



Subject: Lactation Counseling

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DESCRIPTION

A birthing person's early experiences with breastfeeding or chestfeeding affects whether and how long they continue. Lack of support from professionals has been identified as a major barrier. Birthing persons often identify support received from health care providers as the single most important intervention the health care system could have offered to help them breastfeed and chestfeed. Short hospital stays have shifted the responsibility for support to health professionals who provide ongoing health care. Their role is to give consistent and evidence-based advice and support to help effectively initiate and continue breastfeeding/chestfeeding.

Professional support is provided by health professionals (e.g., physicians, nurses, and IBCLCs) during pregnancy and after the return home from the hospital. Support includes any counseling or behavioral interventions to improve outcomes, such as helping with a lactation crisis or working with other health care providers. The primary focus of support is counseling, encouragement, and managing lactation crises; education is a secondary purpose.

Professional support helps the birthing person and baby with latch and positioning of the infant, managing different lactation problems, counseling those returning to work or school, and addressing any other concerns. This support can be provided during both the prenatal and postpartum periods and can be given by an International Board-Certified Lactation Consultant (IBCLC). IBCLCs are health care professionals who specialize in the clinical management of breastfeeding. They are certified by the International Board of Lactation Consultant Examiners, which operates under the direction of the U.S. National Commission for Certifying Agencies. IBCLCs work in a variety of health care settings, such as hospitals, private pediatric or other physician offices, public health clinics, and their own private practices.

Professional support is particularly critical in the first few weeks after delivery, when lactation is being established. Gross et al. recommend that all breastfeeding and chestfeeding individuals have access to lactation support from trained physicians, nurses, lactation consultants, or other trained health care providers, especially during the first days and weeks postpartum (as cited in Shealy et. al, 2005). The content of professional support needs to be tailored to the individual's immediate needs. Although some patients may require in-depth support from an IBCLC to address complex feeding issues, others may not require that level of support.

Professional support takes place in many different settings. Some patients receive individual in-home visits from health professionals, while others visit clinics at hospitals, health departments, or health clinics.

POLICY

Lactation services provided during inpatient hospitalization are covered as part of the inpatient stay.

The OSU Health Plan covers up to 6 lactation counseling visits in conjunction with each birth during the third trimester and the first 12 months postpartum. Coverage is also provided for adoption, starting at 3 months prior to the adoption and extending through the first 12 months after the infant's birth.

There are no network restrictions for IBCLCs.

The Health Resources and Services Administration (HRSA) guidelines provide for coverage of comprehensive prenatal and postnatal lactation support, counseling, and equipment rental as part of their preventive service recommendations, including lactation counseling. Therefore, lactation counseling is covered without cost sharing. (*Refer to MMPP 21.0 for guidelines on equipment rental.*)

PROCEDURE

When a covered individual receives a covered service, a claim must be filed to obtain benefits. Many providers will file claims on behalf of the covered individual. Claims submitted by network IBCLCs will be processed according to their contract. Claims submitted by the following non-network IBCLCs will be processed at 100% of the billed charge:

- Nurture Columbus
- Baby's Best Beginnings
- Jill Davis, RN, IBCLC

All other non-network IBCLC claims submitted by the provider will process at 100% of the allowed amount as outlined in the Ohio State University Faculty and Staff Health Plans Specific Plan Details Document (SPD).

If the covered individual must submit a claim form on behalf of the provider, the claim and appeal procedures are summarized in the SPD. An itemized receipt must be provided to Trustmark with the claim form if the covered individual is seeking reimbursement. The claim form can be submitted under the birthing person or the baby.

Claim forms are available:

- Online at <https://osuhealthplan.com/sites/default/files/2020-05/lactation-services-breast-pump-claim-form.pdf>;
- From the OHR Customer Service Center; or
- From Trustmark at 866-442-8257.

Claim forms must be filled out completely and submitted as indicated on the form. All claims must be submitted within 12 months from the incurred date of service. Claims for non-network IBCLCs will be processed at 100% of the amount paid by the birthing person.

PRIOR AUTHORIZATION

No prior authorization is required for up to 6 visits per birth; prior authorization is required beyond 6 visits.

EXCLUSIONS

Educational classes, materials, tapes, journals, charts, liquid supplements, prepared food, and nutrient supplements are not covered. This list is not all-inclusive.

Services provided without the presence of the covered individual (CPT 96155).

Services provided by a Certified Lactation Counselor (CLC).

CODING GUIDELINES

CPT: 99202 – 99205, 99211 – 99215, 99241 – 99245, 99341 – 99350, 99401 – 99404, S9443

Diagnoses that support medical necessity include, but are not limited to:

ICD-10: O92.03, O92.13, O92.3, O92.4, O92.5, O92.70, O92.79, P92.5, P92.9, Z39.1

REFERENCES

"Faculty and Staff Health Plans Specific Plan Details Document." The Ohio State University Office of Human Resources, Oct. 2021. <https://hr.osu.edu/wp-content/uploads/medical-spd.pdf>.

FAQS about Affordable Care Act Implementation (Part XXIX) and Mental Health Parity Implementation. (2015, October 23). Retrieved January 11, 2016, from <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-Part-XXIX.pdf>

Medicaid Coverage of Lactation Services. (2012, January 10). Retrieved January 11, 2016, from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Lactation_Services_IssueBrief_01102012.pdf

Shealy KR, Li R, Benton-Davis S, Grummer-Strawn LM. The CDC Guide to Breastfeeding Interventions. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

United States Breastfeeding Committee, National Breastfeeding Center. *Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies*. 2nd rev ed. Washington, DC: United States Breastfeeding Committee and National Breastfeeding Center; 2014.