

Medical Policy Reference Manual Medical Policy

4.01.010 Lactation Consultations

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Description

Lactation Consultations refer to comprehensive breastfeeding education, support, counseling, clinical management and interventions provided to women during the antenatal, perinatal, and postpartum period to support the initiation, maintenance and continuation of breastfeeding, including when provided to women who encounter difficulties breastfeeding due to anatomic variations, complications, and feeding problems with newborns.

Lactation Consultations may be provided by a licensed medical professional who possesses specific training in Lactation Consultation. In addition, providers with the following certifications, who may not also have a medical license, provide Lactation Consultations.

Certified Lactation Counselors (CLC®) are professional breastfeeding specialists trained and certified to counsel mothers about breastfeeding and to help with a variety of breastfeeding issues. A CLC® provides breastfeeding counseling and lactation management and supports women's efforts to learn how to breastfeed. They support women in their breastfeeding goals including returning to work or school and provide education on the use of equipment such as breast pumps.

According to the International Board of Lactation Consultant Examiners (2024) an International Board-Certified Lactation Consultant (IBCLC®) specializes in comprehensive breastfeeding support and counseling, and the clinical management of breastfeeding. An IBCLC® has completed extensive formal lactation education, clinical training, has passed an international certification exam, and has continuing education requirements in lactation. They may also be called a Registered Lactation Consultant.

A health professional may become certified as an IBCLC® or CLC®, however, professional licensure is not required in order to obtain the certifications.

Lactation Consultations include, but are not limited to:

- Pre- and post-natal counseling about the initiation of breastfeeding, and that factors that may affect breastfeeding and lactation;
- Lactation classes;
- Establishment of a lactation plan;
- Assessment of breastfeeding performance and evaluation of milk transfer;
- Counseling and instruction in positioning techniques, latching to the breast, feeding cues, expression of milk, and use of a breast pump or supplementation if indicated; and,
- Counseling to address breastfeeding related situations such as when the woman has lactation related breast conditions (e.g. engorgement, abscess, cracked nipple or mastitis) inadequate milk transfer or supply, tongue tie, feeding multiple infants, a premature infant, infant in special medical situations, or other maternal factors.

Lactation Consultations may occur at a hospital, clinic, breastfeeding center, doctor's office, or the home, or via telemedicine.

Policy

Lactation Consultations are considered **medically necessary** for women who plan to breastfeed or who are breastfeeding.

Lactation Consultations are covered as a preventive service for women.

Policy Guidelines

Rationale

Update 2024: A research of peer reviewed literature was preformed from January 2021 to August 2024. According to both the World Health Organization (WHO) (2019) and the American Academy of Pediatrics (AAP) (2022) there are now recommendations to prolong breastfeeding to two years or more stating the benefits of a child's medical and neurodevelopment. This is a change from AAP's previous policy statement encouraging breastfeeding for up to one year or more. Studies have also shown that breastfeeding longer than a year can contribute to health benefits for moms in decreasing their chances of developing type 2 diabetes, high blood pressure and certain cancers including breast and ovarian. Although there has been some change on the literature the policy remains unchanged.

Update 2021: A search of the peer-reviewed literature was performed from December 2018 through December 2020. Findings in the recent literature do not change the medically necessary indications in the policy. Therefore, the policy remains unchanged.

Update 2018:The American Academy of Pediatrics (AAP) (2012) policy statement recommends exclusive breast-feeding for about the first six months of a baby's life, followed by breast-feeding in combination with the introduction of complementary foods until at least twelve months of age, and continuation of breast-feeding for as long as mutually desired by mother and baby. The AAP recommendation is supported by the health outcomes of exclusively breast-fed infants and infants who never or only partially breast-fed. According to the AAP breast-feeding provides a protective effect against respiratory illnesses, ear infection, gastrointestinal diseases, and allergies including asthma, eczema, and atopic dermatitis. The rate of sudden infant death syndrome is reduced by over a third in breast-fed babies, and there is a 15 percent to 30 percent reduction in adolescent and adult obesity in breast-fed vs. non-breastfed infants. National strategies supported by the U.S. Surgeon General's Call to Action, the Centers for Disease Control and Prevention, and The Joint commission are involved to facilitate breast-feeding practices in U.S. hospitals and communities.

Benefit Applications

The purpose of this Medical Policy Reference Manual is to provide clinical criteria and/or local, state, or federal coverage requirements for applicable services, devices, and drugs. Specific contract provisions, restrictions, and exclusions will take precedence over the clinical criteria, as the member contract supersedes clinical criteria adopted by CareFirst. Always check the member's contract for benefits.

CareFirst will cover lactation consultations for members who need support with the initiation and continuation of breastfeeding.

Breastfeeding support including Lactation Consultations, breast pumps, and related supplies are authorized under provisions of the Patient Protection and Affordable Care Act, the U.S. Department of Health and Human Services (DHHS) released health plan coverage guidelines released through Health Resources and Services Administration (HRSA), that require health insurance plans to cover lactation consultations, breast pumps, and certain other women's preventive services.

Provider Guidelines

Network or participating health professionals who are licensed as a medical doctor (MD), certified nurse midwife (CNM), nurse practitioner (NP), or registered dietician (RD) and who are trained providers of lactation consultations, or who are also certified as a CLC® or IBCLC® may be eligible for direct reimbursement for lactation consultation.

Network or participating health professionals who are licensed as a Registered Nurses (RN), licensed practical nurse/licensed vocational nurse (LPN/LVN), or physician's assistant (PA) and are certified as a CLC®, or IBCLC® may be eligible for direct reimbursement for Lactation Consultation.

A non-licensed CLC® or IBCLC® may be eligible for reimbursement for lactation consultation service, so long as the services are billed under a network or participating properly licensed and credentialed individual or practice.

Prior authorization is not required. Additional diagnosis codes may be included at the provider's discretion. For telemedicine visits the HCPCS modifier -GT (*via interactive audio and video telecommunication systems*) or CPT® modifier -95 (*synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system*) should be appended to the CPT or HCPCS code.

Cross References to Related Policies and Procedures

2.01.072A	Telemedicine (Unified Communications), Procedure
2.01.082	Comprehensive Weight Reduction and Obesity Management Policy, Policy
4.01.005	ARCHIVED Lactation Consultations, Policy

References

The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and conclusions of the authors of these resources are their own and may or may not be in agreement with those of CareFirst.

World Health Organization (WHO). (2019). Breastfeeding. https://www.who.int/health-topics/breastfeeding#tab=tab_2

Eidelman, A. I., Schanler, R. J., Johnston, M., Landers, S., Noble, L., Szucs, K., & Viehmann, L. (2012). Breastfeeding and the use of human milk. *Pediatrics* 129(3), e827-e841. <https://doi.org/10.1542/peds.2011-3552>

International Board of Lactation Consultant Examiners. (2024, August 12). About IBLCE. <https://iblce.org/about-iblce/> Retrieved August 12, 2024.

Lumbiganon, P., Martis, R., Laopaiboon, M., Festin, M.R., Ho, J.J., & Hakimi, M. (2016). Antenatal breastfeeding education for increasing breastfeeding duration. *Cochrane Database of Systematic Review*, 2016(12). <https://doi:10.1002/14651858.CD006425.pub4>.

Sulaski-Wychoff, A. (2022). *Updated AAP guidance recommends longer breastfeeding*, *American Academy of Pediatrics*. <https://publications.aap.org/aapnews/news/20528/Updated-AAP-guidance-recommends-longer>

This policy statement relates only to the services or supplies described herein. Coverage will vary from contract to contract and by line of business and should be verified before applying the terms of the policy.