

Commonly Used Codes

Diagnoses for Baby	ICD-9 Code
Feeding problems / slow feeding (<28 days old)	779.31
Feeding problems (>28 days old)	783.3
Breastmilk jaundice	774.39
Neonatal jaundice, unspecified	774.6
Failure to thrive/slow weight gain (<28 days old)	779.34
Failure to thrive/slow weight gain (>28 days old)	783.41
Dehydration, neonatal	775.5
Fussy baby / infant	780.91
Excessive crying, infant	780.92
Ankyloglossia	750.0
High arched palate	750.26
Diagnoses for Mother	ICD-9 Code
Disorders of lactation	676.44
Delayed lactation	676.84
Exam of lactating mother	V24.1
Breast abscess / infectious mastitis	675.14
Blocked milk duct / interstitial mastitis	675.24
Breast engorgement	676.24
Burning pains, hyperesthesia	782.0
Nipple, cracks or fissures	676.14
Nipple, sore	676.34
Retracted nipple, postpartum	676.04
Fatigue	780.79

E & M Guidelines for Billing Based on Time

New Patient	Time Range
99202	0-25 minutes
99203	26-37 minutes
99204	38-52 minutes
99205	53+ minutes
Established Patient	
99212	0-12 minutes
99213	13-20 minutes
99214	21-32 minutes
99215	33+ minutes
Consultation (Outpatient)	
99241	0-22 minutes
99242	23-35 minutes
99243	36-50 minutes
99244	51-70 minutes
99245	70+ minutes

Provider's *Quick Coding Guide* for Breastfeeding Related Services

You can bill for breastfeeding services and get paid for them!

There are three ways to code for these services:

1. As a well or sick visit for the baby, based on diagnosis or time spent
2. As a visit with the Mother as patient
3. As a consultation, when a patient (baby or mother) is specifically referred to you

Read on for details . . .

Brought to you by:



www.NBfCenter.com

Billing for problems with breastfeeding and lactation is just like billing for any other problem. Using standard evaluation and management codes (E & M) [e.g. Current Procedural Terminology (CPT) codes such as 99212-99215] and diagnosis codes, physicians and other billable licensed practitioners (such as nurse practitioners and physician assistants) may:

- ✓ Code based on time, if greater than 50% of time is spent in counseling, education, or coordination of care
- ✓ Use modifier 25 appended to a problem-focused visit to bill in conjunction with the well baby visit, when there is extended time spent on feeding problems.
- ✓ Bill for care provided for the mother, often as a new patient, *in addition to* billing for the baby, if history exam, diagnosis and treatment are done for her.

1. Billing breastfeeding issues with a baby well- or follow-up visit

If the infant's previous record does not document a feeding problem, and no other health problem has been identified, then this first office visit should be coded and billed as an established patient well-child visit.

- ✓ Use CPT code 99391 and ICD-9-CM V20.32 (and any other indicated diagnosis codes, e.g., for jaundice or feeding problem)

Note: In any well visit, the clinician is expected to spend time addressing routine feeding issues.

When additional time is required beyond the usual amount for a well visit, there are two ways of addressing this:

1. Spend the extra time at the well visit to address the problem immediately. This may then be billed separately using the 99212-99215 codes appended with the modifier 25. (Note: not all insurers will recognize or pay for a modified code.)
2. Schedule a follow-up visit to address the issue separately and bill using the office visit codes (99211-99215) and an appropriate diagnosis code, e.g., "newborn feeding problem" (779.31), or "jaundice" (774.6). (Note: the reason for follow-up must be clearly established in the preceding (well) visit note and must establish the reason for the follow-up visit.)

Billing for any clinician's visit based on time

Breastfeeding visits are often dominated by counseling and education and are therefore time-intensive. The CPT guidelines allow for a visit to be billed based on time, for follow-up or sick visits, rather than by meeting the E & M requirements for elements of history, physical, and decision-making, if **more than 50% of the practitioner's face-to-face time with the patient has been spent on counseling (patient education) or coordination of care**. When billing based on time, you must make sure to document on the chart:

- ✓ Your total face-to-face time with the patient and/or the patient's family¹.
- ✓ Time spent in counseling or coordination of care (and this must be > 50% of total time spent during encounter).

- ✓ A brief description of what was discussed including at least one diagnosis, prognosis, risks/benefits, instructions for management & follow-up etc.

*It should be noted that time-based billing cannot be used with the **preventive medicine** service codes, since their CPT code descriptors do not contain "typical times".*

2. Billing for the Infant's Mother

If the physician or other billable licensed health care provider is taking the mother's history, examining her breasts and nipples, observing a feeding, and making a diagnosis and treatment plan for her, the clinician is **treating a second patient**. This may change the visit with the baby into two separate and identifiable visits with two different patients—two patients, two visits, two records, two bills, and two co-pays.

- ✓ Depending on the mother's insurance, you may need to get a request from her primary care health care provider.
- ✓ Can be billed either as a new patient (99201–99205) or, if you have a request and will make a written report back to the requesting source, as a consult visit (99241–99245)

3. Billing for Consultations

The physician or individually credentialed nurse practitioner or physician's assistant² may also bill the **initial feeding evaluation** as a requested **consultation** if the following guidelines are met:

A requested consultation (99241–99245)³ requires the "3 Rs," documentation in the chart of:

1. REQUEST: whether verbal or written from another physician (even within the practice) "or other appropriate source" (which can be a lactation consultant or even a La Leche League leader) is documented and the original request is to gather your advice or opinion.
2. RENDER the service requested
3. REPORT back to the requesting source (Note: must be a written report.)

Consultation codes 99241-99245 may be based either **on key components** or **time**.

You can find more information online at www.NBfCenter.com and by viewing the AAP's brochure on coding at www.aap.org/breastfeeding/files/pdf/coding.pdf

² An allied health care provider cannot bill a consult under the "incident to" billing options. Only a nurse practitioner or physician's assistant who has been credentialed by an insurance company may bill for either of these types of consults.

³ Note: CMS (Centers for Medicare and Medicaid Services) no longer recognizes consultation codes. While these codes have not been retired from the AMA CPT Code list, some commercial insurers may not recognize these codes either. In the case of a claim denial, re-bill the claim as a new or established visit.

¹ See Guidelines for Billing Face Time on the back of this document