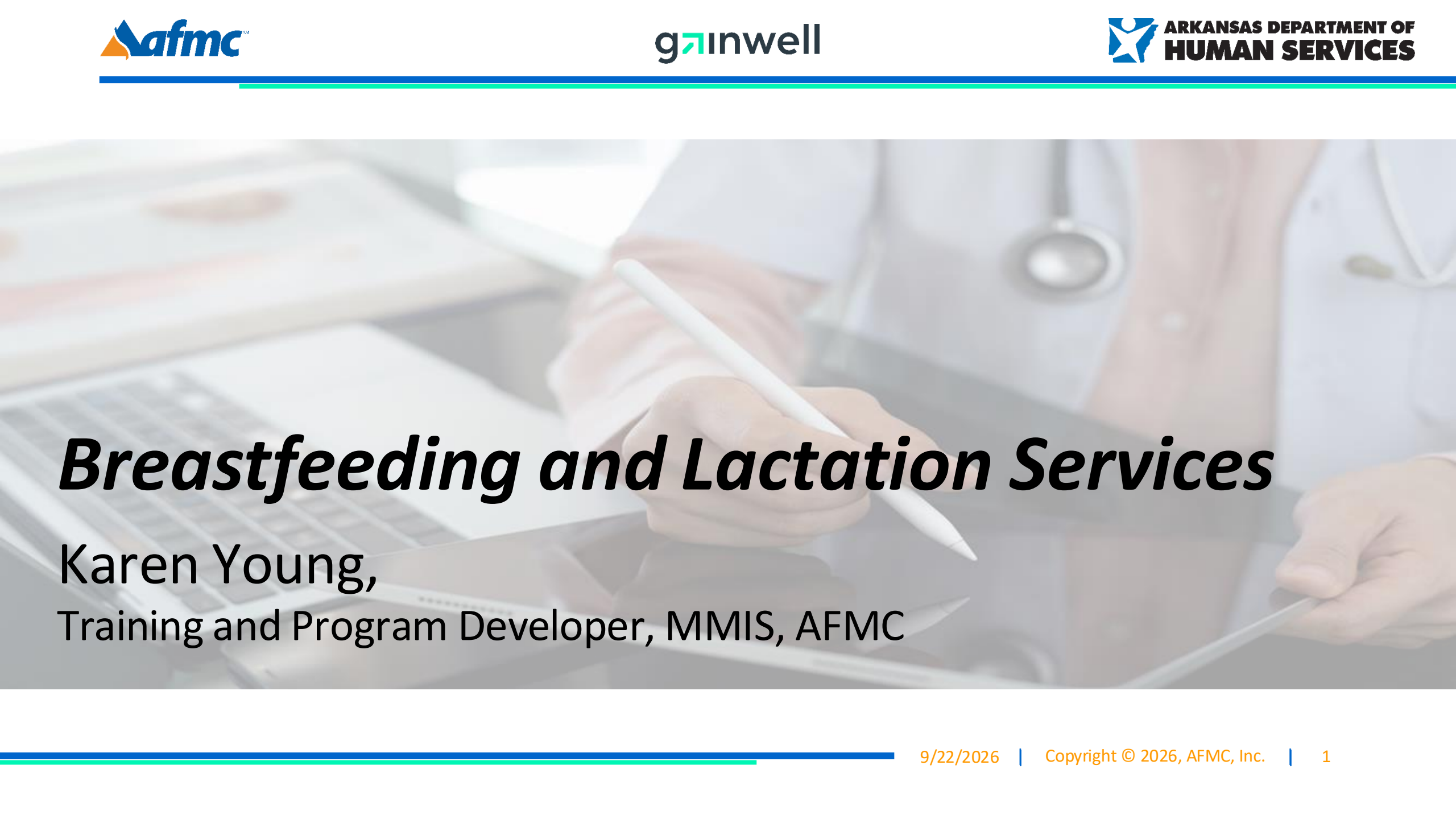




Breastfeeding and Lactation Services

Karen Young,
Training and Program Developer, MMIS, AFMC

New Provider Training Opportunities



[Provider Training Information](#): Link to the provider training information on the DHS website



Ability to schedule an individual new provider training (virtual or in-person) with your MMIS Outreach Specialist



Medicaid 101 webinars (last Tuesday of each month)



New Provider Workshops (every quarter-March, June, September, and December)



Annual Billing Conference-Virtually or In-person (occurs yearly)

MMIS Outreach Team



MMIS Outreach Team Map

MMIS Outreach Specialists Information Sheet

1020 W. 4th St., Suite 400 • Little Rock, AR 72201 • afmc.org/mmis

MMIS OUTREACH SPECIALISTS

HOURS OF OPERATION:
Monday–Friday • 8 A.M.–5 P.M.

