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PAYMENT POLICY ID NUMBER: 25-087

Original Effective Date: 12/11/2025

Revised: N/A

Lactation Consultation Services

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DESCRIPTION:

This policy outlines reimbursement guidelines for lactation consultation services, a covered preventive service under the Affordable Care Act (ACA) and the Health Resources and Services Administration (HRSA) Women's Preventive Services Initiative (WPSI).

Lactation consultation services promote breastfeeding initiation and continuation and are provided to support the mother-infant dyad.

Services may include:

- Assessment of breastfeeding technique, latch, and positions
- Evaluation of maternal and infant feeding difficulties
- Development of individualized feeding or care plans
- Counseling to encourage and sustain breastfeeding.

Services may be rendered in the home, office, outpatient facility, or via telehealth when appropriate and covered under the member's benefit plan.

Coverage for women's preventive services is subject to the member's benefit terms, limitations and maximums. Refer to member's contract language regarding preventive services.

REIMBURSEMENT INFORMATION:

Truli for Health reimburses eligible providers for lactation consultation services consistent with plan benefits and applicable preventive care mandates. To qualify for reimbursement the following criteria apply:

- Services must be provided by a health care professional acting within the scope of practice of their license or certification (e.g., physicians, nurse practitioners, certified nurse midwives, registered nurses, International Board-Certified Lactation Consultants (IBCLCs))
- **Only one lactation consultation service** may be submitted per member-infant **dyad per date of service**, regardless of provider discipline.
- The place of service (POS) must be clearly indicated (e.g., home, office, telehealth).
- Services that are part of the global maternity package or a comprehensive preventive visit are not separately reimbursable.
- Documentation must support the duration of the service, counseling provided, and outcome of the lactation consultation.

Virtual Visits

Lactation consultation services provided through real-time virtual visits may be eligible for reimbursement if delivered by in-network providers who meet the technical requirements and standards of care as outlined in the **Virtual Visits** reimbursement policy. In addition, virtual visit services must be reported with the applicable code that accurately describes the service provided. The service should also be reported with POS 02 or 10, to indicate the location where the member received, and modifier 93 or 95 to indicate the use of interactive telecommunications technology.

BILLING/CODING INFORMATION:

Only one code should be submitted per date of service for the mother-infant dyad.

The following codes may be used to report lactation consultation services by Physicians and other qualified healthcare professionals.

Code	Descriptor
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes.
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes.
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes.
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes.
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes.
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes.

The following code may be used to report lactation consultation services by nonphysician health care professionals (e.g., registered nurses, IBCLCs acting with their scope of practice).

Code	Descriptor
S9443	Lactation classes, non-physician provider, per session

Modifiers

Modifier	Modifier Description
93	Synchronous Telemedicine Service Rendered via Telephone or Other Real-time Interactive Audio-only Telecommunications System. Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified healthcare professional and a patient who is located at a distant site from the physician or other qualified healthcare professional.
95	Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System. Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified healthcare professional and a patient who is located at a distant site from the physician or other qualified healthcare professional.

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

Preventive Services 01-99385-03
Virtual Visits 20-069

REFERENCES:

1. U.S. Preventive Services Task Force (USPSTF) Breastfeeding: Primary Care Behavioral Counseling Interventions, 2025. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breastfeeding-primary-care-interventions>
2. Women's Preventive Services Health Resources and Services Administration (HRSA): Women's Preventive Services Guideline, 2025. <https://www.hrsa.gov/womens-guidelines/index.html>
3. Affordable care Act (ACA), The ACA Preventive Services Coverage Requirement. <https://www.congress.gov/crs-product/IF13010>

GUIDELINE UPDATE INFORMATION:

12/11/2025 | New Policy established.

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