

## Outpatient Lactation Support

The purpose of this ILOS is to provide coverage of outpatient lactation support services for enrollees who are breastfeeding or exclusively pumping. Outpatient lactation support services for breastfeeding care and for the diagnosis and treatment of breastfeeding issues are 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. This ILOS is not duplicative of MCO case management services or Doula ILOS.

Exclusive breastfeeding is recommended for the first six months of an infant's life with continued breastfeeding after solid foods are introduced for as long as is desired. There are numerous health benefits to breastfeeding, for both the breastfeeding enrollee and their infant, which can reduce overall medical spending. Societal, medical, and workplace challenges that often hinder breastfeeding may be mitigated with lactation support and assessment in the outpatient setting. Interventions to support breastfeeding have been found to increase breastfeeding duration and are recommended by the U.S. Preventive Services Task Force.

### Provider Qualification

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Qualified lactation support providers must have achieved and maintain certification as a Breastfeeding Counselor or Lactation Consultant, as described by the United States Breastfeeding Committee [\[link\]](#). A Breastfeeding Counselor is qualified to provide breastfeeding counseling, address normal breastfeeding in healthy term infants, and to conduct maternal and infant assessments of anatomy, latch, and positioning, while providing support. A Lactation Consultant is qualified to provide the same services as a Breastfeeding Counselor and is additionally certified by the International Board of Lactation Consultant Examiners to address the full range of breastfeeding care, particularly involving high acuity breastfeeding situations.

MCOs who enroll lactation support providers are responsible for verifying and maintaining documentation that qualification criteria are met.

Nothing herein shall be construed to require the MCO to execute an agreement with any qualified and willing lactation support provider. The MCO reserves the right to execute agreements with qualified lactation support providers only as needed to successfully provide services, if the MCO elects to offer this ILOS.

### Covered Services

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As part of this ILOS, 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* section of this Manual.

## Prior Authorization and Referral

Lactation support provider ILOS are covered without the requirement of prior authorization for up to six total treatment sessions that occur during pregnancy or while less than 24 months postpartum. Additional treatment sessions may be reimbursed with authorization by the MCO. A treatment session is defined as all lactation support services that occur on a single date of service. A referral from a primary care provider or any other provider is not required.

## Reimbursement

Reimbursement for lactation support services is only available to qualifying providers, as verified by the MCO.

A lactation support provider who provides services to more than one enrollee at a time must bill appropriately using the approved code associated with lactation classes. This is limited to eight unique enrollees per session.

## Non-Compliance, Recoupment, and Sanctions

Use of all procedure codes must be in accordance with CPT guidance. Non-compliance with CPT guidance, failure to maintain adequate medical documentation to substantiate services rendered, or non-compliance with any of the provisions described in this document may result in recoupment and/or other sanctions as determined by the MCO.

## Approved Procedure Codes

The below table represents the procedure codes covered under this ILOS. The MCO has the discretion to execute agreements with providers for rates based on complexity and provider training.

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

## Provider Enrollment and MCO Registry Specifications

Qualified providers must 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.

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

#### Subspecialty Designations

<u>Subspecialty</u>	<u>Subspecialty Description</u>
<u>CB</u>	<u>Certified Breastfeeding Specialist (CBS)</u>
<u>CL</u>	<u>Certified Lactation Counselor (CLC)</u>
<u>CE</u>	<u>Certified Lactation Educator (CLE)</u>
<u>AN</u>	<u>Advanced Nurse Lactation Consultant (ANLC)</u>
<u>IB</u>	<u>International Board Certified Lactation Consultant (IBCLC)</u>
<u>AL</u>	<u>Advanced Lactation Consultant (ALC)</u>

Provider Type	Provider Type Description	Provider Specialty	Provider Specialty Description	Subspecialty	Subspecialty Description	Primary Taxonomy	Taxonomy 2	Entity Type
LS	Lactation Support Provider	LC	Certified Lactation Consultant (Non-Licensed practitioners and Licensed)	IB	IBCLC	174N00000X (Lactation Consultant [if not an RN])  163WL0100X (Lactation Consultant [if an RN])	N/A	1
				AL	ALC			
		BC	Certified Breastfeeding Consultant (Non-Licensed practitioners and Licensed)	CB	CBS			
				CL	CLC			
				CE	CLE			
DL	Doula	1V	Individual Doula	IB	IBCLC	374J00000X (Doula)  163WL0100X (Lactation Consultant [if an RN])	174N00000X (Lactation Consultant [if not an RN])  163WL0100X (Lactation Consultant [if an RN])	1
				AL	ALC			
				CB	CBS			
				CL	CLC			
				CE	CLE			

## Claims and Encounter Billing Requirements

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

The rendering provider NPI is required when different from the billing provider.

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

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

Outpatient lactation consultant services provided using telemedicine must 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. The MCO shall deny claims that do not have both the correct POS and modifier present on the claim.

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