MMIS Manager
Becky Andrews 501-212-8738
bandrews@afmc.org

MMIS Supervisors
Tanasia Johnson-Kamal.....501-212-8798
mmisupervisor@afmc.org
Angie Riggan 501-212-8795
mmisupervisorll@afmc.org

Outreach Specialists

- Pulaski County.....501-906-7566 Ex. 1
pulaskibilling@afmc.org
- Christy Owens
NW—North West 501-906-7566 Ex. 2-2
northwestbilling@afmc.org
- Rose Bruton
NE—North East.....501-906-7566 Ex. 2-1
northeastbilling@afmc.org
- Mary Riley
EC—East Central..... 501-906-7566 Ex. 4-1
eastcentralbilling@afmc.org
- Kristie Williams
SC—South Central 501-906-7566 Ex. 3-1
southcentralbilling@afmc.org
- Renee Smith
WC—West Central 501-906-7566 Ex. 5-1
westcentralbilling@afmc.org
- Shiveeta Robertson
S—South.....501-906-7566 Ex. 3-2
southbilling@afmc.org

08/10/2026

ARKANSAS DEPARTMENT OF HUMAN SERVICES, DMS

ARKIDS FIRST/MEDICAID
<https://humanservices.arkansas.gov/>
ARKids First Enrollment Information..... **888-474-8275**

MEDICAID FRAUD CONTROL UNIT (PROVIDERS)
Central Arkansas **501-682-8349**

ARKANSAS MEDICAID MANAGED CARE VOICE INFORMATION SERVICES
Toll free **800-805-1512**

PHARMACY
Prime Therapeutics
Help Desk **800-424-7895**

TPL INFORMATION
Local **501-537-1070**
Fax..... **501-682-1644**
DHS Division of Medical Services,
TPL Unit • P.O. Box 1437, Slot 5296
Little Rock, AR 72203-1437

GAINWELL TECHNOLOGIES (Claims Processing)

Gainwell Provider Assistance Center

ELECTRONIC DATA INTERCHANGE (EDI), PROVIDER ASSISTANCE CENTER (PAC), AND PROVIDER ENROLLMENT

In-state toll free **800-457-4454**
Local and out-of-state **501-376-2211**
Monday through Friday 8 a.m. until 5:00 p.m.

CLAIMS
P.O. Box 8034
Little Rock, AR 72203

SPECIAL CLAIMS
ATTN: Research Analysts
P.O. Box 8036
Little Rock, AR 72203

CROSSOVER CLAIMS
P.O. Box 34440
Little Rock, AR 72203

New Provider Training and Support



MMIS Outreach Specialists offer individualized New Provider Training tailored to provider needs and available in both virtual and in-person formats.



An MMIS Outreach Specialist will contact you by phone within 10 days of enrollment to schedule a complementary training session.

