

Appendix A: State-Level Survey Results

Table A1: Medicaid Coverage Policies for Routine Prenatal Services

States	Prenatal Vitamins (n=41) Yes = 41	Ultrasound (n=41) Yes = 41	Limitations/ Utilization Controls
Alabama	✓	✓	Requires prior authorization for 3 or more ultrasounds
Alaska	✓	✓	Require prescription for prenatal vitamins
Arizona	✓	✓	
Arkansas	✓	✓	
California	✓	✓	
Colorado	✓	✓	Require prescription for prenatal vitamins. Covered during pregnancy and postpartum with prescription. Two ultrasounds covered for low-risk-uncomplicated pregnancies; more allowed if medically necessary.
Connecticut	✓	✓	Require prescription for prenatal vitamins. Vitamins available to individuals under age 21 over-the-counter.
Delaware	✓	✓	
District of Columbia	✓	✓	
Georgia	✓	✓	
Hawaii	✓	✓	
Idaho	✓	✓	
Illinois	✓	✓	
Indiana	✓	✓	
Iowa	✓	✓	
Kentucky	✓	✓	
Maine	✓	✓	
Maryland	✓	✓	
Massachusetts	✓	✓	
Michigan	✓	✓	
Minnesota	✓	✓	
Mississippi	✓	✓	Prenatal vitamins included on state's Preferred Drug List; covered for females age 8-50.
Missouri	✓	✓	Allows 3 ultrasounds per rolling year
Montana	✓	✓	
Nebraska	✓	✓	
Nevada	✓	✓	
New Hampshire	✓	✓	
New Mexico	✓	✓	
New York	✓	✓	Requires fiscal order to obtain vitamins
North Carolina	✓	✓	
Ohio	✓	✓	
Oklahoma	✓	✓	
Oregon	✓	✓	
South Carolina	✓	✓	Requires prior authorization for more than 3 ultrasounds
Tennessee	✓	✓	
Texas	✓	✓	Requires prior authorization for more than 3 ultrasounds, but does not count those received in ER, under outpatient observation, or during a hospital stay. Ultrasounds are covered when medically indicated and may be indicated for suspected genetic defects, high risk pregnancies and fetal growth retardation.
Vermont	✓	✓	
Virginia	✓	✓	
Washington	✓	✓	

Table A1: Medicaid Coverage Policies for Routine Prenatal Services

States	Prenatal Vitamins (n=41) Yes = 41	Ultrasound (n=41) Yes = 41	Limitations/ Utilization Controls
West Virginia	✓	✓	Allows ultrasounds when medically necessary and in accordance with criteria for high risk pregnancies established by American Congress of Obstetrics and Gynecology.
Wyoming	✓	✓	

SOURCE: Kaiser Family Foundation and Health Management Associates, Survey of States on Medicaid Coverage of Family Planning and Perinatal Benefits.

Table A2: Coverage Policies for Perinatal Genetic Screening Services

States	Genetic Counseling (n=41) Yes = 33 No = 8	Chorionic Villus Sampling (n=41) Yes = 38 No = 3	Amniocentesis (n=41) Yes = 39 No = 2	Limitations/ Utilization Controls
Alabama	No	No	✓	
Alaska	No	✓	✓	
Arizona	No	✓	✓	
Arkansas*	✓	✓	✓	
California	✓	✓	✓	
Colorado	✓	✓	✓	Requires documentation of clinical indication for genetic testing procedures.
Connecticut	✓	✓	✓	
Delaware	✓	✓	✓	
District of Columbia	✓	✓	✓	
Georgia	✓	✓	✓	
Hawaii	✓	✓	✓	
Idaho	No	✓	✓	
Illinois	✓	✓	✓	
Indiana	✓	✓	✓	
Iowa*	✓	✓	✓	
Kentucky	✓	✓	✓	For genetic counseling, allows report and interpretation only
Maine	✓	✓	✓	
Maryland	✓	✓	✓	
Massachusetts	✓	✓	✓	Genetic counseling limited to antepartum counseling for high-risk women.
Michigan	✓	✓	✓	Prior authorization required for genetic testing when necessary to establish a molecular diagnosis and treatment of a genetic disease, and all conditions are met as outlined in Michigan Medicaid Provider Manual. If medically necessary and on a case-by-case basis, prior authorization may be requested to allow for exceptions to policy restrictions.
Minnesota	✓	✓	✓	
Mississippi	✓	✓	✓	Covers genetic testing when medically necessary to establish a diagnosis of an inheritable disease if: a) the beneficiary displays clinical features, or is at direct risk of inheriting the mutation in question (pre-symptomatic), b) the result of the test will directly guide the treatment being delivered to the beneficiary, and c) after history, physical exam, pedigree analysis, genetic counseling, and completion of conventional diagnostic studies, a definitive diagnosis remains uncertain.
Missouri	✓	✓	✓	
Montana	✓	✓	✓	
Nebraska	No	No	No	
Nevada	✓	✓	✓	

