



Outpatient Lactation Support

In Lieu Of Policy ID: ILO.07

Recent review date: 8/2024

Next review date: 8/2026

Policy contains: Outpatient lactation support services for enrollees who are breastfeeding or exclusively pumping

AmeriHealth Caritas has developed In Lieu Of policies to assist with making coverage determinations for medically appropriate services outside required MCO Covered Services or settings (or beyond the service limits established by LDH for MCO Covered Services. AmeriHealth Caritas' In Lieu Of services are provided to Enrollees, at their option, as a cost-effective alternative to an MCO Covered Service or Setting.

LDH has determined that this In Lieu Of service is a medically appropriate and cost-effective substitute for the MCO Covered Service or setting under the Louisiana Medicaid State Plan.

Coverage policy

Outpatient lactation support services for the purpose of providing breastfeeding care and for the diagnosis and treatment of breastfeeding or pumping issues are covered and considered medically necessary for any enrollee who is pregnant, breastfeeding, or expressing breastmilk for the purposes of providing nutrition to an infant.

There is no restriction as to the site of service, which may include, but is not limited to, a healthcare facility, clinic setting, community setting, or the enrollee's home. Delivery of the service through a synchronous audio/video telehealth modality is also permissible. Telehealth services must adhere to the Telemedicine/Telehealth requirements of the AmeriHealth Caritas Louisiana Provider Manual.

Service Descriptions:

The below table represents the procedure codes covered under this ILO. ACLA will use discretion to execute agreements with providers for rates based on complexity and provider training.

<u>Service Category</u>	<u>Procedure Code</u>	<u>Modifier</u>	<u>ICD-10</u>	<u>Description</u>
<u>Lactation Support Provider Visit</u>	<u>S9445</u>	<u>33</u>	<u>Z39 .1</u>	<u>Patient education, non-physician provider, individual session</u>
<u>Lactation Classes</u>	<u>S9443</u>		<u>Z39.1</u>	<u>Lactation classes, non-physician provider; group sessions must be at least 60 minutes</u>

Qualified providers will possess a current certification as an International Board-Certified Lactation Consultant (IBCLC), Advanced Lactation Consultant (ALC), Advanced Nurse Lactation Consultant (ANLC), Certified Lactation Consultant (CLC), Certified Breast-Feeding Specialist (CBS), or Certified Lactation Education (CLE) and enroll with a valid NPI and taxonomy code(s) identified in the following chart.

Provider Type	Provider Type Description	Provider Specialty	Provider Specialty Description	Primary Taxonomy	Primary Taxonomy Description	Secondary Taxonomy	Subspecialty	Entity Type
DL	Doula	BC	Certified Breastfeeding Consultant	374J00000X	Doula	174N00000X	CB, CL or CE	1
LS	Lactation Support Provider	BC	Certified Breastfeeding Consultant	174N00000X	Breastfeeding Consultant		CB, CL or CE	1
LS	Lactation Support Provider	LC	Certified Lactation Consultant	163WL0100X	Registered Nurse Lactation Consultant		AN, IB, or AL	1
LS	Lactation Support Provider	LC	Certified Lactation Consultant	174N00000X	Lactation Consultant, Non-RN		IB or AL	1

Subspecialty Subspecialty Description

CB Certified Breastfeeding Specialist (CBS)

CL Certified Lactation Counselor (CLC)

CE Certified Lactation Educator (CLE)

AN Advanced Nurse Lactation Consultant (ANLC)

IB International Board-Certified Lactation Consultant (IBCLC)

AL Advanced Lactation Consultant (ALC)

Doula providers will meet outpatient lactation support policy requirements to receive reimbursement for lactation support visits (S9445, modifier 33).

The rendering provider NPI will be required when different from the billing provider.

The taxonomy code will be required when adjudication is known to be impacted by the provider taxonomy.

Claims and encounters will be billed on the CMS1500/837P.

Outpatient lactation consultant services provided using telemedicine will be identified on claims and encounters by appending the modifier “95” to the applicable procedure code and indicating place of service (POS) 02 or 10. AmeriHealth Caritas Louisiana will deny claims that do not have both the correct POS and modifier present on the claim.

Background

LDH has approved an AmeriHealth Caritas Louisiana “in lieu of” (ILO) benefit as a medically appropriate and cost-effective substitute for services currently covered under the Louisiana Medicaid State Plan, such as evaluation and treatment provided by an obstetric or pediatric provider in the outpatient hospital or office setting.

Expected Outcomes

Anticipated outcomes from participating in this ILO include:

Breastfeeding has multiple health benefits for mother and infant. Breast milk is the best source of nutrition for most babies. Breast milk shares antibodies from the mother with the infant, helping develop a strong immune system. Benefits for infants include reduced risks of:

- Asthma.
- Obesity.
- Type 1 diabetes.
- Severe lower respiratory disease.
- Acute otitis media (ear infections).
- Sudden infant death syndrome (SIDS).
- Gastrointestinal infections (diarrhea/vomiting).
- Necrotizing enterocolitis (NEC) for preterm infants.

Breastfeeding benefits for mothers include a lower risk of:

- High blood pressure.
- Type 2 diabetes.
- Ovarian cancer.
- Breast cancer.

The physical contact of breastfeeding creates bonds between mother and baby. Mothers who exclusively breastfeed for 6 months and remain amenorrheic have enhanced contraception from breastfeeding.

Policy updates

9/2024: initial review date and ILO policy effective date: 9/2024