Agenda



POLICY

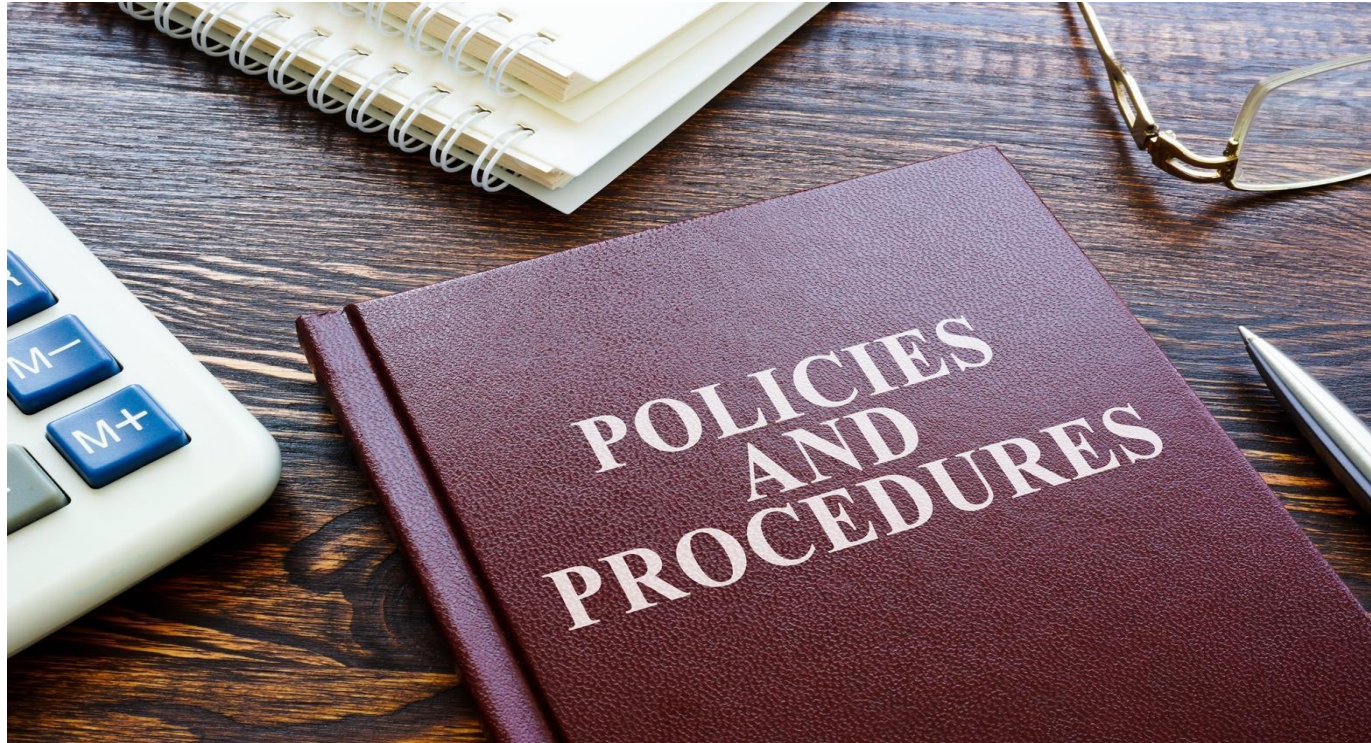


PROVIDER TYPE AND
SPECIALTIES



BREASTFEEDING &
LACTATION BILLING

Policy Manuals and Resources



Supportive Maternal Care Manual

AR Medicaid will cover Breastfeeding and Lactation services effective September 1, 2026.

Provider Manuals Billing Manuals

1

Section I

- General policy
- General information, sources, client eligibility and responsibilities, provider participation, administrative (and non-compliance) remedies and sanctions, PCP case management program, and required services and activities

2

Section II

- Provider manual (varies by provider type)
- Program or provider-specific information, program coverage, prior authorization, reimbursement, and billing procedures

3

Section III

- Billing information: General information, remittance advice and status report, adjustment request, additional or other payment sources, pseudo claims, and reference books

4

Section IV

- Glossary
- Arkansas Medicaid acronyms and terms

5

Section V

- Forms
- Claim forms, Arkansas Medicaid forms, contacts, and links

Consultant vs Counselor



Consultant

Healthcare professional with specialized education and clinical training on breastfeeding and lactation.

Allowed to help with more complex concerns.



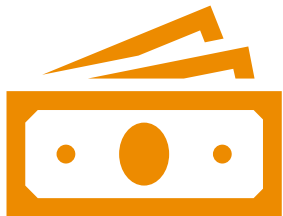
Counselor

Provides education, encouragement, and basic breastfeeding support.

Rendering vs. Billing Providers



Rendering Providers are healthcare professionals who perform the service



Billing Provider is the individual or organization that submits the claim and receives payment

Breastfeeding & Lactation Provider Type and Specialties

Arkansas Medicaid recognizes the following provider specialties under:

Provider Type 77 – Supportive Maternal Care: *Services will be effective September 1, 2026*

Provider Specialties:

- **77/LC – Certified Maternal Lactation Consultant**
- **77/LR – Certified Maternal Lactation Counselor**

*Please note: Providers who are dually certified as doula and lactation consultant and wish to offer services under both **Doula and Breastfeeding and Lactation** specialties must enroll in each specialty.*

Refer to Provider Enrollment for additional requirements and details.

Certified Lactation Counselors must be employed and supervised by one of the following:

- An agency led by an International Board-Certified Lactation Consultant
- A physician, advanced practice nurse, physician assistant
- A local health unit
- A hospital

Breastfeeding & Lactation Services | 220.100

Who's Eligible for Services?