Table A2: Coverage Policies for Perinatal Genetic Screening Services

States	Genetic Counseling (n=41) Yes = 33 No = 8	Chorionic Villus Sampling (n=41) Yes = 38 No = 3	Amniocentesis (n=41) Yes = 39 No = 2	Limitations/ Utilization Controls
New Hampshire	✓	✓	✓	
New Mexico	No	✓	✓	
New York	✓	✓	✓	
North Carolina	✓	✓	✓	
Ohio	✓	✓	✓	
Oklahoma	✓	✓	✓	
Oregon	✓	✓	✓	Covers CVS for a positive aneuploidy screen, maternal age greater than 34, fetal structural anomalies, family history of inheritable chromosomal disorder, or elevated risk of neural tube defect.
South Carolina	✓	✓	✓	
Tennessee	✓	✓	✓	
Texas	✓	✓	✓	Restricts genetic counseling to one service per pregnancy.
Vermont	✓	✓	✓	
Virginia	✓	✓	✓	
Washington	✓	✓	✓	
West Virginia	No	✓	✓	
Wyoming	No	No	No	State reported that genetic counseling covered for BRCA only.

NOTES: * AR covers procedures and counseling through traditional Medicaid and pregnant women eligibility pathways, but not through ACA Medicaid expansion. IA covers counseling through traditional Medicaid and ACA Medicaid expansion, but does not offer the benefit to those eligible through the pregnancy pathway. NE does not cover “unborn genetic testing and counseling, per a provider bulletin: <http://dhhs.ne.gov/medicaid/Documents/pb1547.pdf>

SOURCE: Kaiser Family Foundation and Health Management Associates, Survey of States on Medicaid Coverage of Family Planning and Perinatal Benefits.

Table A3: Coverage Policies for Childbirth and Parenting Classes

States	Childbirth Ed./ Classes (n=41) Yes = 14 No = 27	Infant Care/ Parenting Ed. Classes (n=41) Yes = 17 No = 24	Limitations/ Utilization Controls
Alabama	No	✓	Provides parenting and infant care education through its care coordination program and global payment methodology
Alaska	No	No	
Arizona	No	No	
Arkansas	✓	✓	Childbirth and parenting/infant care education included in risk management services for pregnant women under traditional Medicaid program and pregnancy eligibility pathway, but not covered under ACA Medicaid expansion eligibility pathway.
California	✓	✓	
Colorado	No	No	Considers childbirth and parenting education as part of the bundled labor and delivery reimbursement, but does not reimburse for separate education
Connecticut	No	No	Services could be part of an office or clinic visit
Delaware	✓	✓	State is working with opioid treatment programs to enhance prenatal care in high risk populations
District of Columbia	✓	✓	
Georgia	✓	✓	
Hawaii	✓	✓	
Idaho	No	No	
Illinois	No	No	
Indiana	No	No	
Iowa	No	No	
Kentucky	No	✓	Childbirth education services are available through other publicly funded program
Maine	No	No	
Maryland	No	No	
Massachusetts	No	No	
Michigan	✓	✓	
Minnesota	✓	✓	
Mississippi	✓	✓	
Missouri	No	No	
Montana	No	No	Services not covered at the time of survey, but as of 1/1/2016, added coverage for “Centering Pregnancy” classes offered by certified facilities.
Nebraska	No	No	Services are available through other publicly funded program
Nevada	No	✓	
New Hampshire	No	No	
New Mexico	No	✓	Some managed care entities provide both childbirth and parenting education services.
New York	No	No	Parenting and child care education may be provided as a component of nursing or other services, but is not separately reimbursable
North Carolina	✓	No	
Ohio	✓	✓	
Oklahoma	No	No	

