curative

TITLE:	LACTATION SERVICES
DEPARTMENT:	PAYMENT POLICY
ORIGINAL EFF. DATE:	08/26/2026
REVISION DATE:	N/A

1. PURPOSE

This Payment Policy outlines clear and consistent reimbursement guidelines to ensure compliant, transparent, and timely payment for medically necessary, cost-effective care.

2. SCOPE

This policy applies to the reimbursement of covered services for all members and providers. Curative will allow reimbursement for services according to the criteria outlined in this policy, unless modified or superseded by contractual language.

3. DEFINITIONS

The following terms are defined as follows regarding this policy.

3.1. **Certified Lactation Counselor (CLC)** Specialist certified to deliver lactation counseling and non-complex clinical management.

3.2. **International Board-Certified Lactation Consultant (IBCLC)** Advanced clinical specialist in lactation who has successfully completed extensive education, clinical training and international board examination requirements.

4. POLICY

Disclaimer: These Payment Policies serve as a comprehensive guide for all providers, assisting in submitting accurate claims and outlining the essential framework for reimbursement. The determination that a service, procedure, or item is covered under a Curative member's benefit plan does not constitute a guarantee of payment. Services must meet medical necessity and authorization guidelines appropriate to the procedure and diagnosis and, where mandated, the members state of residence. Services rendered must be within the legal scope of practice for the specific type of provider and align with the professional credentials and training in the state where the care is furnished.

To ensure proper processing, providers are required to adhere to industry-standard, compliant codes and follow proper coding, billing, and submission guidelines. To ensure accurate reimbursement and proper claims adjudication, all services provided to the same member, by the same provider, and on the same date of service must be reported on a single claim. Current Procedure Terminology (CPT®*) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or relevant revenue codes must be used for billing. Codes submitted must be fully supported by corresponding documentation in the medical record. Unless noted otherwise within a policy, these payment policies apply to both participating and non-participating providers and facilities.

Curative reserves the right to take corrective action, which may include the rejection or denial of the claim, or the recovery and/or recoupment of any previous claim payment if proper coding, billing guidelines, or these established payment policies are not followed. Providers may refer to the Provider Manual for

guidance on addressing such actions, including the formal claim reconsideration, appeals, and dispute resolution processes.

These policies may be superseded by mandates within provider contracts, state or federal laws, or requirements issued by the Centers for Medicare & Medicaid Services (CMS). Curative retains the right to revise these policies as deemed necessary and will publish the most current version on the Curative website.

Curative reserves the right to request and review comprehensive medical records to support claims submitted under this policy. Discrepancies, incomplete documentation, or coding misalignments may result in claim adjustments, denials, or post-payment recoveries.

Reimbursement is contingent upon provider, state, and federal contracts, and is subject to review on an individual claim basis.

Reimbursement Guidelines

This policy defines how Curative supports breastfeeding and lactation services through the prenatal, perinatal and postpartum phases of care to facilitate successful breastfeeding outcomes. Clinical judgement should be exercised when delivering care as this policy is not intended to direct patient care or decisions.

These standard reimbursement parameters and coding guidelines include lactation education, counseling, and clinical support services encompassing a broad range of behavioral interventions, educational sessions, and problem resolution, including:

- Guidance on latch technique, infant positioning, and resolving acute or chronic lactation complications.
- Preparation for returning to work or school while maintaining lactation, milk expression techniques, and general feeding strategies.
- Coordination with primary care, pediatric, or maternal health providers during lactation crises.

Lactation support may be provided across multiple care environments. Providers must report the accurate Place of Service (POS) code corresponding to where care was delivered. Lactation services delivered during an active inpatient hospital or facility stay are considered inclusive of the facility fee and are not eligible for separate professional reimbursement.

For billing purposes, the mother and infant are identified collectively as a single unit and therefore only one claim billed under the mother's identity is appropriate per day for the lactation services rendered to the mother and/or the infant(s).

Reimbursement is restricted to services delivered by the below licensed or certified healthcare professionals operating within their legally defined scope of practice:

- **Physicians & Advanced Practice Providers (APP):**

  Medical Doctors (MD/DO), Physician Assistants (PA), Nurse Practitioners (NP), and Registered Nurses (RN) possessing specialized training in clinical lactation management.

  Codes exclusively reportable by physicians and APPs:

  99401, 99402, 99403, 99404, 99411, 99412, 99347, 99348, 99349, 99350, G0513,G0514

- **Non-Physician Specialist Certifications:**

  Certified Lactation Counselor (CLC): Specialist certified to deliver lactation counseling and non-complex clinical management.

  International Board-Certified Lactation Consultant (IBCLC): Advanced clinical specialist in lactation who has successfully completed extensive education, clinical training and international board examination requirements.

  Codes exclusively reportable by Non-Physician Qualified Healthcare Professionals:

  98960, 98961, 98962, S9443

  Claims submitted by independent CLCs or IBCLCs not contracted within the plan's network will process according to the member's out-of-network benefit provisions.

Unlisted preventative medicine service CPT code 99429 is not appropriate for lactation services.

When managing multiple births such as twins or triplets, additional time dedicated to care may be billed by increasing the reported units. *Example: A 60-minute session for twins may be reported as 2 units.*

Curative reserves the right to perform post-payment audits or request medical records. Submissions must clearly document total time spent, specific clinical interventions, provider credentials, and appropriate primary ICD-10 diagnosis codes. Claims are subject to other Curative payment policies.

5. REFERENCE DOCUMENTS AND MATERIALS

6. COLLABORATING DEPARTMENTS

6.1. Claims

6.2. Compliance

6.3. Medical Management

6.4. Network

6.5. System Configuration

7. POLICY & PROCEDURE CONTROL

This Policy will be reviewed at least annually and as necessary.

REVISION HISTORY			
Date	**Author**	**Version**	**Comments**
08-26-2026	CJ Wisecarver	001	Initial Version