



Lactation Consultation Benefit Update

July 11, 2023

*** UPDATED ON 7/24/2024***

Objectives

- At the end of this presentation, attendees will be able to:
 - Understand the scope and eligible providers of lactation services available through TennCare Medicaid and CoverKids.
 - Utilize appropriate billing and coding methodology for claim submission.
 - Follow and apply the credentialing requirements to be an eligible provider of TennCare and Tennessee's Managed Care Organizations (MCO's).
 - Generate appropriate medical record documentation based on provided guidelines.
 - Identify additional supports and resources available through Managed Care Organizations and the Department of Health.

Conflict of Interest

GENERAL STATEMENT: The presenter(s), planners, and TennCare, Wellpoint, BlueCare Tennessee, and UnitedHealthcare do not stand to gain in any tangible manner from any element of this presentation, and no conflicts of interest exist.

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The services in this presentation are discussed for clinical application uses only and do not constitute any form of endorsement or recommendation. The presenter, planners, and TennCare, Amerigroup, BlueCare Tennessee, and UnitedHealthcare do not stand to gain in any tangible manner from such discussions.



New Benefit Overview

New TennCare Lactation Benefits

- Lactation consultation services are now covered through **TennCare Medicaid** and **CoverKids** benefits.
- Effective **June 1, 2023**, providers in a TennCare managed care organization's (MCO) network may bill for **outpatient lactation services**.

What Services Are Included?

- Eligible patients* may receive **medically appropriate outpatient services** during **pregnancy** and through the **extended postpartum period**.
- Patients can receive services:
 - In a **one-on-one** or **small group** setting
 - **In-person** or through **telehealth** (using the appropriate Place of Service code)
- There's **no limit** on the number of visits allowed.

*Eligible patients include birth parents or babies with TennCare Medicaid, CoverKids or TennCareSelect coverage.

Who Can Provide Services?

- **Physicians, nurse practitioners, physician assistants or certified nurse midwives** for whom lactation counseling, education or consultation is within their scope of practice
- **International Board-Certified Lactation Consultants/Registered Lactation Counselors (IBCLCs/RLCs)** with a Medicaid ID in network with a TennCare MCO
- **Certified Lactation Specialists (CLSs), Certified Breastfeeding Specialists (CBSs), Certified Lactation Counselors (CLCs) and Certified Lactation Educators (CLEs)**
 - Services provided by a CLS, CBS, CLC, and CLE must be supervised and billed by a contracted, in-network provider



Deep Dive: Understanding the Lactation Consultation Benefit

Services and Coding



Examples: Prenatal and Postpartum Lactation Consultation

Prenatal Lactation Sessions

- One-on-one (during the one-hour gestational diabetes screening is a great opportunity) with a CLC or IBCLC located in the OB provider office
- As a part of a class in the OB provider office
- By referral to a freestanding lactation consultant office
- Telehealth appointments

Birth/Delivery Lactation Sessions

Perinatal lactation education provided as part of inpatient care after birth is considered part of the global bill for delivery and **isn't** separately reimbursable.

Postpartum Lactation Sessions

- Consultation during baby's three-to-five-day visit and subsequent well-visits
- Telehealth appointments
- Consultation during postpartum care visits
- Referral to a freestanding lactation consultant office or to an IBCLC located within a local provider office

General counseling and education can be provided by a CLS/CBS/CLC/CLE, with referrals to an IBCLC or medical provider, as appropriate, for situations requiring a higher level of care.

Coding For Lactation Services

Visit Type

When billing for lactation services, use the appropriate codes below plus the modifier U8:

98960 U8

[single individual per 30 min.]

Includes lactating person & partner

98961 U8

[2-4 patients per 30 min.]

98962 U8

[5-8 patients per 30 min.]

Length of Visit

In addition, note the number of units to signify the length of the visit:

1 Unit

visit 16 – 45 min.

2 Units

visit 46 – 75 min.

3 Units

visit 76 – 105 min.

Visit Setting

Indicate the setting for the visit (office, telehealth, home visit, etc.) using the **Place of Service Code** on your claim.

There's no limit on the number of visits allowed, but additional information may be requested if a provider submits >15 units/patient.