Table A3: Coverage Policies for Childbirth and Parenting Classes

States	Childbirth Ed./ Classes (n=41) Yes = 14 No = 27	Infant Care/ Parenting Ed. Classes (n=41) Yes = 17 No = 24	Limitations/ Utilization Controls
Oregon	✓	✓	Provides services to individuals through their nurse home visiting program, or through office visit. Does not reimburse for group classes.
South Carolina	No	No	
Tennessee	No	No	
Texas	No	No	
Vermont	No	No	
Virginia	✓	✓	
Washington	✓	✓	
West Virginia	No	No	Services are available through other publicly funded program
Wyoming	No	No	

SOURCE: Kaiser Family Foundation and Health Management Associates, Survey of States on Medicaid Coverage of Family Planning and Perinatal Benefits.

Table A4: Coverage of and Utilization Controls for Case Management Services and Substance and Alcohol Abuse Treatment

State	Case Management (n=41) Yes = 35 No = 6	Substance and Alcohol Abuse Treatment (n=41) Yes= 41	Limitations/ Utilization Controls
Alabama	✓	✓	State's Screening, Brief Intervention, Referral, and Treatment Program (SBIRT) services are not a covered benefit for smoking or tobacco abuse, individuals who have been diagnosed with a substance use disorder, or individuals who have had previous and/ or are now receiving treatment for a substance abuse disorder. Providers must be certified to provide such a service.
Alaska	✓	✓	
Arizona	✓	✓	If high risk, case management available
Arkansas*	✓	✓	
California*	✓	✓	
Colorado	✓	✓	Case management: General service & provided as part of some special programs (i.e. Prenatal Plus, Nurse Home Visitor's program, Special Connections) Substance Abuse Treatment: Primarily through Behavior Health Organization for also some FFS coverage
Connecticut	No	✓	Case management not a separately billable service, but would be covered as part of the overall hospital admission or office/ clinic visit
Delaware	✓	✓	
DC	✓	✓	Case management is required by contract for all pregnant beneficiaries enrolled in a MCO
Georgia	✓	✓	Case management is available only for women enrolled in managed care.
Hawaii	No	✓	
Idaho	✓	✓	
Illinois*	✓	✓	
Indiana	✓	✓	
Iowa*	✓	✓	Substance Abuse Treatment: Covered outside of the family planning benefit
Kentucky	✓	✓	
Maine	✓	✓	
Maryland	No	✓	
Massachusetts	✓	✓	
Michigan	No	✓	
Minnesota	✓	✓	
Mississippi*	✓	✓	Case management is a benefit for Managed Care members. Restricted to certain provider types.
Missouri	✓	✓	Participants must qualify for prenatal case management services
Montana	✓	✓	Covers targeted case management for high risk pregnant women. Providers must be approved by the Department.
Nebraska	✓	✓	Case management not covered for all, but depends on the individual
Nevada	✓	✓	
New Hampshire*	No	✓	
New Mexico	✓	✓	
New York	✓	✓	
North Carolina	✓	✓	

Table A4: Coverage of and Utilization Controls for Case Management Services and Substance and Alcohol Abuse Treatment

