

# Breastfeeding Support in Primary Care Clinics: *Getting Paid*



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# Lactation Support in Clinics: Vision and Goals



**Vision:** Clinically excellent and financially stable breastfeeding support services integrated into primary care practice

## **Goals:**

- Clinical excellence in breastfeeding support
- Increase Value – for families and docs and staff
- Improve patient satisfaction/patient experience/patient loyalty
- Improve practice efficiency for lactation services
- Increase market share of newborns
- Keep lactation visits (and revenue) in practice , not refer outside of practice
- Improve Breastfeeding outcomes
- Financially viable model with robust revenue stream (get paid !)

# Lactation Support in Primary Care: *Barriers to Getting Paid*

## 1. Time

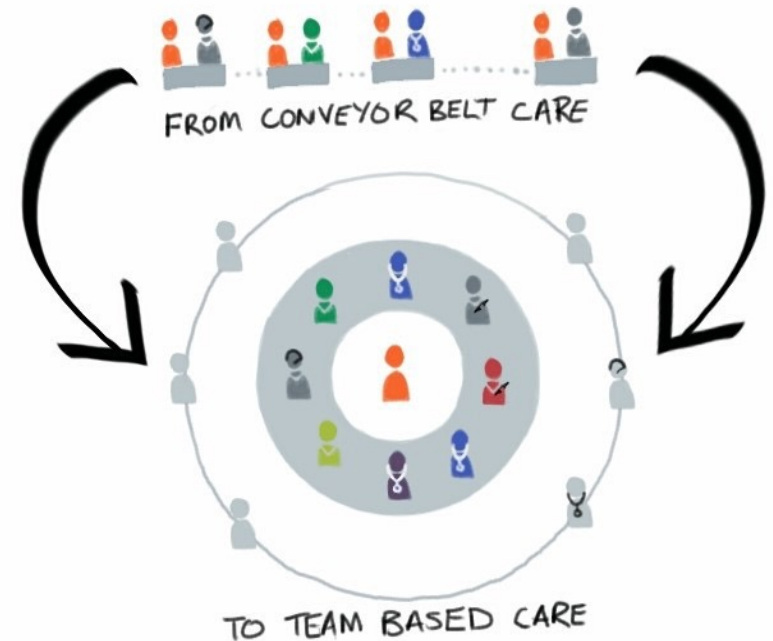
- lactation visits are long!
- Clinics are busy... many competing demands
- Need efficiency and creative work flow to make it pay

## 2. Productivity

- Clinics get paid based on number of patients seen per day

## 3. Team based care

- Not part of “traditional” primary care
- Isolated lactation support often not paid well



# Lactation Support in Primary Care: *Barriers to Getting Paid*

## 4. Insurance and Affordable Care Act (ACA)

- coverage is variable and confusing
- covered lactation service for Mother only, not baby
- “grandfather” clause



## 5. Financial sustainability

- essential for getting Administration on board
- lactation support in clinic won't last if it can't pay for itself....even if leaders “believe” in breastfeeding

# Lactation Support in Primary Care:

## *4 options for getting paid*

### 1. Shared visit

**"non -billable lactation specialist"**  
(RN/LPN/MA- IBCLC/CLC/CLE/CLS)

+

**"billable provider"**  
(MD/NP/PA/CNM)

### 2. Provider only visit

### 3. RN only visit

### 4. Well Child visit

# Coding to Get Paid

1. Coding allows the clinic to get paid by insurance/medical assistance
2. Involves **Diagnosis** code and **Procedure**
3. Each code has a dollar value (varies with clinic)
4. Need documentation in order to get paid

# Coding 101

- Always need a **Diagnosis** and **Procedure** code for all submitted bills to insurance/MA
- “Diagnosis” = breastfeeding problem
- "Procedure" = Clinical care
- “E & M code” = Evaluation and Management
  - Thought and time it took for visit
- “CPT code” = Current Procedural Terminology
  - “procedure” = clinic visit

# ICD-10 *Diagnosis Codes-Infants*

## Feeding problems

### ICD-10-CM\*

- P92.01 Bilious vomiting of newborn
- P92.09 Other vomiting of newborn
- P92.1 Regurgitation and rumination of newborn
- P92.2 Slow feeding of newborn
- P92.3 Underfeeding of newborn
- P92.5 Neonatal difficulty in feeding at breast
- P92.8 Other feeding problems of newborn
- P92.9 Feeding problem of newborn, unspecified
- R11.10 Vomiting, unspecified (>28 days old)
- R11.12 Projectile vomiting (>28 days old)
- R11.14 Bilious vomiting (>28 days old)

