

Medical Coverage Policy



Lactation Consultations

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	2/1/2011	Policy Last Updated:	11/4/2011
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

This policy documents the reimbursement process related to lactation consultations.

Description:

For the purpose of this policy, lactation consultations refers to the educational services provided to women who plan to breast-feed but encounter difficulties due to anatomic variations or complications and feeding problems with newborns.

Certified Lactation Counselors also known as Certified Lactation Consultants (CLC) or Certified Lactation Specialist (CLS) are professional breast-feeding specialists trained to help mothers with a variety of issues. A lactation specialist, counselor or consultant may work at a hospital, clinic, or doctor's office. Typically, certified lactation specialists counsel mothers and babies with latching difficulties, painful nursing, low milk production, or inadequate weight gain. These health care professionals have taken additional training in lactation management but are not nationally or internationally certified.

The certified lactation consultant teaches as well as counsels mothers in helping to understand the fundamentals of lactation as well as supporting their efforts to learn how to feed their babies. The certified lactation specialist helps women meet their breast-feeding goals in light of special circumstances such as returning to work or school. They are familiar with breast-feeding equipment such as breast pumps and other supplies that are helpful to breast-feeding mothers and infants.

A health professional may also 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. An IBCLC may also be called a Registered Lactation Consultant (RLC).

There is no licensure in Rhode Island for lactation specialists. License requirements may vary by state. BCBSRI does not directly reimburse a certified lactation consultant for services as BCBSRI only recognizes those who are licensed under the laws of the State of Rhode Island or another state to furnish health care services.

Medical Criteria:

Not applicable. This is a reimbursement policy.

Policy:

Lactation consultations are covered as part of an inpatient stay or in the outpatient setting (e.g., clinic or physician's office). The service is typically rendered by a certified lactation consultant employed by a clinic, physician office or homecare agency as part of an office visit.

BCBSRI does not directly reimburse an independent certified lactation consultant for services as BCBSRI only recognizes providers who are licensed under the laws of the State of Rhode Island or another state to furnish health care services.

Claims for lactation consults are reimbursed only when submitted by a facility, physician or home care agency. Members may submit claims for non-par providers; however, BCBSRI will not reimburse a member for services rendered directly by a independent certified lactation consultant.

Preauthorization is not required.**Coverage:**

Benefits may vary between groups/contracts. Please refer to the Evidence of Coverage or Subscriber Agreement for the applicable office visit benefit.

Health Care Reform (HCR)

Members participating in the Health Care Reform are covered with no cost sharing.

Non Health Care Reform (NHCR)

Members who are not participating in the Health Care Reform are responsible for any applicable copayments, coinsurance, and deductibles.

Coding & Reimbursement:**Separately Reimbursed:**

Lactation consultations (98960) are separately reimbursed when filed by a licensed MD/DO or mid-level practitioner when the lactation consultation is the only service provided and performed by a certified lactation consultant under the general supervision of a licensed MD/DO or mid-level practitioner.

Not Separately Reimbursed:

Lactation consultations (98960) are considered **not separately reimbursed** and part of the E & M service when it is provided at the same time as an E&M visit.

99201-99215

99381-99397

Lactation consultations will deny as **not separately reimbursed** for members (HCR and NHCR participants) when filed with a non-covered diagnosis.

If the service is provided by a Homecare Agency, the service is covered as part of the homecare Per Diem.

Visit Limits:

Reimbursement is allowed for 1 (one) lactation consultation in a hospital outpatient setting (clinic) and 2 (two) in the physician office setting.

CPT code 98960 should only be filed with an ICD-9-CM diagnosis code for lactation disorder listed below:

98960

ICD-9-CM diagnosis for lactation disorders:

Retracted Nipple:

676.00, 676.01, 676.02, 676.03, 676.04

Fissure of Nipple:

676.10, 676.11, 676.12, 676.13, 676.14

Engorgement of Breasts:

676.20, 676.21, 676.22, 676.23, 676.24

Other and unspecified disorder of breast

676.30, 676.31, 676.32, 676.33, 676.34

Failure of lactation

676.40, 676.41, 676.42, 676.43, 676.44

Suppressed lactation

676.50, 676.51, 676.52, 676.53, 676.54

Other disorders of lactation

676.80, 676.81, 676.82, 676.83, 676.84

Unspecified disorder of lactation

676.90, 676.91, 676.92, 676.93, 676.94

Feeding problems in newborn

779.31

Related topics:

Preventive Services

Published:

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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.