State	Case Management (n=41) Yes = 35 No = 6	Substance and Alcohol Abuse Treatment (n=41) Yes= 41	Limitations/ Utilization Controls
Ohio	✓	✓	
Oklahoma	✓	✓	
Oregon	✓	✓	
South Carolina	No	✓	
Tennessee	✓	✓	Provided as medically necessary.
Texas	✓	✓	
Vermont	✓	✓	
Virginia	✓	✓	
Washington	✓	✓	
West Virginia	✓	✓	Through targeted case management. No hard caps for utilization, based upon medical necessity
			Substance Abuse Treatment: Based on medical necessity
Wyoming	✓	✓	Case management: Through a utilization management contract for non-waiver situations
			Substance Abuse Treatment: Outpatient only for adults.

NOTES: *AR does not cover case management through ACA Medicaid Expansion. CA & MS do not cover case management through Pregnancy-Only Medicaid. IL does not cover case management or substance abuse treatment through Pregnancy-Only Medicaid. IA does not cover substance abuse treatment through Pregnancy-Only Medicaid. NH does not cover substance abuse treatment through Traditional Medicaid or Pregnancy only Medicaid.

SOURCE: Kaiser Family Foundation and Health Management Associates, Survey of States on Medicaid Coverage of Family Planning and Perinatal Benefits

Table A5: Coverage Policies of Prenatal and Postpartum Home Visits

State	Home Visits - Prenatal (n=41) Yes = 30 No = 11	Home Visits - Postpartum (n=41) Yes = 33 No = 8	Limitations/ Utilization Controls
Alabama	No	✓	Postpartum home visits are included in the global payment methodology.
Alaska	✓	✓	
Arizona	No	No	
Arkansas*	✓	✓	
California	✓	✓	
Colorado	No	No	Provided as part of some special programs
Connecticut	✓	✓	Prenatal nursing care services provided to women at high risk of negative pregnancy outcome Pregnancy related preventive postpartum nursing care services only for high risk women and limited to services provided during the 60-day time period following childbirth.
Delaware	✓	✓	
DC	✓	✓	
Georgia	✓	✓	Home visits are available in association with case management through the managed care plans.
Hawaii	No	No	
Idaho	✓	✓	
Illinois*	✓	✓	
Indiana	✓	✓	
Iowa	✓	✓	
Kentucky	No	No	
Maine	No	No	
Maryland	No	✓	
Massachusetts	✓	✓	
Michigan	✓	✓	Medicaid covers prenatal home visits when there is a medical condition. Home visits provided for preventive health services would be covered by the MIHP, allowing for up to 9 visits. Home visits for assessment, evaluation, and teaching are covered for women and newborns following delivery when a physician has determined the mother or newborn may be at risk. Medicaid allows one initial postpartum visit, one initial newborn visit, and one subsequent visit to the mother and newborn for a total of 3 visits per pregnancy. Services may also be provided by an MIHP provider.
Minnesota	✓	✓	
Mississippi	✓	✓	
Missouri	✓	✓	
Montana	✓	✓	Home visits are allowed through targeted case management.
Nebraska	✓	✓	
Nevada	No	No	
New Hampshire	✓	✓	
New Mexico	✓	✓	
New York	✓	✓	Postpartum home visits: Limitation 1 visit
North Carolina	✓	✓	
Ohio	✓	✓	
Oklahoma*	✓	✓	
Oregon	✓	✓	

