



## REIMBURSEMENT POLICY STATEMENT

### Indiana Marketplace

Policy Name & Number	Date Effective
Lactation Education-IN MP-PY-1429	07/01/2025
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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## A. Subject

### **Lactation Education**

## B. Background

CareSource will reimburse participating providers for medically necessary and preventive screening tests as required by federal statute through criteria based on recommendations from the US Preventive Services Task Force (USPSTF) and Health Resources and Services Administration (HRSA).

Research demonstrates convincing evidence that breastfeeding provides substantial health and developmental benefits for children. It is recommended that infants are exclusively breastfed for the first 6 months, followed by continued breastfeeding for at least 1 year. In the US, however, nearly half of all breastfeeding mothers stop by 6 months. Breastfeeding interventions have increased breastfeeding rates at 6 months and 1 year post-delivery when implemented during a mother's pregnancy and continued after birth. The USPSTF and HRSA, through the Women's Preventive Services Initiative (WPSI), recommends comprehensive lactation support services provided by trained counselors during pregnancy and after delivery. These services include, but are not limited to, (1) counseling, (2) education, (3) breastfeeding equipment and supplies, and (4) psychosocial support for the mother and family. Occasionally, a mother may face breastfeeding complications outside of the global maternity package timeframe and require continued lactation education.

Lactation consultations are covered as part of an inpatient stay or in the outpatient setting (eg, clinic or physician's office). The service is typically rendered by a certified lactation consultant employed by a clinic, physician office, or homecare agency. Claims for lactation consults are reimbursed only when submitted by a facility, physician, or home care agency.

## C. Definitions

- **Global Maternity Package** – Routine maternity services dividing the pregnancy into three stages: prenatal, delivery, and postpartum.
- **Lactation Education** – Interventions provided to women during pregnancy and after birth to support the preparation, initiation, and continuation of breastfeeding for their child.

## D. Policy

- I. CareSource provides access to lactation education and counseling in the global maternity package for mothers who plan to breastfeed or are currently breastfeeding. This service is covered as a preventative service for women to support better health outcomes.

- II. Lactation counseling performed outside of the global maternity package may be separately reimbursable with HCPCS code S9443 when **ALL** the following apply:
  - A. Lactation education and counseling during this period promote the continuation of breastfeeding.
  - B. Lactation education and counseling is completed by an approved non-physician provider. An approved non-physician provider includes **ANY** of the following:
    1. Certified Lactation Counselor (CLC)
    2. Certified Breastfeeding Counselor (CBC)
    3. International Board Certified Lactation Counselor (IBCLC)
- III. Claims for lactation consults are reimbursed only when submitted by a facility, physician, or home care agency.

#### E. Conditions of Coverage

Reimbursement policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-service channels to verify member eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment.

#### F. Related Policies/Rules

N/A

#### G. Review/Revision History

	DATE	ACTION
<b>Date Issued</b>	10/11/2023	New Policy; approved at Committee.
<b>Date Revised</b>	04/09/2025	Added D.III.; approved at Committee.
<b>Date Effective</b>	07/01/2025	
<b>Date Archived</b>		

#### H. References

1. IND. CODE § 27-8-24-2 (2024).
2. IND. CODE § 27-8-24-3 (2024).
3. Minimum Maternity Benefits, IND. CODE § 27-8-24-1 (2024).
4. Patnode CD, Henrikson NB, Webber EM, et al. Breastfeeding and health outcomes for infants and children: systematic review. AHRQ Pub. No. 25-EHC014. Agency for Healthcare Research and Quality; 2025.  
doi:10.23970/AHRQEPCSRBREASTFEEDING

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

5. Preventive care benefits for women. US Centers for Medicare and Medicaid Services. Accessed March 20, 2025. [www.healthcare.gov](http://www.healthcare.gov)
6. US Preventive Services Task Force. Primary care behavioral counseling interventions to support breastfeeding: US Preventive Services Task Force recommendation statement. *JAMA*. 2025. doi:10.1001/jama.2025.3650
7. US Preventive Services Task Force. Primary care interventions to support breastfeeding: US Preventive Services Task Force recommendation statement. *JAMA*. 2016;316(16):1688-1693. doi:10.1001/jama.2016.14697
8. Women's Preventive Services Guidelines. Health Resources and Services Administration. Reviewed January 2025. Accessed March 20, 2025. [www.womenspreventivehealth.org](http://www.womenspreventivehealth.org)