- Only Arkansas Medicaid beneficiaries who are pregnant or within twelve (12) months postpartum and infants up to twelve (12) months of age are eligible for breastfeeding and lactation consultant services.

What Services Are Covered?

- Breastfeeding and lactation consultant services include medically appropriate outpatient services or hospital services, or both, provided by a breastfeeding and lactation consultant during pregnancy and through the postpartum period to aid in milk expression or infant nutrition.

Preventative Services | 220.200

- Breastfeeding and lactation services, as preventative services, require a recommendation from an Arkansas Medicaid-enrolled physician, physician assistant, or advanced practice registered nurse, including a certified nurse midwife.
- DHS has obtained a statewide standing recommendation from a licensed healthcare provider for breastfeeding and lactation consultant services for all pregnant or postpartum Medicaid beneficiaries.
- The statewide standing recommendation applies to Medicaid beneficiaries eligible for breastfeeding and lactation consultant services.
- Separate documentation regarding the recommendation by breastfeeding and lactation consultant providers is not required

Billing Terminology

Procedure Code/CPT Code

- explains what service was performed

Modifier

- provides additional details about the service

Diagnosis Code/ICD-10

- explains why the service was needed

Place of Service Codes

- two-digit codes used to identify the location where services were provided.

Benefit Limits

- restrictions on how many times a service can be provided or reimbursed during a certain time frame.

Billing Terminology (cont'd)

Extension of Benefits

- a formal approval process that allows a patient to receive additional medical services even after they have reached their yearly or monthly limit

Rate

- the payment amount (reimbursement) the state agrees to pay for a specific service.

Prior Authorization

- a requirement by health plans(Medicaid) to obtain approval of a health care service or medication before the care is provided. Certain medical and surgical procedures are covered only with prior authorization (PA)

Retrospective Reviews

- A review of a service, claim, or medical record that occurs after the service has been provided, and in some cases, after payment has been made.

Medicaid uses all of this information to determine reimbursement for the service.

Benefit Limits | 220.300

Breastfeeding and lactation consultant services for Medicaid beneficiaries who are pregnant or within twelve (12) months postpartum are limited to a maximum of three (3) visits for each pregnancy. No prior authorization is needed for these visits.



Breastfeeding and lactation consultant services for Medicaid beneficiaries who are twelve (12) months or younger are limited to a maximum of three (3) visits. No prior authorization is needed for these visits.



Group services may be provided but are subject to the limits described above. When providing services in a group setting, the number of participants must be at least two (2) participants and no more than eight (8) participants.

Breastfeeding & Lactation Benefit Limits

Only one S9443 (any modifier) session per day



The minimum visit length for breastfeeding and lactation consultant services is fifteen (15) minutes.



The maximum visit length is ninety (90) minutes.

Individual Breastfeeding & Lactation Sessions

Procedure Code S9443 for individual lactation education sessions

Modifiers U1–U6 for Individual Lactation Sessions

Allowed Place of Service Codes-02-telehealth (not patient's home), 10-telehealth(patient's home, 11-office, 12-home, 19-off campus (outpatient hospital), 22-on campus (outpatient hospital), 71-public health clinic

Exception: Telemedicine (POS 2 & 10) is not allowed for the initial lactation session

Individual Breastfeeding & Lactation Sessions

Procedure	Modifier	Description	Rendering PT/PS	POS	Rate
S9443	U1	Lactation class – 15 min	77/LC, 77/LR	02,10,11,12,19,22,71	\$15.47
S9443	U2	Lactation class – 30 min	77/LC, 77/LR	02,10,11,12,19,22,71	\$30.94
S9443	U3	Lactation class – 45 min	77/LC, 77/LR	02,10,11,12,19,22,71	\$46.41
S9443	U4	Lactation class – 60 min	77/LC, 77/LR	02,10,11,12,19,22,71	\$61.88
S9443	U5	Lactation class – 75 min	77/LC, 77/LR	02,10,11,12,19,22,71	\$77.35
S9443	U6	Lactation class – 90 min	77/LC, 77/LR	02,10,11,12,19,22,71	\$92.82

Group Breastfeeding & Lactation Sessions

Procedure code S9443 for group lactation education sessions



Modifiers U1–U6 for Group Lactation Sessions



For Group Sessions Modifier HQ is also required (U1-U6 + HQ)