Table A5: Coverage Policies of Prenatal and Postpartum Home Visits

State	Home Visits - Prenatal (n=41) Yes = 30 No = 11	Home Visits - Postpartum (n=41) Yes = 33 No = 8	Limitations/ Utilization Controls
South Carolina	✓	✓	
Tennessee	No	✓	Postpartum home visits provided as medically necessary.
Texas	No	No	
Vermont	✓	✓	Home nursing visits
Virginia	✓	✓	
Washington	✓	✓	
West Virginia*	✓	✓	“Right From the Start” program requires Designated Care Coordinators (DCCs) to make at least one visit within 60 days postpartum to help ensure the client has followed up with her postpartum doctor’s visit. DCCs are allowed to provide necessary services within that 60-day postpartum period, so more than one visit is permitted and encouraged.
Wyoming	No	No	Public Health Nurse completes these visits. Postpartum home visit paid through state/ local funds (not Medicaid)
<p>NOTES: *AR does not cover prenatal or postpartum home visits through ACA Medicaid Expansion. IL does not cover prenatal or postpartum home visits through Pregnancy-only Medicaid. WV does not cover prenatal home visits through ACA Medicaid Expansion. OK does not cover postpartum home visits through Pregnancy-Only Medicaid. SOURCE: Kaiser Family Foundation and Health Management Associates, Survey of States on Medicaid Coverage of Family Planning and Perinatal Benefits</p>			

Table A6: Coverage Policies for Delivery and Postpartum Care

States	Birth Centers (n=41) Yes = 32 No = 9	Home Births (n=41) Yes = 21 No = 20	Doula Services (n=41) Yes = 4 No = 37	Postpartum Visit (n=41) Yes = 41	Limitations/ Utilization Controls
Alabama	✓	No	No	✓	
Alaska	✓	✓	No	✓	
Arizona	✓	✓	No	✓	
Arkansas	No	No	No	✓	
California	✓	✓	No	✓	
Colorado	✓	✓	No	✓	Requires birth centers to be licensed and enrolled as specialty providers. Requires home births to be performed by physicians or Certified Nurse Midwives (CNMs) carrying malpractice insurance covering home births.
Connecticut	✓	✓	No	✓	Postpartum visits are covered in the hospital, office, clinic and home settings
Delaware	✓	No	No	✓	
District of Columbia	✓	No	No	✓	
Georgia	✓	No	No	✓	
Hawaii	No	No	No	✓	
Idaho	No	✓	No	✓	Only covers hospital-based birth centers
Illinois	✓	✓	No	✓	One postpartum visit limit
Indiana	✓	No	No	✓	
Iowa	✓	✓	No	✓	
Kentucky	✓	No	✓	✓	
Maine	No	No	No	✓	
Maryland	✓	✓	No	✓	
Massachusetts	✓	No	No	✓	Limits the use of birth centers to women at low risk for delivery complications.
Michigan	No	No	No	✓	
Minnesota	✓	No	✓	✓	
Mississippi	No	No	✓	✓	
Missouri	✓	✓	No	✓	
Montana	✓	No	No	✓	Requires birth centers to be accredited by a national organization and licensed by the state
Nebraska	✓	No	No	✓	
Nevada	✓	No	No	✓	
New Hampshire	✓	✓	No	✓	
New Mexico	✓	✓	No	✓	
New York	✓	✓	No	✓	
North Carolina	✓	No	No	✓	
Ohio	✓	✓	No	✓	
Oklahoma	✓	No	No	✓	Does not cover postpartum visit for pregnancy-only pathway
Oregon	✓	✓	✓	✓	

Table A6: Coverage Policies for Delivery and Postpartum Care

States	Birth Centers (n=41) Yes = 32 No = 9	Home Births (n=41) Yes = 21 No = 20	Doula Services (n=41) Yes = 4 No = 37	Postpartum Visit (n=41) Yes = 41	Limitations/ Utilization Controls
South Carolina	✓	✓	No	✓	
Tennessee	✓	No	No	✓	
Texas	✓	✓	No	✓	One postpartum care procedure code reimbursed per pregnancy covering all postpartum care regardless of the number of postpartum visits provided.
Vermont	No	✓	No	✓	
Virginia	No	✓	No	✓	Requires a Certified Professional Midwife to perform home births.
Washington	✓	✓	No	✓	
West Virginia	✓	✓	No	✓	
Wyoming	No	No	No	✓	

SOURCE: Kaiser Family Foundation and Health Management Associates, Survey of States on Medicaid Coverage of Family Planning and Perinatal Benefits.

