



**Origination:** July 31, 2025 (New Policy)  
**Last Review:** July 31, 2025  
**Next Review:** July 31, 2027  
**Effective Date:** December 01, 2025

## Description

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

## Policy & Guidelines

### Policy Statement

Effective with dates of service on or after November 01, 2025 Blue Cross and Blue Shield of Vermont (Blue Cross VT) will consider benefits for services associated with lactation support services based on the guidelines set forth in this payment policy.

### Policy Guidelines

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. For additional information, refer to Preventive Services Grid located on the website.

Lactation support includes, but is not limited to, any education, counseling or behavioral interventions to improve breastfeeding outcomes, such as support with lactation difficulties.

#### **Services may include but are not limited to:**

- Pre- and post-natal support 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;
- Support 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,
- Lactation support 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.

## Definitions

### 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.

### Provider Type

#### Independent Lactation Consultants

An International Board-Certified Lactation Consultant (IBCLC) is a health care professional who specializes in the clinical management of breastfeeding with extensive formal lactation education and clinical training who have passed an international certification exam and have continuing education requirements in lactation.

## Eligible

Code **S9443** is recognized by Blue Cross VT as a preventive service for lactation support by a non-physician qualified health care professional, including IBCLCs.

Code	Description
<b>S9443</b>	Lactation classes, non-physician provider, per session.

## Not Eligible

Claims submitted with an unlisted CPT® procedure [preventive medicine service] code 99429 will be denied as provider liability.

Lactation support services that are rendered during an inpatient stay in the hospital setting should not be billed separately and are not eligible for separate reimbursement and will deny provider liability.

Providers not credentialed as independent Lactation Consultants or registered nurses will deny as not eligible provider liability.

## Provider Billing Guidelines and Documentation

Blue Cross VT reserves the right to request supporting documentation. Failure to adhere to coding and billing policies contained herein may impact claims processing and payment.

**NOTE:** The inclusion of a specific procedure code in this policy does not guarantee payment.

## Billing and Coding

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

Lactation support services are linked to pregnancy care 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 including multiple babies.

Lactating member-baby dyad is considered as one patient and should be billed on one claim per session under the lactating member.

Lactation support 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 on the claim submitted.

Code S9443 is not considered a timed code, therefore, no additional units may be billed per date of service.

Unlisted preventive medicine service CPT ®code 99429 should not be reported for lactation support services.

## Benefit Determination Guidance

Payment for services is determined by the member's benefits. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Eligible services are subject to applicable member cost sharing such as co-payments, co-insurance, and deductible.

**Federal Employee Program (FEP):** Members may have different benefits that apply. For further information, please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

**Inter Plan Programs (IPP):** In accordance with the Blue Cross and Blue Shield Association's Inter-Plan Programs Policies and Provisions, this payment policy governs billing procedures for goods or services rendered by a Vermont-based provider (Blue Cross VT is the local Plan), including services rendered to out-of-state Blue members. Provider billing practices, payment policy and pricing are a local Plan responsibility that a member's Blue Plan must honor. A member's Blue Plan cannot dictate the type of claim form upon which services must be billed, codes and/or modifiers, place of service or provider type, unless it has its own direct contract with the provider (permitted only in limited situations). A member's Blue Plan cannot apply its local billing practices on claims rendered in another Plan's service area. A member's Blue Plan can only determine whether services rendered to their members are eligible for benefits. To understand if a service is eligible for payment, it is important to verify the member's benefits **prior** to providing services. In certain circumstances, the member may be financially responsible for services beyond the benefit provided for eligible services.

Claims are subject to payment edits that are updated at regular intervals and generally based on Current Procedural Terminology (CPT®), Health Care Procedural Coding System (HCPCS), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.

Medicare Primary Policies: Blue Cross VT Payment policies do not apply to any policies where Medicare is primary.

## Eligible Providers

This policy applies to all providers/facilities contracted with the Plan's Network (participating/in-network) and any non-participating/out-of-network providers/facilities.

## Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure adherence with the guidelines stated in the payment policy. If an audit identifies instances of non-adherence with this payment policy, Blue Cross VT reserves the right to recover all non-adherence payments.

# Legislative and Regulatory Guidelines

United States Preventive Task Force

## Related Policies

Preventive Services

Telemedicine and Telehealth Corporate Medical Policy

Telemedicine and Telehealth Payment Policy CPP\_03

Telephone Only Payment Policy CPP\_24

## Document Precedence

The Blue Cross VT Payment Policy Manual was developed to provide guidance for providers regarding Blue Cross VT payment practices and facilitates the systematic application of Blue Cross VT member contracts and employer benefit documents, provider contracts, Blue Cross VT corporate medical policies, and Plan's claim editing logic. Document precedence is as follows:

- 1) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and the member contracts or employer benefit documents, the member contract or employer benefit document language takes precedence.
- 2) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and provider contract language, the provider contract language takes precedence.
- 3) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and corporate medical policy, the corporate medical policy takes precedence.
- 4) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and the Plan's claim editing solutions, the Plan's claim editing solution takes precedence.

## Policy Implementation/Update Information

This policy was originally implemented on November 01, 2025

Date of Change	Effective Date	Overview of Change
07/31/2025	12/01/2025	New policy. Code S9443 will be changed from multiple unit designation to single unit designation to align with the new policy.

Approved by

Update Approved: 07/31/2025




---

Tom Weigel, MD, Chief Medical Officer