Lactation Visit Documentation Guidelines

New or Established patient

Present problem/diagnosis

Time spent with mother/baby dyad

Type of visits: in-person v. telehealth / group (include group size) v. individual

Assessments of breastfeeding

Pertinent facts, findings, observations on mother/baby dyad health history

Care plan to include recommendations, interventions, resources, follow-up, referrals

Lactation Visit Assessment Examples

- **Breastfeeding assessments:** general assessment of mother's breasts/nipples, baby's mouth, and latch; pre- and post-lacteal weight checks, pain/soreness of breasts
- **Breastfeeding Assessment Tool** data
- **Lactation statistics:** time of first initiation of breastfeeding, immediate and continuous skin-to-skin after birth, if baby breastfed in the first hour, exclusive breastfeeding
- **Supplementation:** ordering provider, supplement type, reason for supplementation, delivery method of supplementation

Provider Types and Billing



Current TennCare Providers

- TennCare network providers may begin providing and billing lactation consultant services. **No additional steps are necessary.**
- Reimbursement codes became active for you automatically on **June 1.**
- If you're an in-network provider with CLS, CBS, CLC, CLE, or IBCLC certifications, you may add this taxonomy to your Medicaid ID through TennCare's Provider Registration Process.

The new taxonomy codes are:

IBCLC

163WL0100X (Lactation Consultant – IBCLC/RLC)

**CLC/CLE/
CLS/CBS**

174N00000X (Lactation Counselor/Educator – Certified (CLC/CLE/CLS/CBS))

It is not a requirement that current TennCare providers with CLS, CBS, CLC, CLE, or IBCLC certifications add these taxonomies to their Medicaid ID.



Certified Lactation Specialists (CLSs), Certified Breastfeeding Specialists (CBSs), Certified Lactation Counselors (CLCs), and Certified Lactation Educators (CLEs)

- CLSs, CBSs, CLCs, and CLEs can provide direct services under the supervision of:
 - Physicians (MDs/DOs)
 - Physician Assistants (PAs)
 - Nurse Practitioners (NPs)
 - Certified Nurse Midwives (CNMs)
 - International Board-Certified Lactation Consultants (IBCLCs) with medical licensure
- Billing for services occurs under the supervising provider

General counseling and education can be provided by a CLS/CBS/CLC/CLE, with referrals to an IBCLC or medical provider, as appropriate, for situations requiring a higher level of care.

Billing Under a Supervising Provider

- If you are an IBCLC, CLS, CBS, CLC, or CLE that is employed by an in-network, contracted provider, you **must** bill under the supervising provider.

This applies to IBCLCs who are not independently contracted with an MCO.

IBCLCs New to TennCare: Credentialing Requirements

- To contract and credential with a TennCare MCO as an independent provider, IBCLCs must carry liability as an individual or through their practice group.
- They must also have one of the following licenses/credentials:
 - Dentist
 - Dietitian
 - Midwife
 - Nurse/RN
 - Occupational Therapist
 - Pharmacist
 - Physical Therapist or Physiotherapist
 - Physician or Medical Doctor
 - Speech Pathologist or Therapist

IBCLCs New to TennCare: Steps for Joining an MCO Network



How to Register as a TennCare Provider

Register through TennCare's Provider Registration process.

The Provider Registration page can be found at:
<https://pdms.tennCare.tn.gov/ProviderPersonRegistration/Process/Register.aspx>



The screenshot shows the 'TennCare Provider Registration Portal' with a 'Registration' section. It includes fields for Personal Information (First Name, Middle Name, Last Name, Suffix, Birth Date, SSN), Professional Identification (Provider Type, NPI, DEA, License Number, UPI#, Primary Practice State, License State), and Credentialing Contact Information (Address, State, City, Zip, Phone No., Phone Extension, Email, Confirm Email). Navigation buttons 'Continue' and 'Cancel' are at the bottom. A footer contains contact information for TennCare and the production status.

Please call the TennCare Provider Operations Center toll-free: **800-852-2683**
Monday to Friday 8 a.m. - 4:30 p.m. CST.

Or email us at Provider.registration@tn.gov

Credentialing and Contracting with the TennCare Health Plans

- TennCare is a Medicaid provider that offers insurance benefits through MCOs, also known as TennCare Health Plans.
- After you receive your **Welcome ID**, which contains your Medicaid ID and effective date, contact the MCO(s) you'd like to contract with for specific enrollment information.

