OVERVIEW
For the purpose of this policy, lactation consultations refer to the educational services and clinical management provided to women who plan to breastfeed but encounter difficulties due to anatomic variations and feeding problems with newborns.

MEDICAL CRITERIA
Not applicable.

PRIOR AUTHORIZATION
Not applicable.

POLICY STATEMENT
Lactation consultations are covered for one of the diagnosis codes listed below when the services is provided by an International Board Certified Lactation Consultant (RLC) or physician.

Note: Services provided by a Home Care Agency are covered as part of the home care per diem.

COVERAGE
Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable office visit or preventive services benefit.

Lactation consultations are subject to The Patient Protection and Affordable Care Act (PPACA) providing preventive services for women which includes breastfeeding support with no cost sharing when services are delivered by a network provider.

BACKGROUND
A health professional may be certified by the International Board Certified Lactation Consultant (IBCLC). An IBCLC is a health care professional who specializes in the clinical management of breastfeeding with extensive formal lactation education and clinical training who has passed an international certification exam and has continuing education requirements in lactation. They may also be called a Registered Lactation Consultant (RLC).

In order to be eligible for licensing in Rhode Island, International Board Certified Lactation Consultant must meet the following qualifications to be licensed per

Rules and Regulations for Licensing of Lactation Consultants [R23-13.6-LA : Section 3.0]
Qualification for Licensure: 3.1 An applicant for licensure as a lactation consultant shall:
(a) Be at least eighteen (18) years of age;
(b) Successfully complete an academic and practical program in lactation that is accredited by the International Board of Lactation Consultant Examiners;
(c) Pass the examination for board certification as an International Board Certified Lactation Consultant offered by the International Board of Lactation Consultant Examiners, or any successor organization; and
(d) Currently be board certified as an International Board Certified Lactation Consultant.

CODING
There is not a specific CPT or HCPCS code that represents a lactation consult and services. Claims must be filed with the following CPT code and a primary diagnosis from the list below:

98960 Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient

Note: CPT coding guidelines regarding time based codes are followed. A unit is obtained when the midpoint is passed. Example, there needs to be 16 minutes of face to face time to bill for 30 minutes.

ICD-10 diagnosis Codes
O92.011 O92.012 O92.013 O92.019 O92.02 O92.03 O92.111
O92.112 O92.113 O92.12 O92.13 O92.20 O92.29 O92.3
O92.4 O92.5 O92.70 O92.79 P92.1 P92.2 P92.3
P92.4 P92.5 P92.8 P92.9

RELATED POLICIES
Preventive Services for Commercial Members

PUBLISHED
Provider Update, November 2019
Provider Update, June 2017
Provider Update, September 2016

REFERENCES
1. Rules and Regulations for Licensing of Lactation Consultants, [R23-13.6-LAC]

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.