Suggestions for Billing Codes for IBCLCs

There are several classifications of CPT or HCPCS Codes which IBCLCs can theoretically use to bill for their services. There are advantages and disadvantages to each of these codes. None of the codes are really suited ideally for the work that IBCLCs do, but we are required to use the available existing codes which are meant for other kinds of health care professionals so we must adapt.

It is necessary to realize, that each insurance company may have different and predetermined policies delineating which codes are approved for payment to various provider types. If you are an IBCLC or other type of health care provider, contracted with specific insurers, then you should refer to their policies on coverage. For example, some insurers do not cover any education codes at all so a class may not be reimbursable. Some insurers will only cover preventive 994xx counseling codes for IBCLCs and will not cover any of the evaluation and management codes.

The following is a table of CPT / HCPCS codes can be used for out-patient billing in various settings. If you are not a credentialed or contracted provider with particular insurers, then you will have to try to best select a code that describes your work and will offer adequate payment for the time and expertise you are providing. Factors to consider in the billing code decision:

- **Place of Service** - Choosing the best code depends on the setting where you provide care, client home, home office, physician office, hospital out-patient facility.
- **Patient Status** - New or established (follow-up), consultation
- **Patient cost-sharing** – preventive codes for plans subject to the Affordable Care Act will not require any co-pay or meeting a deductible. See other articles on IBCLCs and health insurance in the USLCA E-News for more information, September 2012
- **Level of Coding** – Higher level evaluation and management codes pay more, but can you meet the billing criteria?

<table>
<thead>
<tr>
<th>Place of Service</th>
<th>CPT / HCPCS Codes</th>
<th>Patient Contribution</th>
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<tbody>
<tr>
<td><strong>Education</strong></td>
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<tr>
<td>Any Location</td>
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<tr>
<td>Prenatal/postpartum breastfeeding class</td>
<td>S9443 Lactation Classes, Non-Physician Provider, Per Session</td>
<td>No co-pay</td>
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<td><strong>Lactation Consultation</strong></td>
<td>Evaluation and Management Codes</td>
<td>99341 Requires these 3 key components: problem focused history; problem focused examination, straightforward medical decision making. Counseling/coordination of care with other physicians, qualified health care professionals, or agencies are Subject to Co-pay, deductible</td>
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provided consistent with the nature of the problem(s) and the patient's/ family's needs. Usually, the presenting problem(s) are of low severity. 20 minutes face-to-face with the patient.

99342 Home visit for the evaluation and management of a new patient, which requires these 3 key components: expanded problem focused history; expanded problem focused examination; medical decision making of low complexity. Counseling/ coordination of care with other physicians, qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's / family's needs. Usually, the presenting problem(s) are of moderate severity. 30 minutes face-to-face with the patient.

99343 Requires these 3 key components: detailed history; detailed examination; medical decision making of moderate complexity. Counseling/ coordination of care with other physicians, qualified health care professionals, agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. 45 minutes face-to-face with the patient.

*99344 Requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. 60 minutes face-to-face with the patient.

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**Home visit only**

Evaluation and management of established patient

93347 self-limited or minor problem, 15 min. see description 99341

99348 low to moderate problem, 25 min., see description 99342

Subject to Co-pay, deductible
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<tr>
<th>Code</th>
<th>Description</th>
<th>Subject to Co-pay, deductible</th>
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<tr>
<td>99349</td>
<td>moderate to high problem, 40 min, see description 99343</td>
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</tr>
<tr>
<td>99350</td>
<td>moderate to high complexity problem, 60 min, see description 99344</td>
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<tr>
<td><strong>Physician office/clinic Office visit new patient</strong></td>
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<tr>
<td>99201</td>
<td>Requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling/coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's/family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes face-to-face with the patient</td>
<td>Subject to Co-pay, deductible</td>
</tr>
<tr>
<td>99202</td>
<td>Requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes face-to-face with the patient</td>
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<tr>
<td>99203</td>
<td>Requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling/coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's/family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes face-to-face with the patient</td>
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<tr>
<td>*99204</td>
<td>Requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the</td>
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<tr>
<td>Physician office/clinic Office visit established patient</td>
<td>99212 Requires At Least 2 Of These 3 Key Components: A Problem Focused History; A Problem Focused Examination; Straightforward Medical Decision Making. Counseling/Coordination Of Care With Other Providers Or Agencies Are Provided Consistent With The Nature Of The Problem(s) And The Patients And/Or Family's Needs. Usually, The Presenting Problem(s) Are Self Limited Or Minor. Physicians Typically Spend 10 Minutes Face-To-Face With The Patient</td>
<td>Subject to Co-pay, deductible</td>
</tr>
<tr>
<td>99213 Requires At Least 2 Of These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity. Counseling And Coordination Of Care With Other Providers Or Agencies Are Provided Consistent With The Nature Of The Problem(s) And The Patients /Family's Needs. Usually, The Presenting Problem(s) Are Of Low To Moderate Severity. Physicians Typically Spend 15 Minutes Face-To-Face With The Patient</td>
<td>*99214 Requires At Least 2 Of These 3 Key Components: A Detailed History; A Detailed Examination; Medical Decision Making Of Moderate Complexity. Counseling/Coordination Of Care With Other Providers Or Agencies Are Provided Consistent With The Nature Of The Problem(s) And The Patients/ Family’s Needs. Usually, The Presenting Problem(s) Are Of Moderate To High Severity. Physicians Typically Spend 25 Minutes Face-To-Face With The Patient</td>
<td>Subject to Co-pay, deductible</td>
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<tr>
<td>Physician office/clinic Consultation, new patient</td>
<td>99243 Requires These 3 Key Components: A Detailed History; A Detailed Examination; And Medical Decision Making Of Low Complexity. Counseling / Coordination Of Care With Other Providers Or Agencies Are Subject to Co-pay, deductible</td>
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MUST MEET 3R rules:
- **Referral** (you must have it in
hand before the visit from the PCP provider)