Wellpoint	Visit: https://provider.wellpoint.com/tennessee-provider/join-our-network Call: (615) 232-2160
BlueCare Tennessee	Visit: provider.bcbst.com/working-with-us/ Call: 1-800-924-7141
UnitedHealthcare	Email: jacqueline_b_wood@uhc.com Call: 952-202-2932

Submitting a Claim: Independent IBCLC or MD/DO, NP, PA or CNM

SIGNED _____ DATE _____										SIGNED _____ DATE _____																													
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.										15. OTHER DATE MM DD YY QUAL.										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. _____ 17b. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																			
19. ADDITIONAL INFORMATION										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES										22. RESUBMISSION CODE ORIGINAL REF. NO.																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate to service line below (24E) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____										23. PRIOR AUTHORIZATION NUMBER										24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM ICD-10 QUAL. J. RENDERING PROVIDER ID. #																			
1										Place of Service code goes in 24B										NPI for Contracted IBCLC or MD/DO, NP, PA, or CNM																			
2																																							
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25. FEDERAL TAX ID. NUMBER SSN EIN										26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? (For gov't claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rsvd for NUCC Use									
31. PROVIDER INFORMATION										32. SERVICE FACILITY LOCATION INFORMATION										33. BILLING PROVIDER INFO & PH # ()																			
SIGNED _____ DATE _____										a. NPI										a. NPI																			

Nothing in line 17

Place of Service code goes in 24B

NPI for Contracted IBCLC or MD/DO, NP, PA, or CNM

Provider in 24J and Group in 33a must be tied by TIN listed in 25

Group NPI goes in 33a

Submitting a Claim: IBCLC, CLS, CBS, CLC, CLE under a supervising provider

SIGNED _____ DATE _____										SIGNED _____ DATE _____																			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.										15. OTHER DATE MM DD YY QUAL.										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. ADDITIONAL										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES										22. RESUBMISSION CODE ORIGINAL REF. NO.									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate to service line below (24E) A. B. C. D. E. F. G. H. I. J. K. L.										23. PRIOR AUTHORIZATION NUMBER										24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER D. DIAGNOSIS POINTER E. \$ CHARGES F. DAYS OR UNITS G. H. I. J. K. L. RENDERING PROVIDER ID. #									
1										2										3									
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28. TOTAL CHARGE \$										29. AMOUNT PAID \$										30. Rsvd for NUCC Use									
32. SERVICE FACILITY LOCATION INFORMATION										33. BILLING PROVIDER INFO & PH # ()										33a. NPI									
SIGNED _____ DATE _____										SIGNED _____ DATE _____										SIGNED _____ DATE _____									

Nothing in line 17

Place of Service code goes in 24B

NPI for In-Network Supervising Provider of IBCLC/CLS/CBS/CLC/CLE goes in 24J

Provider in 24J and Group in 33a must be tied by TIN listed in 25

Group NPI goes in 33a



Additional Information on TennCare Benefits and Other Lactation Supports

Durable Medical Equipment and Other Resources

- TennCare's MCOs provide resources to support your patients in breastfeeding, including:
 - Electric breast pumps and related supplies (e.g., bottles, tubing)
 - Hospital-grade breast pumps (when medically necessary)
 - Digital education tools and online communities
 - Care management
 - Referrals to the Tennessee Breastfeeding Hotline, WIC, La Leche League and designated breastfeeding experts at local health departments

What is Care Management?

- TennCare health plans offer care management to support the services you provide.
- Examples of care management may include:
 - Care coordination
 - Psychosocial support
 - Identification of clinical risk factors
 - Assessment and evaluation
 - Services targeting social determinants of health
 - Education and support for chronic conditions
 - Referrals to community resources
 - Behavioral health support
 - Assistance with scheduling and transportation

What are the Transportation Options?

Transportation to lactation consultant visits may be a covered benefit.

- Eligible patients* can get transportation to TennCare approved/covered services.

*Transportation is a covered service for Medicaid enrollees only. It does not apply to CoverKids members.