## Jaundice

- P59.0 Neonatal jaundice associated with preterm delivery
- P59.3 Neonatal jaundice from breast milk inhibitor
- P59.8 Neonatal jaundice from other specified causes
- P59.9 Neonatal jaundice, unspecified

## Weight and hydration

- P74.1 Dehydration of newborn
- P74.2 Disturbances of sodium balance of newborn
- P74.3 Disturbances of potassium balance of newborn
- P92.6 Failure to thrive in newborn
- R62.51 Failure to thrive in child over 28 days old
- R63.4 Abnormal weight loss
- R63.5 Abnormal weight gain
- R63.6 Underweight

## Infant distress

- R68.11 Excessive crying of infant (baby)
- R68.12 Fussy infant (baby)
- R10.83 Colic

## GI issues

- R19.4 Change in bowel habit
- R19.5 Other fecal abnormalities
- R19.7 Diarrhea, unspecified
- R19.8 Other specified symptoms and signs involving the digestive system and abdomen

## Mouth

- Q38.1 Ankyloglossia
- Q38.5 Congenital malformations of palate (high arched palate)



# ICD-10 *Diagnosis Codes-Mothers*

## Lactation

O92.3 Agalactia

O92.4 Hypogalactia

O92.5 Suppressed lactation

O92.6 Galactorrhea

**O92.70 Lactation Disorder**

O92.79 Galactocele (Other disorders of lactation)

Z39.1 Encounter for care and examination of lactating mother

*(Excludes encounter for conditions related to O92.-)*

## Other

Z09 Encounter for follow-up examination after completed treatment

**\*\*Do not use any codes listed under the mother for the baby's medical record**

## Breast & Nipple issues

B37.89 Candidiasis, breast or nipple

L01.00 Impetigo, unspecified

O91.02 Infection of nipple associated with the puerperium

O91.03 Infection of nipple associated with lactation

O91.13 Abscess of breast associated with lactation/  
Mastitis

purulent

**O91.23 Nonpurulent mastitis associated with lactation**

O92.03 Retracted nipple associated with lactation

**O92.13 Cracked nipple associated with lactation**

Q83.8 Other congenital malformations of breast (ectopic or

axillary breast tissue)

R20.3 Hyperesthesia (burning)

## Constitutional

G47.23 Circadian rhythm sleep disorder, irregular sleep wake

type

G47.9 Sleep disorder, unspecified

R53.83 Fatigue

# Lactation Billing at Central Pediatrics

- MD-RN IBCLC joint visit (MD & RN-IBCLC) : MD bills, both write chart note
- Billing strategy: for collaborative MD-RN visit, MD bills 99213 or 99214 (established pt) – not billed on time unless MD present for entire visit, usually RN spends more time than MD
- Well Child Care: use modifier 25 if more time needed for breastfeeding help done by MD beyond the regular well child visit, 99212-99214 based on time
- RN-IBCLC only visit: weight check, mother f/u - 99211
- Breastfeeding Medicine MD-IBCLC visit: bills for both mother and baby, based on time

# E and M Time Based Coding

***The CPT E&M guidelines for provider billing based on time:***

<i>New</i>		<i>Established</i>	
<i>Patient</i>	<i>Time</i>	<i>Patient</i>	<i>Time</i>
<b>99202</b>	<b>20</b>	<b>99212</b>	<b>10</b>
<b>99203</b>	<b>30</b>	<b>99213</b>	<b>15</b>
<b>99204</b>	<b>45</b>	<b>99214</b>	<b>25</b>
<b>99205</b>	<b>60</b>	<b>99215</b>	<b>40</b>

*For example, if provider spent 40 minutes face to face with an established baby and mother, of which greater than 20 minutes were spent counseling about feeding issues, you could bill with CPT E&M code **99215 for one patient (mom OR baby).....** or ..... **99213 (mom) and 99214 (baby) for 2 patients***

# Summary - AAP Guide to Getting Paid

- **Supporting Breastfeeding and Lactation:  
The Primary Care Pediatrician's Guide to Getting Paid  
– AAP, 2014**
- Can use same models and codes for family practice and OB/CNM clinics
- Bill on time or do collaborative visit
- Use diagnosis/E&M codes like other sick and well visits
- Sometimes can bill for mother AND baby:
  - 2 patients, 2 bills, 2 co-pays, 2 charts
  - 2 exams, 2 medical plans