Allowed Place of Service: 11, 12, 19, 22, 71



Group session requirements: minimum of 2 clients, max of 8 and must be in-person

Group Breastfeeding & Lactation Sessions

Procedure	Modifier	Description	Rendering PT/PS	POS	Rate Per Person
S9443	U1 HQ	Group session – 15 min	77/LC, 77/LR	11,12,19,22,71	\$5.16
S9443	U2 HQ	Group session – 30 min	77/LC, 77/LR	11,12,19,22,71	\$10.31
S9443	U3 HQ	Group session – 45 min	77/LC, 77/LR	11,12,19,22,71	\$15.47
S9443	U4 HQ	Group session – 60 min	77/LC, 77/LR	11,12,19,22,71	\$20.63
S9443	U5 HQ	Group session – 75 min	77/LC, 77/LR	11,12,19,22,71	\$25.78
S9443	U6 HQ	Group session – 90 min	77/LC, 77/LR	11,12,19,22,71	\$30.94

Service Locations | 220.400

1

Beneficiary's place of residence

2

Breastfeeding and lactation consultant's office

3

Office of supervising physician, advanced practice nurse, or physician assistant

4

A local health unit or a Women, Infants and Children's office operated by the Arkansas Department of Health

5

Hospital

Place of Service Codes

Code	Description
02	Telehealth – not patient's home
10	Telehealth – patient's home
11	Office
12	Home
19	Off Campus – Outpatient Hosp
22	On Campus – Outpatient Hosp
71	Public Health Clinic

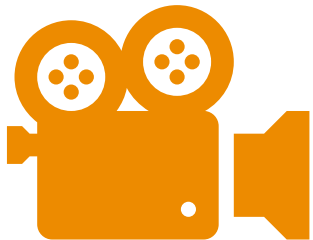
Covered Benefits-Benefit Limits

- Medicaid beneficiaries are responsible for payment for services beyond the established visit limits unless the Division of Medical Services (DMS) authorizes an extension of a particular benefit.
- A request for extension of benefits may be submitted, for beneficiaries with extenuating circumstances, if there is need for additional visits. Extension of benefits requests must be sent to the Department of Human Services (DHS)-contracted entity that processes extensions of benefits for beneficiaries.
- [View or print contact information to obtain the DHS or designated vendor step-by-step process for extension of benefits.](#)
- For audit purposes, the extension of benefits must be in writing, placed in the beneficiary's file, and available for auditors. Extension of benefits should contain the medical reason for additional services and be signed by the supervising provider.
- Group services may be provided but are subject to the limits described in Subsection A of this section. When providing services in a group setting, the number of participants must be at least two (2) participants and no more than eight (8) participants.
- Breastfeeding and lactation consultant services are not counted against the limit of sixteen (16) visits per state fiscal year (July 1 through June 30) for beneficiaries twenty-one (21) years of age and older. The sixteen-visit limit does not apply to beneficiaries under age twenty-one (21) in the Child Health Services, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program.

Extension of Benefits Contact Information



[View or print contact information to obtain the DHS or designated vendor step-by-step process for extension of benefits.](#)



[Extension of Benefits Video](#)

Postpartum Timeframe Requirement

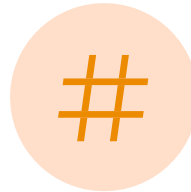
Limit of 3 postpartum
lactation sessions and
must occur within 12
months

Compliance is
monitored
retrospectively by DHS

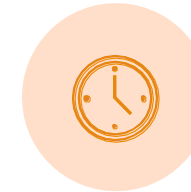
Documentation Requirements 220.500



Date of service



Person or persons to whom services were rendered, including Medicaid ID number



Start time and end time of services provided



Method or methods used or to be used to address the identified problems, goals, and objectives



Treatment plan, including problems, goals, and objectives, as appropriate, and updates



Progress made



Any new problems, goals, or objectives identified during the service



Original or electronic signature of the breastfeeding and lactation consultant



Claims are subject to audit and medical review

Reimbursement | Section 220.600

- A. Breastfeeding and lactation consultants who are also doulas may bill for breastfeeding and lactation services separate from the services they provide as doulas for the same beneficiary.
- B. Breastfeeding and lactation consultants who are also community health workers (CHWs) may bill for breastfeeding and lactation services separate from the services they provide as CHWs for the same beneficiary
- C. Breastfeeding and lactation consultants who are also community health workers (CHWs) may bill for breastfeeding and lactation services separate from the services they provide as CHWs for the same beneficiary.
- D. Breastfeeding and lactations consultants who are also certified nurse-midwives (CNMs) may bill for breastfeeding and lactation consultant services separate from the services they provide as a CNM for the same beneficiary if the services are provided on different days.

