



CCNC Pediatrics

Medical Lactation Services in Primary Care:

A Guide for Billing and Coding for NC Medicaid

Effective 8/1/17, medical lactation services are covered by NC Medicaid in hospital outpatient clinics; public agencies (health departments, federally qualified health centers, and rural health clinics); private agencies; physician or medical diagnostic clinics; and physician offices. Medical lactation services are provided as an individual, face-to-face encounter with the mother-infant dyad and may be billed on the same day as a preventive or sick visit, or on an ensuing day.

Physicians, NPs, PAs, CNMs may bill for medical lactation services as a component of their office visit codes, when appropriate. The following conditions must apply:

1. A medical condition (e.g., feeding problem or low weight gain) diagnosed by the physician, NP, PA, or CNM.
2. The visit is not for generalized preventive counseling or risk factor reduction.

A provider who employs an IBCLC may bill “incident to” for lactation counseling using the appropriate medical lactation CPT code (96150, 96151, 96152) **with the SC modifier** when the patient is not seen by the physician on the same date of service.

If lactation services are provided **on the same date of service as a well visit**, follow the Same Day Health Check Wellness Visits Encounters guidance. The provider would bill the preventive visit code and an E/M service code (9921x) with the 25 modifier to account for the additional time the provider spent on the lactation problem, plus all of the time spent by the IBCLC.

Note: When providing E/M services of a focused complaint during a preventive visit, the provider may claim only the additional time required above and beyond the completion of the preventive visit to address the complaint.

If lactation services are provided **on the same date of service as an E/M “sick” visit**, bill “incident to” using the appropriate E/M code (9921x) that reflects the visit and additional time, following the Same Day Health Check “Sick” E/M Encounters guidance.

Who can provide Medical Lactation Services?

- This service must be provided by a physician, certified nurse midwife, nurse practitioner, physician assistant, or an International Board Certified Lactation Consultant (IBCLC).
- The IBCLC can be employed or contracted by the patient’s provider or by another site and must be employed or contracted by a physician or physician group. If the IBCLC is not employed/contracted by the patient’s provider, the provider must refer for an IBCLC consult in another medical practice.
- A copy of the IBCLC certification must be maintained by the provider agency where the IBCLC is contracted or employed.

How are Medical Lactation Services billed?

- If Medical Lactation Services are performed solely by the MD/CNM/NP/PA, the services may be billed directly to Medicaid as a component of their office visit codes.
- If Medical Lactation Services are provided by an IBCLC on a separate date of service, those services are billed with the appropriate lactation services CPT code (96150, 96151, 96152) and the SC modifier.
 - CPT codes 96150: initial lactation assessment, can be billed only once per beneficiary lifetime
 - 96151: re-assessment
 - 96152: intervention
 - 96150-96152 are limited to 6 units per single date of service (unit = 15 minutes)
 - 36 units are allowed per beneficiary lifetime

From NC DMA Clinical Coverage Policy 1-I, Dietary Evaluation and Counseling and Medical Lactation Services:

NC Medicaid covers lactation evaluation and breastfeeding counseling when the breastfeeding infant has a chronic, episodic, or acute medical condition for which medical lactation services are a critical component of medical management. Lactation services can be provided with documentation that the breastfeeding infant:

- a. Has latch-on difficulties;
- b. Is premature;
- c. Is a multiple birth;
- d. Requires breastmilk and the mother-infant dyad needs assistance in the continuation of breastfeeding;
- e. Is a special-needs infant (such as Down Syndrome, cleft lip or palate or other congenital deformity affecting feeding);
- f. Jaundice;
- g. Dehydration and difficulty with weight gain; or
- h. Inadequate weight gain or inappropriate weight loss.

Examples of ICD-10 codes that would apply include:

R62.51 failure to thrive	P92.2 slow feeding of newborn
R63.3 feeding problems	P92.3 underfeeding of newborn
R63.4 abnormal loss of weight	P92.5 neonatal difficulty in feeding at breast
R63.5 abnormal weight gain	P92.6 failure to thrive in a newborn (<28 days)
R63.6 underweight	P92.8 other feeding problems of a newborn
P05.2 newborn affected by fetal malnutrition	P92.9 feeding problem of newborn, unspecified
Q35-Q37 cleft lip and palate codes	Q38.1 ankyloglossia

Medical Lactation Services Documentation

Lactation Services documentation must contain the following:

1. The beneficiary’s primary care or specialty care provider’s order for the service or referral;
2. The date of service;
3. The presenting problem;
4. A summary of the required medical lactation service components; and
5. The signature of the qualified IBCLC, MD, CNM, NP or PA providing the service.

Medical lactation counseling documentation requires:

1. Review of infant medical management to include: Evaluation/Assessment, Plan of Care, Re-Evaluation/Reassessments and revision of the Plan of Care, evaluation of medical and psychosocial history and treatment plan as they impact lactation interventions;
2. Diagnostic lactation assessment must consist of the following:
 - a. history of infant feeding, sleep, and activity patterns;
 - b. urine and stool output;
 - c. Infant weight;
 - d. Skin color, condition, turgor, moisture and temperature; and
 - e. Alertness;
3. Review and consultation with ordering provider of pertinent infant laboratory and radiologic data;
4. Observation of feeding with pre- and post-weights, if indicated by clinical judgement;
5. Referral of infant for additional testing or medical treatment if indicated; **and**
6. Communication of all pertinent lactation assessment details to the infant’s primary care provider.