




Letter of Direction #37

Date: December 9, 2024

To: Turquoise Care Managed Care Organizations

From: Dana Flannery, Director, Medical Assistance Division 

Subject: Lactation Care Provider Services

Title: Billing and Guidance for Lactation Care Provider Services in the Outpatient Setting

The purpose of this letter of direction is to provide the Turquoise Care (TC) Managed Care Organizations (MCOs) with information on implementation of and reimbursement for Lactation Care Provider (LCP) Services effective October 1, 2024. LCP services increase access to education and management to prevent and solve breastfeeding problems and encourage support to breastfeeding mother–infant.

In 2010, Under Section 2713 of the Affordable Care Act (ACA), health insurance plans must provide breastfeeding support, counseling, and equipment for the duration of breastfeeding with no cost-sharing.

The MCOs will reimburse a Reproductive and Child Health Para-Professional (provider type 406) with a provider specialty type for LCP of 207 for lactation services provided to breastfeeding mother–infant.

1. Provider Eligibility Requirements:

- a. Provider **must** be enrolled with New Mexico Medicaid as the following
 - i. Provider Type 406: Reproductive and Child Health Para-Professional
 - ii. With Specialty Code 207: Lactation Care Provider (LCP)
 - iii. With taxonomy Lactation Consultant for Non-RN: 174N00000X
- b. Applicants must provide HCA/MAD with the following:
 - i. Copy of LCP License from the New Mexico Board of Nursing (NMBON).
 - ii. Copy of nationally or internationally recognized accrediting agency certification:
 - Certified lactation counselor (CLC) accredited by the academy of lactation policy and practice; or

- International board-certified lactation consultant (IBCLC) accredited by the international board of lactation consultant examiners; or
 - A certification as a lactation care provider conferred by a certification program accredited by a nationally or internationally recognized accrediting agency that has been approved by the NMBON.
- iii. Proof of malpractice, professional liability, or medical liability insurance.
 - iv. Federal Tax Identification (FEIN) letter.
 - v. Completed W-9 form.

2. Member’s Requirements: Providers must document eligibility requirements in the eligible member’s medical record. Lactation services may be provided to a Medicaid eligible member who is a pregnant or breastfeeding or, to a Medicaid eligible infant who is breastfeeding, and who is in need of assistance with education and management to prevent and solve breastfeeding problems and encourage support to breastfeeding mother–infant.

3. Prior Authorization: A prior authorization is not required for this service.
 Note: An MCO may request a prior authorization for **additional visits after six visits in a calendar year.**

4. Billing Requirements and Reimbursement:

- a. **The individual LCP** or non-physician provider (CNP, CNM, licensed midwife or PA) will bill and be paid for lactation services provided to an individual or in a group setting. An LCP or non-physician provider (CNP, CNM, licensed midwife or PA) may provide and bill for six visits per calendar year for classes or counseling to breastfeeding mother–infant by billing either mother or infant but not both; additional visits are based on medical necessity.
 - i. The claim will be submitted using CMS 1500 form
 - ii. Lactation services can be billed under the Medicaid eligible pregnant or breastfeeding mom or breastfeeding infant.
 - iii. Append the following procedure code and appropriate modifier.

Table 1: LCP Modifiers and Rates

S9443: Lactation classes, non-physician provider per session, per individual.		
	Modifier	Rate
Lactation Class for 1:1 (single individual)	U1	\$110
Lactation Class for group	U2	\$56.44 per individual

- b. **LCP services-when billed by a Licensed Birth Center:** LCP Services provided in a Licensed Birth Center should use the CMS 1500/837P claim format.
 - i. LCP services are billed using HCPCS: S9443: Lactation classes, non-physician provider per session, per individual with the appropriate modifier from Table 1: Modifiers and Rates
 - ii. The claim will
 - Include the Licensed Birth Center’s NPI number in Block 32a (Service Facility Location Information) or its 837P equivalent.
 - Rendering Provider NPI: Include the NPI of the LCP

- Billing/Business NPI: Include the NPI of any business entity or group practice in 33a or its 837P equivalent.
 - Include Taxonomy # Non-RN: 174N00000X
- c. FQHC providers would bill using the UB claim form with the appropriate revenue code for the encounter rate.
 - d. IHS or Tribal 638 providers would bill using the UB claim form and will be reimbursed at the OMB rate.

5. Submitting a claim for lactation services:

The MCO's must allow and reimburse providers who have met the requirements and provide lactation services from October 1, 2024. MCO's will allow providers 90 days from the date of this LOD to submit a claim and avoid a timely filing denial.

This LOD will sunset in the New Mexico Administrative Code (NMAC) 8.310.2, 8.308.9 and Managed Care Policy Manual.