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|  | <b>Lactation Support Services</b> |  |
|   | <b>Policy Number: POL-PP-326</b>  | <b>Original Creation Date: 11/1/2025</b> |
|   | <b>Version Number: 01</b>         | <b>Version Effective Date: 11/1/2025</b> |
|   | <b>Policy Status: Active</b>      | <b>Next Review Date: 11/1/2026</b>       |

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

| PROVIDER/ENTITY IMPACTED                                   |  |  |   |  |  |
|--|--|--|---|--|--|
| <input checked="" type="checkbox"/><br><b>PROFESSIONAL</b> | <input checked="" type="checkbox"/><br><b>FACILITY</b> | <input type="checkbox"/><br><b>DME</b> | <input type="checkbox"/><br><b>AMBULATORY SURGERY</b> | <input type="checkbox"/><br><b>LAB</b> | <input type="checkbox"/><br><b>OTHER</b> |

| LINES OF BUSINESS IMPACTED                               |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| <input checked="" type="checkbox"/><br><b>COMMERCIAL</b> | <input checked="" type="checkbox"/><br><b>BLUE MEDICARE ADVANTAGE</b> | <input checked="" type="checkbox"/><br><b>ACA QHP<sup>1</sup></b> | <input checked="" type="checkbox"/><br><b>SMALL GROUP ACA</b> | <input checked="" type="checkbox"/><br><b>JAA<sup>2</sup></b> | <input checked="" type="checkbox"/><br><b>FEP<sup>3</sup></b> | <input type="checkbox"/><br><b>DENTAL</b> |

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

| Disclaimer |
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Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

| Description/Application |
|-------------------------|
|-------------------------|

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.

## Policy

Lactation support services are dependent upon the lactating member-baby, which requires the participation of both the lactating member and baby, therefore they are considered as one patient and should be billed on one claim per session under the mother's name. Lactation services billed under the baby will be denied.

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.

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 and are not eligible for separate reimbursement

### Preventive Medicine Counseling Codes (99401-99404)

Use these codes when the service is considered a preventive medicine counseling and risk factor reduction intervention for the mother. These codes are for services provided to the individual (the mother) and vary in the length of time spent. They may be covered under the mother's health plan for breastfeeding support services

### E&M Codes (e.g., 99213-99215, 99347-99350)

Use these codes when the lactation consultation is provided because of a feeding problem that requires a medical evaluation and management. These codes are used for visits with established patients and represent a range of problem severities and time spent with the patient.

Use the appropriate ICD-10-CM diagnosis codes, such as [Z39.1](#) for encounters for care and examination of a lactating mother.

## Coding

| HCPCS Code | Description   |
|------------|---|
| 99212      | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded. |
| 99213      | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.    |
| 99214      | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision  |

|       |   |
|-------|---|
|       | making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.  |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. |
| 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 45 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   |
| 99347 | Home or residence visit for the evaluation and management of an established patient, which requires a medical appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.          |
| 99348 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.           |
| 99349 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.      |
| 99350 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.          |

**Related Documents**

N/A

**References**

US Preventive Services Task Force (USPSTF)  
 Journal of the American Medical Association  
 Blue KC Provider Reference Guide

**Revision History**

| Version | Date      | Summary of Revisions |
|---------|-----------|----------------------|
| 001     | 11/1/2025 | Initial version      |