

Subject:	Lactation Services		
Policy Number:	PO-RE-111v2		
Effective Date:	10/1/2024	Last Approval Date:	12/05/2025

I. Policy Description

Healthfirst has expanded lactation services coverage under those plans to include reimbursement eligibility for providers certified by nationally recognized accrediting agencies.

Lactation counseling services offer support, advice, and guidance to new mothers who choose to breastfeed. These services include help with painful nipples, milk supply, breastfeeding positions, and other common nursing problems.

Lactation counseling services are offered for eligible mothers enrolled in the following plans:

- Essential Plan (EP)
- Medicaid Managed Care (MMC)
- Qualified Health Plan (QHP)
- HFIC
- Personal Wellness Plan (PWP/HARP)

Reimbursement Guidelines

1. To be eligible, providers must be licensed as a physician, midwife (MW), nurse practitioner (NP), physician assistant (PA), or registered nurse (RN), and certified by a nationally recognized accrediting agency, as listed below:
 - International Board-Certified Lactation Consultant (IBCLC)
 - Certified Lactation Specialist (CLS)
 - Certified Breastfeeding Specialist (CBS)
 - Certified Lactation Counselor (CLC)
 - Certified Lactation Educator (CLE)
 - Certified Clinical Lactationist (CCL)
 - Certified Breastfeeding Educator (CBE)
2. Breast-feeding education and lactation counseling services must be ordered by a physician, NP, MW, or PA. Lactation consultants in this program are expected to practice within the scope of practice appropriate to their respective discipline, as defined by the Office of the Professions, New York State Education Department (NYSED).

3. Licensed providers who are eligible to offer lactation counseling services may bill using the following (HCPCS) Procedure Codes:
 - a. **S9445-** Patient Education, not otherwise classified, non-physician provider, individual, per session.
 - The initial lactation counseling session should be a minimum of 45 minutes, Follow-up session (s) should be a minimum of 30 minutes each and occur within the 12-month period immediately following delivery.
 - Preferred DX Codes: Z39.1 -Encounter for care and examination of lactating mother.
 - b. **S9446-** Patient education, not otherwise classified, non-physician provider, group, per session
 - Up to a maximum of eight participants in a group session, with a 60-minute minimum session length. One prenatal and one postpartum class, per recipient, per pregnancy.
 - Preferred DX Codes: Z39.1 Encounter for care and examination of lactating mother.
4. Services can be billed when provided in following Place of Service (POS):
 - 02-Telehealth
 - 10-Telehealth-Remote Site
 - 11- Office
 - 19- Off-Campus outpatient
 - 22- Outpatient Hospital
5. Providers must maintain accurate and detailed documentation of the services rendered, including the date of services, duration of the consultation, patient's information, and any relevant clinical notes.
6. Appropriate diagnosis codes must be utilized when billing for lactation counseling services.
7. Healthfirst reserves the right to request supporting documentation. Failure to adhere to coding and billing policies may impact claims processing and reimbursement. Claims may be reviewed on a case-by-case basis.

Telehealth Requirements:

Providers offering lactation services via telehealth must adhere to the following requirements:

1. Telehealth services must be billed using Place of Service (POS) **02** (Telehealth) or **10** (Telehealth-Remote Site) as appropriate. Providers must append the appropriate telehealth modifier, either **modifier 95** (Synchronous telemedicine services rendered via a real-time interactive audio and video telecommunication system) or **modifier GT** (Via interactive audio and video telecommunication systems).
2. Providers offering lactation services via telehealth must have a policy and procedure in place to address situations where an in-person or hands-on visit is deemed necessary. The policy should outline the criteria for determining when an in-person visit is required and the process for scheduling and conducting such visit.

Member Accessibility

Licensed providers who either hold or gain the certifications mentioned above are required to inform Healthfirst of their specialization in lactation services. This notification can be completed by either contacting their Healthfirst network representative or by indicating lactation as their specialty with the provider roaster. By doing so, Healthfirst will be able to ensure that information about the provider's lactation services is accurately displayed in the Healthfirst directory, making it visible to our members.

Adjudication and Appeal Process

1. Reimbursement for Lactation services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.
2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.
3. If the line of business (LOB) is not mentioned in this policy, the services are not covered and not eligible for reimbursement.
4. This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.
5. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

II. Applicable Codes

Code	Description	Comment
S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session	
S9446	Patient education, not otherwise classified, nonphysician provider, group, per session	

III. Definitions

Term	Meaning
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IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

MMC Plan contact information can be found in the eMedNY New York State Medicaid Program. Information for All Providers Managed Care Information document at eMedNY Homepage
FFS coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) by telephone at 1-518-473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
Fee-for-service (FFS) claim questions should be directed to the eMedNY Call Center at 1-800-343-9000.

VI. Revision History

Revision Date	Summary of Changes
12/05/2025	Added Adjudication and Appeals section.

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage

Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.