- Transportation is available 24/7, 365 days a year, including weekends and holidays.
- Your patients must schedule transportation for non-urgent medical care three days in advance of the appointment.
- Depending on the members' location, types of transportation may include a shared ride service, bus pass or mileage reimbursement.

What Supports are Available Through the Department of Health?

- **The Tennessee Breastfeeding Hotline is staffed by IBCLCs and operates 24/7.**
 - Anyone can call to get help with common breastfeeding questions and needed support.
 - Interpreters are available.
 - Members can call 1-855-423-6667 to reach the Hotline.
- **Every Health Department and WIC clinic in Tennessee has a Designated Breastfeeding Expert (DBE).**
 - The DBE has advanced lactation training and can help with common breastfeeding issues.
 - To look up a DBE in your county visit the link below:

<https://www.tn.gov/content/tn/health/health-program-areas/fhw/bf/tennessee-designated-breastfeeding-experts.html>



Question and Answer

Answering Your Questions

1. Are only IBCLCs, CLEs, and CLCs included in this benefit?

A MD, DO, midwife, NP, or PA with lactation in their scope of practice may bill for this service. With regards to lactation consultants, IBCLCs, CLSs, CBSs, CLEs, and CLCs are included in this benefit.

2. Does this new benefit apply to any consults IBCLCs do as an individual in an outpatient setting, including outside of the hospital and in-home?

Yes. Lactation consultation visits can occur in the outpatient office setting, at the patient's home, or through telehealth. The setting of the visit should be indicated in the documentation of the visit and on the claim using the place of service code.

3. Can I provide services to my patient who is inpatient for delivery and have them be included in this benefit?

This benefit only applies to the outpatient setting. Lactation services provided inpatient are considered part of the global billing.

Answering Your Questions

4. If I am an IBCLC, can the hospital charge for outpatient visits if I see the patient and I am a TennCare provider?

The lactation provider or supervising provider must be contracted with the MCO as an outpatient provider.

5. Can the hospital I work for apply as a group since they are already TennCare providers?

The hospital may contract separately with the MCOs for an outpatient lactation clinic.

6. If the hospital applies as a group, can I apply as an individual?

An IBCLC who meets the credentialing and contracting standards for the MCOs may contract as an individual to provide outpatient lactation services.

Answering Your Questions

7. Do I have to have a tax ID number and malpractice insurance to be a TennCare provider?

Yes. All TennCare providers must have a tax ID number and malpractice insurance if you want to practice independently.

8. What is the reimbursement amount for lactation services?

Each MCO maintains their own fee schedules. Please reach out to the individual MCOs for reimbursement rates.

9. Is there an age limit for the child related to this benefit?

There is no age limit for the child for this benefit. Lactation consultation services may be offered as long as medically appropriate.

Answering Your Questions

10. What if my patient needs a different flange size for their breast pump?

The Durable Medical Equipment (DME) provider may order a replacement flange for the breast pump.

Please note: The DME provider fulfilling the order shouldn't bill the replacement codes with the initial order for the breast pump. Instead, the replacement codes should be billed as a separate order. Please see the appendix for more details about which codes to use.

11. What if I am treating a lactating woman who had twins or who is currently tandem breastfeeding?

In this situation you have two options if the mother and child have TennCare coverage:

- 1) bill for extended time spent with the mother; OR
- 2) bill separately for time spent with each child.

In both cases, your documentation should appropriately support the time billed. It is recommended to submit a claim for each child because there is a limit of 3 units that can be submitted for lactation for one patient within a 24-hour period. In this situation, both children must be eligible TennCare members at the time the service is provided.



**UPDATED: Live Webinar
Attendee Questions**

Overview of Attendee Questions

Submitting Claims

1. Can these services be billed as OP on an UB04?
2. Are there any rules or guidelines for billing these lactation visits at the same time as a well-baby visit?
3. Do we add the CPT code to the E&M code for a well visit or an office visit like 99213 that's time based?
4. In a pediatric office, if we do lactation counseling at the well child visit for 20 minutes, could we bill the time-based CPT in addition to the well visit? Alternatively, if a baby comes in for a weight check, that is usually a 99213. Do we add the same CPT code?
5. Is a separate office visit needed for billing of lactation codes or can these be billed with other office visit codes?
6. When we bill for care do we bill for mother and baby separately for each visit?
7. Can an OB provider billing for twins' lactation bill under the mother or can they bill under each baby?
8. If we can bill separately for twins, why can we not bill for mom and baby if both patients (mom and baby) are enrolled? We are seeing two patients with two charts and two care plans.
9. Working in a pediatric practice, we are normally seeing baby in an office visit. Would these lactation codes be billed under the child's insurance or would these need to be billed to the mother's insurance?
10. When our pediatrician sees a baby in the hospital for their newborn visit, can we bill the lactation separate from the newborn visits?

