *not* completed the research survey, please consider taking 10-15 minutes to do so before 3/27/11. Your participations is not only greatly appreciated, but will add to the knowledge our profession has about our own reimbursement practices, allowing us all to advocate for our profession and breastfeeding women more effectively.

This project is part of research at UNC Gillings School of Global Public Health and results will also be submitted for publication.

It has been approved by the UNC IRB Office as Study ID: 11-0357

If you have any questions or concerns please contact:

Primary Investigator: Ellen Chetwynd RN BSN IBCLC 919-548-6087 <[chetwynd@email.unc.edu](mailto:chetwynd@email.unc.edu)>

Faculty Advisor: Miriam Labbok MD: 919-966-0928 <[labbok@email.unc.edu](mailto:labbok@email.unc.edu)>

UNC IRB Office: 919-966-3113 <[irb\\_questions@unc.edu](mailto:irb_questions@unc.edu)>

The following groups provided advice and guidance and will receive a report of the findings:

- International Board of Lactation Consultant Examiners (IBLCE)
- United States Lactation Consultant Association (USLCA)
- United States Breastfeeding Committee (USBC)
- Carolina Global Breastfeeding Institute (CGBI)

It is being distributed with the help of the International Board of Lactation Consultant Examiners.

Participation is voluntary and confidential. There will be no record of whether you completed the survey.

Here is the survey link. By clicking this link to open the survey, you are consenting to participate. You may skip any questions or exit the survey at any time.

[https://uncodum.qualtrics.com/SE/?SID=SV\\_5p9RQnO2TehG9F2](https://uncodum.qualtrics.com/SE/?SID=SV_5p9RQnO2TehG9F2)

Thank you for your time!

**Text for Email 3:**

Dear IBCLC,

If you have completed the IBCLC Reimbursement Research Survey, thank you for your time! Please disregard the remainder of this email.

If you have *not* completed the research survey, now is your last chance to take this 10-15 minute research survey. We will be closing access on 3/27/11. Your participation is not only greatly appreciated, but important for our professional and breastfeeding women.

This project is part of research at UNC Gillings School of Global Public Health and results will also be submitted for publication.

It has been approved by the UNC IRB Office as Study ID: 11-0357

If you have any questions or concerns please contact:

Primary Investigator: Ellen Chetwynd RN BSN IBCLC 919-548-6087 <[chetwynd@email.unc.edu](mailto:chetwynd@email.unc.edu)>

Faculty Advisor: Miriam Labbok MD: 919-966-0928 <[labbok@email.unc.edu](mailto:labbok@email.unc.edu)>

UNC IRB Office: 919-966-3113 <[irb\\_questions@unc.edu](mailto:irb_questions@unc.edu)>

The following groups provided advice and guidance and will receive a report of the findings:

- International Board of Lactation Consultant Examiners (IBLCE)
- United States Lactation Consultant Association (USLCA)
- United States Breastfeeding Committee (USBC)
- Carolina Global Breastfeeding Institute (CGBI)

It is being distributed with the help of the International Board of Lactation Consultant Examiners.

Participation is voluntary and confidential. There will be no record of whether you completed the survey.

Here is the survey link. By clicking this link to open the survey, you are consenting to participate. You may skip any questions or exit the survey at any time.

[https://uncodum.qualtrics.com/SE/?SID=SV\\_5p9RQnO2TehG9F2](https://uncodum.qualtrics.com/SE/?SID=SV_5p9RQnO2TehG9F2)

Thank you for your time!