



Subject: Lactation Services

Revision Date: 3/26

DESCRIPTION

Early experience with breastfeeding and lactation affects whether and how long a breastfeeding parent continues. Lack of support from professionals has been identified as a major barrier. Support from health care providers is frequently cited as the single most impactful intervention the health care system can offer to promote successful breastfeeding outcomes. Short hospital stays have shifted the responsibility for lactation 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/lactation.

Professional support is provided by health professionals (e.g., physicians, nurses, and IBCLCs) during pregnancy and after returning home from the hospital. Support includes consultative or behavioral interventions to improve outcomes, such as assistance during a lactation crisis or collaboration with other health care providers. The primary focus of support is clinical consultation, encouragement, and management of lactation challenges; education is a secondary purpose.

Professional support may include assistance with infant latch and positioning, managing different lactation issues, guidance for those returning to work or school, and addressing any other concerns. This support may be provided during both the prenatal and postpartum periods by International Board-Certified Lactation Consultants (IBCLCs). 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 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.

APPLICABILITY

This policy applies to all OSU Health Plan (OSUHP) benefit plans.

DEFINITIONS

Breastfeeding is feeding an infant with expressed or produced milk from the breast.

Lactation is the physiological process of producing and secreting milk from the mammary glands.

POLICY

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

The OSU Health Plan covers up to 6 lactation consultation visits in conjunction with each birth during

the third trimester and the first 12 months postpartum. Coverage is also provided for adoption, starting 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 person 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
- Green Living and Wellness
- Jill Davis, RN, IBCLC
- L & M Lactation
- Little Dove LL

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 person 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 the third-party payer (TPA) with the claim form if the covered individual is seeking reimbursement. The claim form can be submitted under the breastfeeding parent or the baby.

Claim forms are available:

- Online at [OSU Health Plan – Forms and Policies](#)
- From the OHR Customer Service Center; or
- From the TPA 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.

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

Codes that support medical necessity include, but are not limited to the following:

CPT CODE	DESCRIPTION
99202-99205	Office or outpatient consultations, new patient
99211-99215	Office or outpatient consultations, non-physician provider
99242-99245	Referred office or outpatient consultations, Physician, or qualified healthcare professional
99341-99350	Home or residence visit for evaluation and management
99401-99404	Preventative medicine, individual counseling
S9443	Lactation classes. Non-physician provider, per session

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

ICD-10 CODE	DESCRIPTION
O92.03	Retracted nipple associated with lactation
O92.13	Cracked nipple associated with lactation
O92.3-O92.5	Agalactia, Hypogalactia and/or Suppressed lactation
O92.70	Unspecified disorders of lactation
O92.79	Other disorders of lactation
P92.5	Neonatal difficulty in feeding at breast
Z34-Z34.93	Encounter for supervision of normal pregnancy, routine prenatal care
Z39.1	Care and Examination of lactating mother

REFERENCES

Biviji R, Mutyala J, Syed H, Muhammad L, Bever J. Bridging the gap in lactation support through state Medicaid coverage and policy reform. *Transl Behav Med.* 2025 Jan 16;15(1):ibaf061. doi: 10.1093/tbm/ibaf061. PMID: 41145988.

"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>

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.