Reimbursement | Section 220.600 (cont'd)

- E. Healthcare professionals employing breastfeeding and lactation consultants may bill for the services the consultants provide.
- F. During an inpatient hospital stay, breastfeeding and lactation consultant services cannot be billed separately from the hospital per diem. Breastfeeding and lactation consultant services provided in an outpatient hospital setting may be billed separately.
- G. Federally qualified health centers and rural health centers may bill for breastfeeding and lactation consultant services outside the core encounter visit.

Breastfeeding & Lactation Billing | 230.300



Clinic or Group Billing | 230.400

Multiple providers who wish to have payment made to a group practice or clinic may bill Medicaid on the same claim. If applicable, enter the Arkansas Medicaid Clinic Number in Field 33 after “GRP#.” Enter the attending provider number in **Field 24J**. Delay in group – effective date.

HEALTH INSURANCE CLAIM FORM											
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12											
NCA										NCA	
1. MEDICARE 2. MEDICAID 3. TRICARE 4. CHAMPVA 5. GROUP HEALTH PLAN 6. FECA (INCLUDING LSC) 7. OTHER 8. MEDICARE 9. MEDICAID 10. TRICARE 11. CHAMPVA 12. GROUP HEALTH PLAN 13. FECA (INCLUDING LSC) 14. OTHER											
15. PATIENT'S NAME (Last Name, First Name, Middle Initial) 16. PATIENT'S ADDRESS (No. Street) 17. CITY 18. STATE 19. ZIP CODE						20. INSURED'S ID. NUMBER (For Programs in Item 1) 21. INSURED'S NAME (Last Name, First Name, Middle Initial) 22. INSURED'S ADDRESS (No. Street) 23. CITY 24. STATE 25. ZIP CODE 26. TELEPHONE (Include Area Code)					
27. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 28. OTHER INSURED'S POLICY OR GROUP NUMBER 29. RESERVED FOR NUCC USE 30. RESERVED FOR NUCC USE 31. INSURANCE PLAN NAME OR PROGRAM NAME						32. IS PATIENT'S CONDITION RELATED TO: 33. EMPLOYMENT? (Current or Previous) 34. AUTO ACCIDENT? 35. OTHER ACCIDENT? 36. CLAIM CODES (If Applicable to NUCC)					
37. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 38. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Authorizes the release of any medical information necessary to process this claim. Also request payment of government benefits when so directed or in the party who accepts designation below.) 39. SIGNED 40. DATE											
41. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY) 42. OTHER DATE (MM/DD/YY)						43. INSURED'S DATE OF BIRTH (MM/DD/YY) 44. OTHER CLAIM ID (Designated by NUCC) 45. INSURANCE PLAN NAME OR PROGRAM NAME 46. IS THERE ANOTHER HEALTH BENEFIT PLAN?					
47. NAME OF REFERRING PROVIDER OR OTHER SOURCE 48. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						49. DATES DATE(S) WHENABLE TO WORK IN CURRENT OCCUPATION (MM/DD/YY TO MM/DD/YY) 50. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (MM/DD/YY TO MM/DD/YY) 51. OUTSIDE LAY 52. IS SUBMISSION CODE 53. PRIOR AUTHORIZATION NUMBER					
54. ICD-10 CODE 55. ICD-10 CODE 56. ICD-10 CODE 57. ICD-10 CODE 58. ICD-10 CODE 59. ICD-10 CODE 60. ICD-10 CODE 61. ICD-10 CODE 62. ICD-10 CODE 63. ICD-10 CODE 64. ICD-10 CODE 65. ICD-10 CODE 66. ICD-10 CODE 67. ICD-10 CODE 68. ICD-10 CODE 69. ICD-10 CODE 70. ICD-10 CODE 71. ICD-10 CODE 72. ICD-10 CODE 73. ICD-10 CODE 74. ICD-10 CODE 75. ICD-10 CODE 76. ICD-10 CODE 77. ICD-10 CODE 78. ICD-10 CODE 79. ICD-10 CODE 80. ICD-10 CODE 81. ICD-10 CODE 82. ICD-10 CODE 83. ICD-10 CODE 84. ICD-10 CODE 85. ICD-10 CODE 86. ICD-10 CODE 87. ICD-10 CODE 88. ICD-10 CODE 89. ICD-10 CODE 90. ICD-10 CODE 91. ICD-10 CODE 92. ICD-10 CODE 93. ICD-10 CODE 94. ICD-10 CODE 95. ICD-10 CODE 96. ICD-10 CODE 97. ICD-10 CODE 98. ICD-10 