

Breastfeeding and Lactation Services

Karen Young,
Training and Program Developer, MMIS, AFMC

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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)

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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
mmissupervisor@afmc.org

Angie Riggan 501-212-8795
mmissupervisorll@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

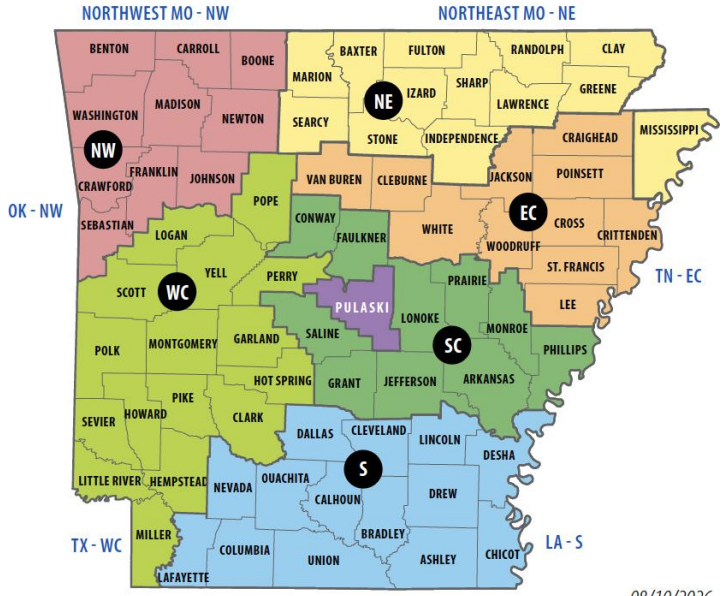
Rose Bruton
NE—North East.....501-906-7566 Ex. 2-1
northeastbilling@afmc.org

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 S296
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.

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Agenda



POLICY



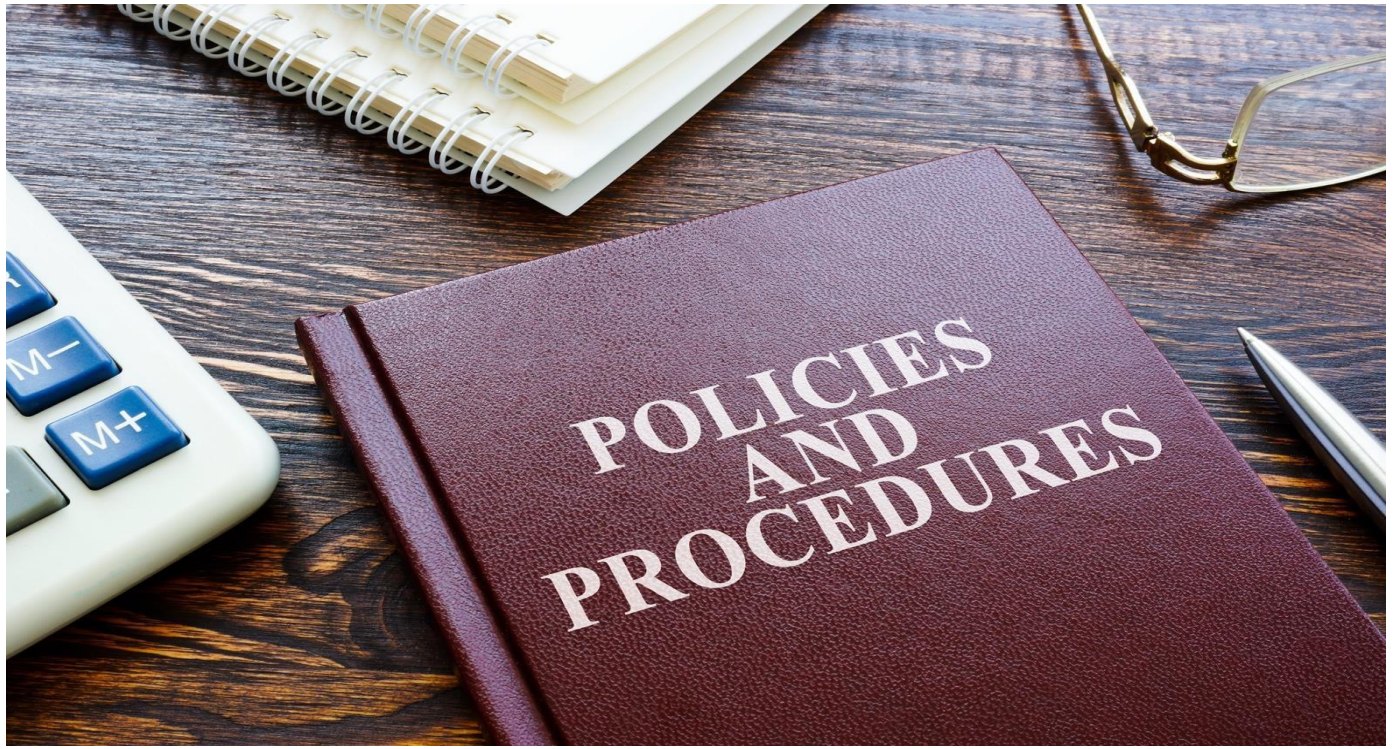
PROVIDER TYPE AND SPECIALTIES



BREASTFEEDING & LACTATION BILLING

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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

