BlueCross BlueShield of Texas

Reimbursement Policy

Policy Number: RP043	**Policy Title:** Lactation Support Services
Approval Date: July 20, 2026	**Effective Date:** July 24, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions and other coverage documents. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

The purpose of this policy is to provide information on the appropriate coding for lactation support services. These services may be provided during the antenatal, perinatal, and postpartum time periods.

References to services herein are not a guarantee or representation of coverage or payment. Providers are urged to refer to member's plan benefits and applicable state and federal statutes, regulations, laws, and mandates.

Health care providers are expected to exercise independent judgment in providing care to members. This policy is not intended to impact care decisions or medical practice.

Lactation support services may qualify as preventive services. Lactation support includes, but is not limited to, any education, counseling or behavioral interventions to improve breastfeeding outcomes, such as helping with lactation crises or working with other health care providers.

Services may include:

- Promoting breastfeeding, helping with latch, and positioning of the infant
- Managing different lactation problems
- Counseling on returning to work or school
- Addressing other concerns.

Lactating Member-Baby Dyad

Lactation visits are dependent upon the lactating member-baby dyad, which requires the participation of both the lactating member and baby. They are considered as one patient and therefore it would be appropriate to bill on one claim per session.

Location

Services may be rendered at a hospital, clinic, breastfeeding center, provider's office, or in the member's home. Providers should indicate the appropriate place of service code.

Provider Type

Qualified Health Care Professional

Lactation support services can be provided by a qualified health care professional who possesses specific training in lactation services, including, but not limited to, physicians, and non-physicians, such as, registered nurses, physician assistants, nurse practitioners, and other providers acting within the scope of their license or certification. These lactation

support services are provided by qualified health care professionals during pregnancy and after the lactating member and baby return home from their hospital stay.

Services that are rendered during an inpatient stay in the hospital or facility setting should not be billed separately as they are not eligible for separate reimbursement.

Independent Lactation Consultants and/or Counselors

Independent lactation consultants and/or counselors, such as, Certified Lactation Counselors (or CLC) or International Board-Certified Lactation Consultants (or IBCLC) are non-physician qualified health care professionals.

Non-physician qualified health care professionals associated with a network practice who have the following certifications; or independent lactation consultants and/or counselors who have the following certifications, may be eligible for reimbursement when professional lactation support services are rendered to members:

- **Certified Lactation Counselors (CLC):** Professional breastfeeding specialists trained and certified to provide breastfeeding counseling and lactation management.

- **International Board-Certified Lactation Consultant (IBCLC):** 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.

Independent lactation counselors and/or consultants that are not associated with a network practice/part of the provider network; claims may be processed as out-of-network, pursuant to the terms of the members individual benefit coverage.

Reimbursement Information

The Plan reserves the right to request supporting documentation. Failure to adhere to coding and billing policies may impact claims processing and reimbursement. The inclusion of a code in this policy does not guarantee reimbursement.

Billing and Coding

Appropriate diagnosis code(s) must be included on the claim to determine eligible reimbursement.

Lactation services are linked to maternal benefits and centered on the lactating member-

baby dyad; therefore, coverage for the claim is dependent upon the terms and conditions of the member's plan. Providers should only bill one claim per session.

Non-Physician Qualified Health Care Professionals

CPT codes 98960 - 98962: Non-physician qualified health care professions, including independent lactation consultants and/or counselors, may use the appropriate CPT codes (98960-98962) for rendering services up to 30 minutes. Services billed for multiple family members for the same session on the same day will not be eligible for reimbursement.

Multiple babies: For lactating members who have multiples, providers may report the additional time spent caring for the dyad. For example:

- CPT codes 98960-98962 may be billed with 2 units for 1 hour of time.

HCPCS code S9443 is recognized by the Plan for preventive services for lactation support services by a non-physician qualified health care professional, including CLC's and IBCLCs.

CPT Code	Description
98960	Self Mgmt Educ/Train 1 Patient
98961	Self Mgmt Educ/Train 2-4 Patients
98962	Self Mgmt Educ/Train 5-8 Patients
S9443	Lactation classes, non-physician provider, per session. Not a timed code, therefore, no additional units may be billed.

Physicians

The following CPT and HCPCS codes may be reported by a qualified health care professional acting within the scope of their license. Note, these codes are not eligible for reimbursement when submitted by non-physician qualified health care professionals.

CPT Code	Description
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)

G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)
99401	Preventive Counseling Indiv 15 min
99402	Preventive Counseling Indiv 30 min
99403	Preventive Counseling Indiv 45 min
99404	Preventive Counseling Indiv 60 min
99411	Preventive Counseling Group 30 min
99412	Preventive Counseling Group 60 min
99347	Home/Res Visit Est Simple MDM 20 min
99348	Home/Res Visit Est Low MDM 30 min
99349	Home/Res Visit Est Mod MDM 40 min
99350	Home/Res Visit Est High MDM 60 min

Unlisted preventive medicine service- CPT code 99429: It would not be appropriate to report this code for services listed in the policy.

Additional procedure code combinations, modifiers, and diagnosis codes may apply.

Additional Resources

Reimbursement Policy (formerly known as Clinical Payment and Coding Policy)

RP006 Preventive Services Policy

RP033 Telemedicine and Telehealth/Virtual Health Care Services Policy

References

CPT copyright 2025 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Centers for Medicare & Medicaid Services (2026). Healthcare Common Procedure Coding System (HCPCS). Accessed June 22, 2026.

Policy History

Approval Date	Description
03/14/2025	New policy
07/07/2026	Annual Review; RP006 Preventive Services Policy added to Additional Resources.