

If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Lactation Support Services

Policy Number: CPCP043

Version 1.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date:

March 14, 2025

Plan Effective Date: June 26, 2025

Description

The purpose of this policy is to provide information on the appropriate coding for lactation support services. These services may be provided during the antenatal, perinatal, and postpartum time periods.

Lactation support services may qualify as preventive services. For additional information, refer to **CPCP006 Preventive Services**.

References to services herein are not a guarantee or representation of coverage or payment. Providers are urged to refer to member's plan benefits and applicable state and federal statutes, regulations, laws, and mandates.

Health care providers are expected to exercise independent judgment in providing care to members. This policy is not intended to impact care decisions or medical practice.

Lactation support includes, but is not limited to, any education, counseling or behavioral interventions to improve breastfeeding outcomes, such as helping with lactation crises or working with other health care providers.

Services may include:

- Promoting breastfeeding, helping with latch, and positioning of the infant
- Managing different lactation problems
- Counseling on returning to work or school
- Addressing other concerns.

Lactating Member-Baby Dyad

Lactation visits are dependent upon the lactating member-baby dyad, which requires the participation of both the lactating member and baby, therefore they are considered as one patient and should be billed on **one claim per session**.

Location

Services may be rendered at a hospital, clinic, breastfeeding center, provider's office, or in the member's home. Providers should indicate the appropriate place of service code.

Provider Type

Qualified Health Care Professional

Lactation support services can be provided by a qualified health care professional who possess specific training in lactation services, including but not limited to,

physicians, and non-physicians, such as, registered nurses, physician assistants, nurse practitioners, and other providers acting within the scope of their license or certification. These lactation support services are provided by qualified health care professionals during pregnancy and after the lactating member and baby return home from their hospital stay.

Services that are rendered during an inpatient stay in the hospital or facility setting should not be billed separately and are not eligible for separate reimbursement.

Independent Lactation Consultants and/or Counselors

Independent Lactation Consultants and/or Counselors, such as, Certified Lactation Counselors (CLC) or International Board-Certified Lactation Consultants (IBCLC) are non-physician qualified health care professionals. For Independent Lactation Counselors and/or Consultants that are not associated with a network practice/part of the provider network, claims may be processed as out-of-network pursuant to the terms of the members individual benefit coverage.

Non-physician qualified health care professionals associated with a network practice who have the following certifications, or Independent Lactation Consultants and/or Counselors who have the following certifications, may be eligible for reimbursement when professional lactation support services are rendered to members:

- **Certified Lactation Counselors (CLC)** are professional breastfeeding specialists trained and certified to provide breastfeeding counseling and lactation management.
- An **International Board-Certified Lactation Consultant (IBCLC)** is a health care professional who specializes in the clinical management of breastfeeding with extensive formal lactation education and clinical training who have passed an international certification exam and have continuing education requirements in lactation.

Reimbursement Information

The plan reserves the right to request supporting documentation. Failure to adhere to coding and billing policies may impact claims processing and reimbursement. The inclusion of a code in this policy does not guarantee reimbursement.

Billing and Coding

Appropriate diagnosis code(s) must be included on the claim to determine eligible reimbursement.

Lactation services are linked to maternal benefits and centered on the lactating member-baby dyad; therefore, coverage for the claim is dependent upon the terms and conditions of the member's plan. **Providers should only bill one claim per session.**

Non-Physician Qualified Health Care Professionals

Non-physician qualified health care professions, including Independent Lactation Consultants and/or Counselors, may use the appropriate CPT codes below (**98960 - 98962**) for rendering services up to 30 minutes. Billing services on multiple family members for the same session on the same day will not be eligible for reimbursement.

For lactating members who have multiples, providers may report the additional time spent caring for the dyad.

For example:

- CPT codes **98960-98962** may be billed with 2 units for 1 hour of time.

HCPCS code **S9443** is recognized by the Plan for preventive services for lactation support services by a non-physician qualified health care professional, including CLC's and IBCLCs.

| CPT Code | Description |
|-----------------|---|
| 98960 | Self Mgmt Educ/Train 1 Patient |
| 98961 | Self Mgmt Educ/Train 2-4 Patients |
| 98962 | Self Mgmt Educ/Train 5-8 Patients |
| S9443 | Lactation classes, non-physician provider, per session. Not a timed code, therefore, no additional units may be billed. |

Physicians

The following CPT and HCPCS codes may be reported by a qualified health care professional acting within the scope of their license. Note, these codes are not eligible for reimbursement when submitted by non-physician qualified health care professionals.

| CPT Code | Description |
|-----------------|---|
| G0513 | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service) |
| G0514 | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service) |
| 99401 | Preventive Counseling Indiv 15 min |
| 99402 | Preventive Counseling Indiv 30 min |
| 99403 | Preventive Counseling Indiv 45 min |
| 99404 | Preventive Counseling Indiv 60 min |
| 99411 | Preventive Counseling Group 30 min |
| 99412 | Preventive Counseling Group 60 min |
| 99347 | Home/Res Vst Est SF MDM 20 |
| 99348 | Home/Res Vst Est Low MDM 30 |
| 99349 | Home/Res Vst Est Mod MDM 40 |
| 99350 | Home/Res Vst Est High MDM 60 |

Unlisted preventive medicine service CPT code **99429** should not be reported for services listed in the policy.

Additional procedure code combinations, modifiers, and diagnosis codes may apply.

Additional Resources

Clinical Payment and Coding Policy

CPCP006 Preventive Services

CPCP033 Telemedicine and Telehealth/Virtual Health Care Services Policy

References

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Healthcare Common Procedure Coding System (HCPCS)

Policy Update History

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| 03/14/2025 | New policy |
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