Table A7: Coverage of and Utilization Controls for Breast Pumps

States	Electric (n=41) Yes = 35 No = 6	Manual (n=41) Yes = 31 No = 10	Utilization Controls
Alabama	No	No	Breast pumps are provided under the WIC Program through the Alabama Department of Public Health
Alaska	✓	✓	
Arizona	✓	✓	If medically necessary.
Arkansas	No	No	
California	✓	✓	
Colorado	✓	✓	Electric: Prior Authorization required. Rental for critical care infants with anticipated hospitalizations <54 days. Purchase allowed if hospitalization > 54 days. Manual: Covered for use with premature & critical care infants
Connecticut	✓	✓	
Delaware	✓	✓	
District of Columbia	✓	✓	
Georgia	✓	✓	
Hawaii	✓	✓	
Idaho	✓	✓	
Illinois*	✓	✓	Physician order required for Electric Pump
Indiana	✓	✓	
Iowa	No	No	
Kentucky	✓	✓	
Maine	✓	No	
Maryland	✓	✓	
Massachusetts	✓	✓	For electric or manual purchases, prior authorization required to exceed 1 pump per member every 5 years
Michigan	✓	✓	Electric: Rental of hospital grade pump covered for a beneficiary with a NICU infant up to 3 months of age with a condition or situation that is specified in policy. Prior authorization is not required when Standards of Coverage are met, but is required beyond 3 months. A double electric breast pump, purchase only, is covered once per 5 years for a beneficiary. A manual breast pump is covered once per birth.
Minnesota	✓	✓	
Mississippi	✓	✓	
Missouri	✓	✓	Electric breast pump must be prior authorized.
Montana	✓	No	Rental of electric pump through a durable medical equipment provider covered. Requires Prior Authorization.
Nebraska	✓	No	Electric pump is the only pump on our fee schedule
Nevada	No	No	
New Hampshire	✓	✓	
New Mexico	✓	✓	
New York	✓	✓	
North Carolina	No	No	
Ohio	✓	✓	Electric: Allow 1 every 5 years. Requires prior authorization to receive another within this time period. Manual: Allow 1 every 24 months
Oklahoma*	✓	✓	
Oregon	✓	✓	
South Carolina	No	No	Not covered by Medicaid however it is provided by the Health Department
Tennessee	✓	✓	Provided to postpartum mothers with premature infants receiving care in the neonatal intensive care unit.
Texas	✓	✓	In Medicaid fee-for-service, the purchase of a breast pump is limited to one every three years. Rental of a hospital-grade breast pump is not time-limited.
Vermont	✓	No	

Table A7: Coverage of and Utilization Controls for Breast Pumps

States	Electric (n=41) Yes = 35 No = 6	Manual (n=41) Yes = 31 No = 10	Utilization Controls
Virginia	✓	✓	Covered as a benefit through Managed care. Fee-for-service coverage added effective 1/1/16.
Washington	✓	✓	Electric: Prior authorization required. E0604 is covered as rental only; if kit dispensed in hospital additional kit is not covered
West Virginia	✓	✓	
Wyoming	✓	✓	

NOTES: IL and OK do not cover breast pumps through Pregnancy-only Medicaid.

SOURCE: Kaiser Family Foundation and Health Management Associates, Survey of States on Medicaid Coverage of Family Planning and Perinatal Benefits.

Table A8: Coverage of and Utilization Controls for Breastfeeding Education Services