CODE 99. ICD-10 CODE 100. ICD-10 CODE						54. ICD-10 CODE 55. ICD-10 CODE 56. ICD-10 CODE 57. ICD-10 CODE 58. ICD-10 CODE 59. ICD-10 CODE 60. ICD-10 CODE 61. ICD-10 CODE 62. ICD-10 CODE 63. ICD-10 CODE 64. ICD-10 CODE 65. ICD-10 CODE 66. ICD-10 CODE 67. ICD-10 CODE 68. ICD-10 CODE 69. ICD-10 CODE 70. ICD-10 CODE 71. ICD-10 CODE 72. ICD-10 CODE 73. ICD-10 CODE 74. ICD-10 CODE 75. ICD-10 CODE 76. ICD-10 CODE 77. ICD-10 CODE 78. ICD-10 CODE 79. ICD-10 CODE 80. ICD-10 CODE 81. ICD-10 CODE 82. ICD-10 CODE 83. ICD-10 CODE 84. ICD-10 CODE 85. ICD-10 CODE 86. ICD-10 CODE 87. ICD-10 CODE 88. ICD-10 CODE 89. ICD-10 CODE 90. ICD-10 CODE 91. ICD-10 CODE 92. ICD-10 CODE 93. ICD-10 CODE 94. ICD-10 CODE 95. ICD-10 CODE 96. ICD-10 CODE 97. ICD-10 CODE 98. ICD-10 CODE 99. ICD-10 CODE 100. ICD-10 CODE					
101. FEDERAL TAX ID. NUMBER 102. SIGN 103. DATE						104. PATIENT'S ACCOUNT NO. 105. ACCOUNT AUTHORIZATION 106. TOTAL CHARGE 107. AMOUNT PAID 108. RESERVED FOR NUCC USE					
109. SIGNATURE OF PHYSICIAN OR SUPPLIER 110. SIGNATURE OF PHYSICIAN OR SUPPLIER 111. SIGNATURE OF PHYSICIAN OR SUPPLIER 112. SIGNATURE OF PHYSICIAN OR SUPPLIER 113. SIGNATURE OF PHYSICIAN OR SUPPLIER 114. SIGNATURE OF PHYSICIAN OR SUPPLIER 115. SIGNATURE OF PHYSICIAN OR SUPPLIER 116. SIGNATURE OF PHYSICIAN OR SUPPLIER 117. SIGNATURE OF PHYSICIAN OR SUPPLIER 118. SIGNATURE OF PHYSICIAN OR SUPPLIER 119. SIGNATURE OF PHYSICIAN OR SUPPLIER 120. SIGNATURE OF PHYSICIAN OR SUPPLIER 121. SIGNATURE OF PHYSICIAN OR SUPPLIER 122. SIGNATURE OF PHYSICIAN OR SUPPLIER 123. SIGNATURE OF PHYSICIAN OR SUPPLIER 124. SIGNATURE OF PHYSICIAN OR SUPPLIER 125. SIGNATURE OF PHYSICIAN OR SUPPLIER 126. SIGNATURE OF PHYSICIAN OR SUPPLIER 127. SIGNATURE OF PHYSICIAN OR SUPPLIER 128. SIGNATURE OF PHYSICIAN OR SUPPLIER 129. SIGNATURE OF PHYSICIAN OR SUPPLIER 130. SIGNATURE OF PHYSICIAN OR SUPPLIER 131. SIGNATURE OF PHYSICIAN OR SUPPLIER 132. SIGNATURE OF PHYSICIAN OR SUPPLIER 133. SIGNATURE OF PHYSICIAN OR SUPPLIER 134. SIGNATURE OF PHYSICIAN OR SUPPLIER 135. SIGNATURE OF PHYSICIAN OR SUPPLIER 136. SIGNATURE OF PHYSICIAN OR SUPPLIER 137. SIGNATURE OF PHYSICIAN OR SUPPLIER 138. SIGNATURE OF PHYSICIAN OR SUPPLIER 139. SIGNATURE OF PHYSICIAN OR SUPPLIER 140. SIGNATURE OF PHYSICIAN OR SUPPLIER 141. SIGNATURE OF PHYSICIAN OR SUPPLIER 142. SIGNATURE OF PHYSICIAN OR SUPPLIER 143. SIGNATURE OF PHYSICIAN OR SUPPLIER 144. SIGNATURE OF PHYSICIAN OR SUPPLIER 145. SIGNATURE OF PHYSICIAN OR SUPPLIER 146. SIGNATURE OF PHYSICIAN OR SUPPLIER 147. SIGNATURE OF PHYSICIAN OR SUPPLIER 148. SIGNATURE OF PHYSICIAN OR SUPPLIER 149. SIGNATURE OF PHYSICIAN OR SUPPLIER 150. SIGNATURE OF PHYSICIAN OR SUPPLIER 151. SIGNATURE OF PHYSICIAN OR SUPPLIER 152. SIGNATURE OF PHYSICIAN OR SUPPLIER 153. SIGNATURE OF PHYSICIAN OR SUPPLIER 154. SIGNATURE OF PHYSICIAN OR SUPPLIER 155. SIGNATURE OF PHYSICIAN OR SUPPLIER 156. SIGNATURE OF PHYSICIAN OR SUPPLIER 157. SIGNATURE OF PHYSICIAN OR SUPPLIER 158. SIGNATURE OF PHYSICIAN OR SUPPLIER 159. SIGNATURE OF PHYSICIAN OR SUPPLIER 160. SIGNATURE OF PHYSICIAN OR SUPPLIER 161. SIGNATURE OF PHYSICIAN OR SUPPLIER 162. SIGNATURE OF PHYSICIAN OR SUPPLIER 163. SIGNATURE OF PHYSICIAN OR SUPPLIER 164. SIGNATURE OF PHYSICIAN OR SUPPLIER 165. SIGNATURE OF PHYSICIAN OR SUPPLIER 166. SIGNATURE OF PHYSICIAN OR SUPPLIER 167. SIGNATURE OF PHYSICIAN OR SUPPLIER 168. SIGNATURE OF PHYSICIAN OR SUPPLIER 169. SIGNATURE OF PHYSICIAN OR SUPPLIER 170. SIGNATURE OF PHYSICIAN OR SUPPLIER 171. SIGNATURE OF PHYSICIAN OR SUPPLIER 172. SIGNATURE OF PHYSICIAN OR SUPPLIER 173. SIGNATURE OF PHYSICIAN OR SUPPLIER 174. SIGNATURE OF PHYSICIAN OR SUPPLIER 175. SIGNATURE OF PHYSIC											

