



Women's Preventive Services Initiative (WPSI) 2022 Coding Guide

Breastfeeding Services and Supplies*



RECOMMENDATION CODING

Women's Preventive Services Initiative (WPSI) Breastfeeding Services and Supplies*

Clinical Recommendations: The Women's Preventive Services Initiative recommends comprehensive lactation support services (including consultation; counseling; education by clinicians and peer support services; and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of breastfeeding.

Breastfeeding equipment and supplies include, but are not limited to, double electric breast pumps (including pump parts and maintenance) and breast milk storage supplies. Access to double electric pumps should be a priority to optimize breastfeeding and should not be predicated on prior failure of a manual pump. Breastfeeding equipment may also include equipment and supplies as clinically indicated to support dyads with breastfeeding difficulties and those who need additional services.

Implementation Considerations: Lactation support services include consultation, counseling and psychosocial support, education, breastfeeding equipment and supplies. Lactation support services should be delivered and provided across the antenatal, perinatal, and postpartum periods to ensure successful preparation, initiation, and continuation of breastfeeding. Lactation support services should be respectful, appropriately patient centered, culturally and linguistically competent, and sensitive to those who are having difficulty with breastfeeding, regardless of the cause. Clinical lactation professionals providing clinical care include, but are not limited to, licensed lactation consultants, the IBCLC®, certified midwives, certified nurse-midwives, certified professional midwives, nurses, physician assistants, nurse practitioners, and physicians. Lactation personnel providing counseling, education or peer support include lactation counselors/ breastfeeding educators and peer supporters. Clinical trials of interventions including at least 5 in-person visits across antenatal, perinatal, and postpartum periods to promote and support breastfeeding showed benefit, but more visits may be required, including psychosocial counseling for breastfeeding.

NON-MEDICARE PAYERS

Routine lactation counseling is considered part of the global obstetrics package for postpartum services and is, therefore, not reported separately. Only codes for complications, illness, or disease can be excluded from the routine postpartum care and billed in addition to global services.

However, different payers have varying policies on whether they will reimburse for this service during the postpartum period. It is advisable to check with individual payers for their specific policies and to obtain those instructions in writing.

If approved by the payer, the following procedure codes could be used in combination with ICD-10-CM diagnosis code **Z39.1, Encounter for care and examination of lactating mother:**

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|--------------|--|
| 99401 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes |
| 99402 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes |

*Updated 2022. Coverage provided without cost-sharing begins for updated recommendations on January 1, 2023. Services recommended in the previous version will remain available until December 31, 2022. Please see the [HRSA Women's Preventive Services Guidelines website](#) for more coverage information.

99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes

Antepartum counseling, depending on specific payer global obstetrics reimbursement policies, on the other hand, may be reported. If the counseling is reportable outside the global obstetrics package, you may consider billing the visits as follows:

The patient sees the physician and the lactation counselor.

Report a single Evaluation and Management (E/M) code. The code level selected would be based on the combined level of service by the two clinicians and supported by adequate documentation.

The patient sees the lactation counselor only.

For a visit in which the patient sees only the lactation counselor who is a licensed nonphysician practitioner (NPP) such as a physician assistant (PA), nurse practitioner (NP), etc., it may be appropriate to report E/M code **99211 (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)**.

CPT code **98960** (Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; individual patient) could be reported for education and training of patients for self-management, if all components of the code were performed and documented by the NPP.

For the group visits, the following codes would be appropriate:

98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2–4 patients
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5–8 patients

Existing Breastfeeding Problem

If a patient presents with a breastfeeding problem that the physician must evaluate and manage, the following E/M codes are appropriate to report: **99202–99205 (Office or other outpatient visit for the evaluation and management of a new patient)** or **99212–99215 (Office or other outpatient visit for the evaluation and management of an established patient)**. This would include taking the woman's history, examining her breasts and nipples, observing a breastfeeding, and making a diagnosis and treatment plan for the woman.

RECOMMENDATION CODING

Follow-up Services Provided by a Nonclinical Clinician

To report follow-up services provided by a nonclinical clinician to treat a lactation problem diagnosed by a physician, you may consider reporting from code series **96156, 96158, 96159, 16164, 96165, 96167, 96168, 96170, 96171 (Health and behavior assessment/intervention)**. Before reporting these codes to a payer, the payer should be queried to clarify whether these codes represent payable services for that payer.

96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)

HCPCS Codes

If your payer accepts HCPCS codes, you may report code **S9443 (Lactation classes, nonphysician clinician, per session)**.

For breast pumps, report the following supply codes:

E0602	Breast pump, manual, any type
E0603	Breast pump, electric (AC and/or DC), any type
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type

Women can contact their insurance company to identify their insurance contractor for medical supplies.

Replacement Codes

A4281	Tubing for breast pump, replacement
A4282	Adapter for breast pump, replacement
A4283	Cap for breast pump bottle, replacement
A4284	Breast shield and splash protector for use with breast pump, replacement
A4285	Polycarbonate bottle for use with breast pump, replacement
A4286	Locking ring for breast pump, replacement

ICD-10-CM codes

Breast and Nipple Issues:

- O91.02** Infection of nipple associated with puerperium
- O91.03** Infection of nipple associated with the lactation
- O91.12** Abscess of breast associated with puerperium
- O91.13** Abscess of breast associated with lactation
- O91.22** Nonpurulent mastitis associated with the puerperium
- O91.23** Nonpurulent mastitis associated with lactation
- O92.03** Retracted nipple associated with lactation
- O92.13** Cracked nipple associated with lactation
- O92.29** Other disorders of breast associated with pregnancy and the puerperium
- O92.3** Agalactia
- O92.4** Hypogalactia
- O92.5** Suppressed lactation
- O92.6** Galactorrhea
- O92.70** Unspecified disorders of lactation
- O92.79** Other disorders of lactation
- Q83.8** Other congenital malformations of breast
- R20.3** Hyperesthesia (burning)
- B37.2** Candidiasis of skin and nail
- L01.00** Impetigo, unspecified
- Z39.1** Encounter for care and examination of lactating mother

RECOMMENDATION CODING

CODING SCENARIOS

A 25 year old established patient has been diagnosed with a new pregnancy. She is highly anxious about breastfeeding and seeks advice from her physician. At 16 weeks gestation, she schedules an appointment with Dr. C to discuss her concerns. They discuss this matter for a total of 28 minutes.

DR. C Billing-CPT	Diagnoses	Diagnosis Description
99402	Z71.89	Other specified counseling
Billing Rationale:	Because she is not currently lactating or breastfeeding, the only option to report this service is a “counseling” code, based on time. It is highly probable that her insurance will not separately cover this particular service—it would typically be considered part of the routine antepartum care.	

A 29 year old established patient delivered 5 days ago. She has contacted the office and notified them that she is having challenges with breast feeding. An appointment is made for her to see Lactational Consultant D, in an effort address any issues and further educate the patient. The lactation consultant spends 58 minutes in meeting with the patient.

Lactation Consultant D Billing-CPT	Diagnoses	Diagnosis Description
98960 x 2	Z39.1	Encounter for care and examination of lactating mother
Billing Rationale:	The practice may need to consult with the payer to determine how this service should be billed to the specific payer. Not all payers contract with lactation consultants and/or may not allow physicians to report these specific CPT codes.	