States	Covered? (n=41) Yes = 27 No = 14	Utilization Controls
Alabama	✓	Breastfeeding education is provided through care coordination in the Maternity Program
Alaska	✓	
Arizona	✓	Provided by most delivering hospitals.
Arkansas	✓	Included in physician or midwife's visit or institutional global payment
California	✓	
Colorado	✓	Covered as part of normal bundled L&D & postpartum care services, for problem specific care & Preventive E/M visits. Breastfeeding/lactation classes NOT covered
Connecticut	✓	Not a separately billable services, but it is covered as part of the office/clinic visit or hospital stay.
Delaware	✓	
District of Columbia	✓	
Georgia	✓	
Hawaii	✓	
Idaho	✓	
Illinois	No	Covered under WIC program
Indiana	✓	
Iowa	No	
Kentucky	No	
Maine	No	
Maryland	No	
Massachusetts	✓	
Michigan	✓	Included in reimbursement rate for office visit
Minnesota	✓	
Mississippi	✓	
Missouri	✓	Covered if provided during a physician office visit.
Montana	No	Effective 1/1/16 breastfeeding education will be covered for Baby Friendly facilities only.
Nebraska	No	Medicaid does not cover after discharge from the hospital but DHHS has a department devoted to this that anyone can attend
Nevada	✓	Offered under traditional Medicaid but not covered under the ACA Medicaid Expansion or Pregnancy-only eligibility pathways
New Hampshire	No	
New Mexico	No	
New York	✓	
North Carolina	✓	Revision to policy in progress to allow coverage
Ohio	✓	
Oklahoma	✓	
Oregon	✓	
South Carolina	✓	
Tennessee	✓	Provided as medically necessary
Texas	No	
Vermont	No	
Virginia	✓	
Washington	No	WIC may provide breastfeeding education and lactation consultation.
West Virginia	No	Not a separate billable service. Included as part of the prenatal and postpartum visits. Also available through the WV Public Health program Right From the Start
Wyoming	No	

SOURCE: Kaiser Family Foundation and Health Management Associates, Survey of States on Medicaid Coverage of Family Planning and Perinatal Benefits.

Table A9: Coverage Policies of and Utilization Controls for Lactation Consultation Services

States	Hospital-Based (n=41) Yes = 26 No = 15	OP/ Clinic (n=41) Yes = 16 No = 25	Home Visit (n=41) Yes = 11 No = 30	Utilization Controls and Provider Requirements
Alabama	No	No	No	
Alaska	✓	No	No	
Arizona	✓	No	No	Provided by most delivering hospitals. Not reimbursed separately.
Arkansas	✓	✓	✓	Included in global hospital delivery payment, outpatient clinic visit payment and physician home visit payment
California	✓	✓	✓	
Colorado	✓	✓	No	Covered as part of normal hospital bundled labor and delivery payment, postpartum care services, and for problem specific care. Also home visit provided as part of some special programs (e.g., Nurse Home Visitor Program), but not separately reimbursed as a FFS item.
Connecticut	✓	✓	✓	State does not have an enrolled provider type for lactation consultant. Services provided as part of the overall hospital in-patient payment, outpatient office/clinic visit with an MD, DO, PA, APRN, or CNM, or home visit with a nurse from a home health agency.
Delaware	✓	✓	✓	
District of Columbia	✓	✓	✓	
Georgia	No	No	No	
Hawaii	✓	✓	✓	
Idaho	✓	No	No	
Illinois	No	No	No	Covered under WIC program
Indiana	✓	No	No	
Iowa	No	No	No	
Kentucky	✓	No	No	Provided as a part of the hospital DRG
Maine	No	No	No	
Maryland	No	No	No	
Massachusetts	No	No	No	
Michigan	✓	No	No	Included in global hospital fee/DRG
Minnesota	✓	✓	✓	
Mississippi	✓	✓	✓	
Missouri	✓	No	No	Included in the hospital per diem rate.
Montana	No	No	No	Effective 1/1/16 breastfeeding education and outpatient lactation classes and consultations will be covered for Baby Friendly facilities only
Nebraska	✓	No	No	Covered in hospital if infant is on Medicaid. Home visits are offered through the Maternal, Infant & Early Childhood Home Visiting Program. The state does not cover the service after discharge from the hospital but has a department devoted to breastfeeding education which anyone can attend.
Nevada	No	No	No	
New Hampshire	No	No	No	
New Mexico	No	No	No	
New York	✓	✓	✓	Qualified practitioners of Medicaid reimbursable lactation counseling services must be New York State licensed, registered, or certified health care professionals who are International Board Certified Lactation Consultants (IBCLCs) credentialed by the International Board of Lactation Consultant Examiners (IBLCE) and one of the following: physician, nurse practitioner (NP), midwife (MW), physician assistant (PA), registered nurse (RN)

