

Department of Health Care Policy and Financing (HCPF)

Lactation Billing Protocols Update Meeting

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Welcome

This meeting is intended to:

- Provide information on updated lactation billing protocols.
- Share requirements for submitting claims for lactation services.
- Address your questions and provide support along with helpful resources..

Who we are: Introductions

- Department Staff
- Participants, please put your name, pronouns and any organization or title you may want to share in the chat!



Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



COLORADO
Department of Health Care
Policy & Financing

Agenda

- Lactation benefit overview
- Share information on updated lactation billing protocols
- Share requirements for submitting claims for lactation services
- Respond to billing and claims questions submitted by registrants
- Open for additional questions if time permits
- Closing

GOAL: Ensure members have access to lactation support services.

Lactation: Overview

- Live December 1st, 2024
- Enrollment for new Lactation Provider Type
- Lactation support services include education, counseling, and assistance for common breastfeeding issues, along with skilled, evidence-based care for more complex lactation issues

Lactation: Overview

- To be eligible for lactation support services members must be: pregnant, postpartum, or a pediatric member who is breastfeeding
- Members can receive lactation support in person or via telehealth, individually or in a group setting
- There are no limits on the amount, duration, or scope of the services

Known Issue S9443 - Resolved


- Resolved 04/23/25
- Claims billed with the lactation support services procedure code S9443 denying for “Explanation of Benefits (EOB) 2022”
- A second modifier and corresponding rate have been added to procedure code S9443 to reflect the time spent with the member
- Claims with the new modifier have been successfully submitted and paid



Previously Denied Claims

- Providers may update denied claims with the new modifier and re-submit electronically as new claims
- Providers always have the initial timely filing period of **365 days** from the date of service to submit claims

UPDATED Lactation Billing Protocol

Procedure Code	First Position Modifier	Second Position Modifier
S9443	<p>U1 = individual session</p> <p>U2 = group session</p>	<p>U3 = 8-22 minutes</p> <p>U4 = 23-37 minutes</p> <p>U5 = 38-52 minutes</p> <p>U6 = 53-67 minutes</p> <p>U7 = 68-82 minutes</p> <p>U8 = 83-97 minutes</p> <p>U9 = 98-112 minutes</p> <p>UA = 113-127 minutes</p>
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Procedure Code	1st Position Modifier	2nd Position Modifier	Rate
S9443	U1 = individual session	U3 = 8-22 minutes	\$31.41
		U4 = 23-37 minutes	\$62.82
		U5 = 38-52 minutes	\$94.23
		U6 = 53-67 minutes	\$125.64
		U7 = 68-82 minutes	\$157.05
		U8 = 83-97 minutes	\$188.46
		U9 = 98-112 minutes	\$219.87
		UA = 113-127 minutes	\$251.28

Procedure Code	1st Position Modifier	2nd Position Modifier	Rate
S9443	U2 = group session	U3 = 8-22 minutes	\$23.56
		U4 = 23-37 minutes	\$47.12
		U5 = 38-52 minutes	\$70.68
		U6 = 53-67 minutes	\$94.24
		U7 = 68-82 minutes	\$117.80
		U8 = 83-97 minutes	\$141.36
		U9 = 98-112 minutes	\$164.92
		UA = 113-127 minutes	\$188.48

Lactation Billing Requirements

Lactation Claim Requirements

- Medicaid Provider ID
- Member Medicaid ID
- Member Information
- NPI number of the enrolled provider who ordered the service
- Date of Service
- Place of Service
- Procedure Code
- Modifier Codes
- Charged Amount
- Diagnosis Code
- Units
- Rendering Provider NPI Number
- Billing Provider NPI Number

Federal Ordering Requirements

- Federal regulations 42 CFR 440.130(c) and 42 CFR 455.440 require claims for lactation services to be ordered (“recommended”).
 - The Department is obligated to enforce these regulations
- Claim Requirements
 - Lactation claims must contain the NPI number of the licensed provider who ordered the lactation service for the member
 - The ordering provider must be enrolled with Health First Colorado

Provider Resources

Provider Resources

**Known Issues
Web Page**



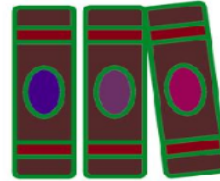
Take me there!

Provider Enrollment



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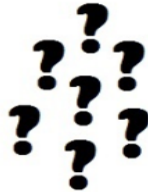
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Collaborative**



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<https://hcpf.colorado.gov/provider-resources>

Provider Resources

Sign up for Beginning & Intermediate Billing Training: Professional Claims

October 2024				
Monday	Tuesday	Wednesday	Thursday	Friday
	1	2	3 Intermediate Billing Training 9:00 a.m. - 10:30 a.m. MT	4
7	8	9	10 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	11
14	15	16	17	18
21	22	23	24	25
28	29 Beginner Billing Training: Institutional Claims (UB-04) 1:00 p.m. - 3:00 p.m. MT	30	31	

- Receive step-by-step instructions for submitting a professional claim

<https://hcpf.colorado.gov/provider-training>



Question & Answer

1. What education/certification is required to provide lactation support services to Health First Colorado members?

Lactation support services may only be provided by enrolled individual providers who have certifications as an International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC), or Certified Lactation Educator (CLE).

2. Can CLCs bill or does this only apply to IBCLCs?

CLCs/CLEs can enroll as a Health First Colorado provider as an individual within a group. The individual within a group enrollment type is an individual who renders service but does not bill First Health Colorado directly. The individual must be associated with a group that submits claims on their behalf and the group pays the CLC/CLE directly.