- **Render** care
- **Report** back to the referring provider.
- The consultation codes generally have higher reimbursement than the 992xx codes.

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<tr>
<th>Out-Patient Hospital</th>
<th>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately</th>
<th>No co-pay</th>
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| Home Physician office/clinic Preventive medicine individual counseling | 99401 - 15 minutes  
99402 - 30 minutes  
99403 - 45 minutes  
99404 - 60 minutes | |

Theoretically, Suzanne Madden of the National Breastfeeding Center says we can legitimately bill a combination of these for a longer visit (such as 60 min plus 30 min for a 90 min visit), but only one code may be paid.

Provided Consistent With The Nature Of The Problem(s) And The Patients / Family's Needs. Usually, The Presenting Problem(s) Are Of Moderate Severity. Physicians Typically Spend 40 Minutes Face-To-Face With The Patient

*99244 Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of Moderate Complexity. Counseling/Coordination Of Care With Other Providers Or Agencies Are Provided Consistent With The Nature Of The Problem(s) And The Patients/ Family's Needs. Usually, The Presenting Problem(s) Are Of Moderate To High Severity. Physicians Typically Spend 60 Minutes Face-To-Face With The Patient

*99245 Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of High Complexity. Counseling/Coordination Of Care With Other Providers Or Agencies Are Provided Consistent With The Nature Of The Problem(s) And The Patients / Family's Needs. Usually, The Presenting Problem(s) Are Of Moderate To High Severity. Physicians Typically Spend 80 Minutes Face-To-Face With The Patient

*Evaluation and management codes ending in 4 or 5, such as 99xx4 or 99xx5 are red flags for audit. It may be hard to argue in an audit that any IBCLC visit meets the criteria for these codes given the time, complexity and review of systems that the codes ending in “4” and “5” require. Extensive medical decision making > or = 4 diagnoses or treatments involve high risk, and have
an extensive amount of data reviewed with a complete history. I think we could justify these, but these higher codes also require a complete examination (8+ body areas or systems) and high level of medical decision making with additional workup and diagnostics planned. We typically are not doing this even with complex lactation visits.

If you work in a physician practice having share visits, with “incident-to” billing and the physician completes additional necessary components, and also advises or other follow-up evaluation then the higher codes could be used.

You may be able to document on time alone for lengthy and complex visits, and add time with additional codes, 99354 or 99359, if the following CMS criteria are met:

- Counseling and/or coordination of care dominates (more than 50%) the physician/patient and/or family encounter (direct face-to-face only time)
- Documentation is required in the medical record about the duration and content of the medically necessary evaluation and management service and prolonged services billed.
- The start and end times of the visit shall be documented in the medical record along with the date of service.
- The time approximation must meet or exceed the typical/average time of a specific CPT code billed and shall not be “rounded” to the next higher level.
- For E/M services, counseling may include a discussion of test results, diagnostic or treatment recommendations, prognosis, risks and benefits of management options, instructions, education, compliance or risk-factor reduction.


Nurses are sometimes billing the nurse code 99211. This is likely to yield insufficient reimbursement, usually less than $20, as the description of this code says, it is for a 5 minute visit.

Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes performing or supervising these services.

Since the Affordable Care Act requires lactation counseling as a women’s preventive service what we do at least fits this description appropriately. The preventive counseling codes based on time, however, only go up to 60 minutes. For office visits this may be adequate payment for services.

The only code that might account for the time and expense of travel is the home visit code. Healthcare reimbursement is for health services and is not meant to pay providers to travel to give care, except for with disabled persons which are generally when the home visit codes are used. It is meant to pay for health care services only. The cost of travel to obtain services may be deductible for the patient on their taxes and for the IBCLC as a business expense. One should consult with a tax accountant to determine if this can be done.