Table A9: Coverage Policies of and Utilization Controls for Lactation Consultation Services

States	Hospital-Based (n=41) Yes = 26 No = 15	OP/ Clinic (n=41) Yes = 16 No = 25	Home Visit (n=41) Yes = 11 No = 30	Utilization Controls and Provider Requirements
North Carolina	✓	✓	No	Revision to policy in progress to allow
Ohio	✓	✓	✓	
Oklahoma	✓	✓	No	Not separately billable while inpatient.
Oregon	✓	✓	✓	
South Carolina	✓	No	No	
Tennessee	✓	No	No	Provided as medically necessary
Texas	No	No	No	
Vermont	No	No	No	
Virginia	✓	✓	No	Included in hospital DRG. Covered as an outpatient benefit through Managed care. Fee-for-service coverage added effective 1/1/16.
Washington	✓	✓	No	Breast feeding support is provided through Maternity Support Services and is part of the global fee for hospitals. Also covered if provided by an enrolled provider, i.e. MD, ARNP, PA. RN. State does not have an enrolled provider type for lactation consultant.
West Virginia	No	No	No	Not a separate billable service, but included as part of services provided post-delivery in the hospital if a lactation consultant is available at the hospital.
Wyoming	No	No	No	

SOURCE: Kaiser Family Foundation and Health Management Associates, Survey of States on Medicaid Coverage of Family Planning and Perinatal Benefits

Table A10: Variation in Individual Lactation Consultant Service Coverage Across Eligibility Pathways

	Traditional Medicaid (n=26)			ACA Medicaid Expansion (n=17)			Pregnancy Only Medicaid (n=26)		
	IP	OP/Clinic	Home	IP	OP/Clinic	Home	IP	OP/Clinic	Home
	Yes = 26	Yes = 16	Yes = 11	Yes = 16	Yes = 12	Yes = 10	Yes = 25	Yes = 15	Yes = 11
Alaska	✓	No	No	N/A			✓	No	No
Arkansas	✓	✓	✓	✓	✓	✓	✓	✓	✓
Arizona	✓	No	No	✓	No	No	✓	No	No
California	✓	✓	✓	✓	✓	✓	✓	✓	✓
Colorado	✓	✓	No	✓	✓	No	✓	✓	No
Connecticut	✓	✓	✓	✓	✓	✓	✓	✓	✓
District of Columbia	✓	✓	✓	✓	✓	✓	✓	✓	✓
Delaware	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hawaii	✓	✓	✓	✓	✓	✓	✓	✓	✓
Idaho	✓	No	No	N/A			✓	No	No
Indiana	✓	No	No	✓	No	No	✓	No	No
Kentucky	✓	No	No	✓	No	No	✓	No	No
Michigan	✓	No	No	✓	No	No	✓	No	No
Minnesota	✓	✓	✓	✓	✓	✓	✓	✓	✓
Missouri	✓	No	No	N/A			✓	No	No
Mississippi	✓	✓	✓	N/A			✓	✓	✓
North Carolina	✓	✓	No	N/A			✓	✓	No
Nebraska	✓	No	No	N/A			✓	No	No
New York	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ohio	✓	✓	✓	✓	✓	✓	✓	✓	✓
Oklahoma	✓	✓	No	N/A			No	No	No
Oregon	✓	✓	✓	✓	✓	✓	✓	✓	✓
South Carolina	✓	No	No	N/A			✓	No	No
Tennessee	✓	No	No	N/A			✓	No	No
Virginia	✓	✓	No	N/A			✓	✓	No
Washington	✓	✓	No	✓	✓	No	✓	✓	No

NOTE: N/A indicates “not applicable.”

SOURCE: Kaiser Family Foundation and Health Management Associates, Survey of States on Medicaid Coverage of Family Planning and Perinatal Benefits.