3. Is it possible for a CLC to bill independently in an FQHC setting?

CLCs cannot bill independently in an FQHC setting. *Lactation support services provided by an employee at an FQHC site are billed as part of the encounter rate for the FQHC and may result in a payment when delivered by a provider included in the FQHC visit definition (10 CCR 8.700 & 8.740).*

4. Do we need to bill another private insurance before Medicaid?

Third-Party Liability (TPL) is the term used when a member has health insurance in addition to Health First Colorado. Health First Colorado (Colorado's Medicaid program) is always the payer of last resort. The provider should enroll with and bill all other appropriate carriers first. Federal regulations require that all available resources be used before Health First Colorado considers payment. For more information, please refer to the [General Provider Information Manual](#) under the section Provider Reimbursement.

5. How long does it take to become a Health First Colorado lactation provider, and how can I check the status of my application?

Please visit the [provider enrollment web page](#) for enrollment processing timelines. To check the status of an application visit the [Provider Enrollment web page](#). Click on enrollment status. You'll need your assigned Application Tracking Number (ATN) and the Tax ID entered on your application to log in and view the status. Once logged in, the portal will display the status of your application and any comments from reviewers.

6. Where do we submit claims?

Providers can submit an electronic claim via the Medicaid Provider Web Portal.

7. What is the reimbursement rate for lactation support services?

Claims submitted on the CMS-1500 professional form are paid via the fee schedule. The reimbursement rate for Lactation Support Services varies based on the combination of modifiers used. Rate and procedure codes are on the [Provider Rates and Fee Schedule page](#).

\$9443	DEFAULT	DEF	U1	U3			0	999	0	31.41
\$9443	DEFAULT	DEF	U1	U4			0	999	0	62.82
\$9443	DEFAULT	DEF	U1	U5			0	999	0	94.23
\$9443	DEFAULT	DEF	U1	U6			0	999	0	125.64
\$9443	DEFAULT	DEF	U1	U7			0	999	0	157.05
\$9443	DEFAULT	DEF	U1	U8			0	999	0	188.46
\$9443	DEFAULT	DEF	U1	U9			0	999	0	219.87
\$9443	DEFAULT	DEF	U1	UA			0	999	0	251.28
\$9443	DEFAULT	DEF	U2				0	999	0	23.56
\$9443	DEFAULT	DEF	U2	U3			0	999	0	23.56
\$9443	DEFAULT	DEF	U2	U4			0	999	0	47.12
\$9443	DEFAULT	DEF	U2	U5			0	999	0	70.68
\$9443	DEFAULT	DEF	U2	U6			0	999	0	94.24
\$9443	DEFAULT	DEF	U2	U7			0	999	0	117.80
\$9443	DEFAULT	DEF	U2	U8			0	999	0	141.36
\$9443	DEFAULT	DEF	U2	U9			0	999	0	164.92
\$9443	DEFAULT	DEF	U2	UA			0	999	0	188.48

8. How long does it take for payment to pay out?

A successful claim submission that does not require additional review or corrections will typically be paid within about two weeks of receipt.

Remittance Advice (RA) reports are posted to the Provider Web Portal each Monday. Electronic Fund Transfer (EFT) payments are deposited to provider accounts on Thursdays.

9. How do we re-submit previously denied claims?

If a claim was denied previously, the provider can update and resubmit the denied claim as a new claim.

10. Why can't we bill more than 15 minutes, which completely stops us from seeing clients?

Providers can bill for up to 120 minutes per visit. Claims submitted with the lactation support services procedure code S9443 were previously denied if more than one unit of service (15 minutes) was billed on a single date of service. This issue has been resolved as of April 23, 2025. Providers should use the second position modifier to indicate the number of minutes spent with the member.

11. Can you please explain the pediatrician referral?

Lactation support services are provided as preventative services and require a recommendation by a physician or other licensed practitioner of the healing arts in accordance with [42 CFR 440.130\(c\)](#). This is a federal requirement for which we cannot currently offer an exception. Refer to the [Lactation Support Services billing manual](#) for further guidance.

12. How long is a lactation referral valid for?

The referral/recommendation authorizes lactation support services from pregnancy through the duration of breastfeeding.

13. How do clients get referred to me?

There are a few options for members to find an approved Health First Colorado lactation provider. Members who seek out the department to locate a provider are advised to:

- 1) Ask their healthcare provider*
- 2) Check with a specific provider*
- 3) Email the Reproductive Maternal Child Health Team*
- 4) If the member knows the name of the provider, they can enter their name into the “Find a Doctor” tool to verify they are an approved provider.*

14. How can the lactation support services benefit work with WIC to be a benefit to the client?

The lactation support services benefit is in addition to the services still offered to the Women, Infants, and Children (WIC) program members. Members may continue to get lactation equipment and support services from Health First Colorado and/or WIC, and we encourage partnership between Medicaid-enrolled and WIC providers. Please note that WIC services may not ALSO be billed to Medicaid.

Stay Informed

- Visit the [Lactation Support Services](#) web page for announcements and updated information
- Sign up for the [Maternal Child and Reproductive Health Listserv](#) if you want continued lactation benefit updates.
- Sign up for Department of Health Care Policy & Financing provider communications by visiting the [Provider News](#) web page.

Contact for Assistance

- For general questions, contact HCPF at hcpf_maternalchildhealth@state.co.us
- If you need assistance with enrollment, provider maintenance, revalidation, or billing, visit the [Provider Contacts web page](#) for a list of resources

Questions?





Thank You!

CONTACT US:

HCPF_MaternalChildHealth@state.co.us