Summary

1

Arkansas Medicaid covers lactation consultation services to support breastfeeding success and maternal-infant health during pregnancy and throughout the postpartum period.

2

Covered services include breastfeeding assessment, latch assistance, milk expression guidance, feeding plan development, and postpartum lactation follow-up. Services must be provided by qualified and enrolled lactation professionals within their defined scope of practice.

3

Lactation services are reimbursable when medically appropriate, properly documented, and delivered by eligible Medicaid providers. Claims are subject to standard Medicaid documentation and audit requirements.

4

The breastfeeding and lactation consultant will work with the beneficiary or the beneficiary's Mother to determine how to utilize the visits to best meet the needs of the beneficiary.

Arkansas Medicaid Contacts

State Medicaid Resources

- Division of Medical Services
- County Offices (DCO)

AFMC Resources

- MMIS Outreach Specialists -501-906-7566
- ConnectCare- 1-800-275-1131
- Provider Relations Outreach Specialists
- AFMC Clinical Services-479-649-8501

Provider Support

- Arkansaspr@acentra.com or 1-888-660-3831
- Office of Medicaid Inspector General (OMIG) - 1-855-527-6644
- Prime Therapeutics Pharmacy - 1-800-424-7895, Option 2 for prescribers
- Gainwell Technologies 1-800-457-4454
- PASSE-DHS PASSE provider call center 1-888-889-6451

Helpful Training Tools and Resources



[Registering on the Portal — Provider](#)



[Eligibility Verification Video](#)



[Eligibility Verification Guide](#)



[Submitting and Reviewing a Claim](#)



[How to Submit a Claim with Third-Party Liability Video](#)



[How to Submit a Claim with Third-Party Liability Guide](#)

QR Code to Access Training Resources

Use your IOS, Android or any device to access all our MMIS Tools and Resources for your convenience.