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Provider Type and Specialties

Arkansas Medicaid recognizes the following **provider specialties for lactation consultants/counselors** under Provider Type 77:

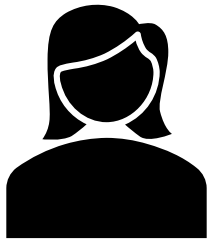
- **77- Non-Clinical Maternal Care**
  - **77/LC – Certified Maternal Lactation Consultant**
  - **77/LR – Certified Maternal Lactation Counselor**

Please note: Providers who are dually certified as a doula and lactation consultant/counselor and wish to offer services under both specialties must enroll in each specialty.

Refer to Provider Enrollment for additional requirements and details.

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Consultant vs. Counselor



Consultant-Certified by International Board of Lactation Consultant Examiners (IBLCE).

No supervision required



Counselor-Certified by international Breastfeeding Institute (IBI) or Academy of Lactation Policy and Practice (ALPP).

Requires supervision

"Supervision" means…

Employed by one (1) of the following Arkansas Medicaid-enrolled providers:

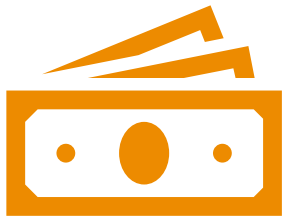
a. An agency led by an International Board-Certified Lactation Consultant;
b. A physician, advanced practice nurse, or physician assistant;
c. A local health unit; or
d. A hospital

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Rendering vs. Billing/Group Providers



Rendering Providers are healthcare professionals who perform the service



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

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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.

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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

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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.

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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.

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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.

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Breastfeeding & Lactation Benefit Limits

Only one 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.

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Service Locations | 220.400

12-Beneficiary's place of residence

11-Breastfeeding and lactation consultant's office

71-local health unit

19 Off Campus-Outpatient Hospital

22-On Campus-Outpatient Hospital

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Individual Breastfeeding & Lactation Sessions

Use procedure code S9443 for individual lactation education sessions

Modifiers U1- U6 are used for individual lactation sessions to indicate the length of the visit

See Diagnosis Group 927 on the Procedure Code Table to select an appropriate diagnosis code. https://humanservices.arkansas.gov/wp-content/uploads/SMC_ProcCodes.xlsx

Allowed Place of Service Codes-02-telehealth (not patient's home), 10-telehealth (Patients 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

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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

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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

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Extension of Benefits

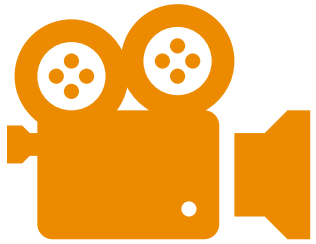
- Medicaid beneficiaries are responsible for payment for services beyond the established visit limits unless the Division of Medical Services (DMS) authorizes an extension of a particular benefit.
- A request for extension of benefits may be submitted, for beneficiaries with extenuating circumstances, 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.

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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]

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Postpartum Timeframe Requirement

Limit of 3 lactation sessions can be billed to the baby and must occur within 12 months

Compliance is monitored retrospectively by DHS

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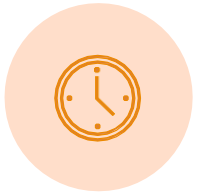
Documentation Requirements 220.500



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 | 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 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.

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Reimbursement | 220.600 (cont'd)

D. Healthcare professionals employing breastfeeding and lactation consultants may bill for the services the consultants provide.
E. 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.
F. Federally qualified health centers and rural health centers may bill for breastfeeding and lactation consultant services outside the core encounter visit.

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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/rendering** provider number in Field 24J.


HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

9a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

11a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE MM DD YY QUAL.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD Ind.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. #

NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH # ( )

a. NPI

b.

SIGNED DATE

a. NPI

b.

SAMPLE

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.

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Arkansas Medicaid Contacts

State Medicaid Resources

- Division of Medical Services- Provider Enrollment and Claims
- County Offices (DCO)-Beneficiary Eligibility

AFMC Resources

- **MMIS Outreach Specialists** -501-906-7566-Billing and Training
- Provider Relations Outreach Specialists Provider Policy and Support providerrelations@afmc.org-
- **AFMC Clinical Services**-479-649-8501-Extension of Benefits

Provider Support

- **Office of Medicaid Inspector General (OMIG)** -1-855-527-6644-Program Integrity and Compliance
- **Gainwell Technologies 1-800-457-4454**-Medicaid Fiscal Agent-Claims Processing and Payment

Maternal Health Providers

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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

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QR Code to Access Training Resources

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