Contracting

1. Does a CLC need to be credentialed with TennCare if they are working within an office with TennCare credentialed providers?
2. Does the supervising and rendering provider for the CLC need to be credentialed with TennCare or can the practice itself be credentialed or have multiple credentialed providers?
3. If we work at a hospital, should we be billing/covered under the hospital's contracts with TennCare and the MCOs? So, is there no need to apply to have an independent application and contracts with MCOs?
4. Can the Department of Health bill for these services if the provider is credentialed and contracted with each MCO properly?
5. I am a RN/IBCLC who works in a pediatric office that is not a TennCare provider. Can I apply for and become a lactation provider individually, but still conduct my lactation visits in the non-credentialed pediatric office?

Overview of Attendee Questions

Breast Pumps/Durable Medical Equipment (DME)

1. Can we obtain a list of current approved breast pumps for each MCO?
2. As the pediatrician, can we order a breast pump, or does mom need an order from her PCP or OB to obtain a breast pump?
3. Are bras covered just as pumps are?
4. There are times when a mom might need a rental hospital-grade breast pump. Are there provisions for covering the cost of a rental hospital-grade pump?
5. I rent hospital-grade pumps from my home. I am an RN, IBCLC. Must I be a DME to file for reimbursement or for moms to seek reimbursement on the charges from me for her rental hospital-grade pump?
6. Does the order for the breast pump have to be in mom's name or in baby's name?

Place of Service

1. If an IBCLC does an off-site visit for an OB/pediatric office, does that IBCLC need to have another credential/license?
2. If a patient desires a telehealth appointment with us (as outpatient providers) while they are still admitted in the hospital, is that covered?
3. If a pediatric office is billing for lactation care, does that have to take place on-site? For example, can an IBCLC do a home visit or see the patient in a separate office?

Overview of Attendee Questions

Other Provider Types/Scope of Practice/Supervision

1. As a family practice physician assistant who currently performs EPSDT exams, is billing for lactation services something that we can provide and bill for or is there a specific certification that we would have to obtain prior to being able to bill for these services?
2. As a physician assistant that sees pediatric patients for well child visits, is additional credentialing/certification or specific lactation training needed to be able to bill for these codes? Is this considered within the scope of practice for physicians as well as mid-level providers (PAs and NPs)?
3. I am a CLC who is also a Nurse Practitioner. Can I be my own supervising provider for the CLC visit? Also, can I bill for a CLC visit on the same date/encounter as a PCP visit since I am a credentialed provider? For example, if I am doing a well child exam and billing as an NP for the visit, but also providing an extended time over and above the typical well-visit nutrition assessment to address feeding issues and lactation counseling, can I also bill for the lactation service as a separate billing charge on the same encounter as the PCP visit?
4. I am an SLP and CLC, do I continue billing as an SLP, or do I have to change how I am billing?
5. I meet requirements as a RN, IBCLC: Can I be the supervisor for a non-licensed IBCLC? Would the non-licensed IBCLC need to get another lactation credential (e.g., CLC) in order to be supervised?
6. Can a CPM midwife bill or supervise for lactation services?
7. Does an LPN-IBCLC qualify as a supervisor?
8. If an IBCLC contracts as an employee under an in-network provider, can they see patients from other providers within the practice?
9. If an IBCLC contracts as an employee under an in-network provider, can they see patients when the in-network provider is not in office?

Overview of Attendee Questions

IBCLCs

1. What licenses are required for an IBCLC to be able to contract as an independent provider with an MCO?
2. Is an LPN with the IBCLC credential able to bill/be contracted independently, or is RN the needed level for nursing?
3. If I have a license that is not included on the list of allowable licenses, what can I do to become a TennCare provider?
4. How can an IBCLC without any other medical license provide lactation services to TennCare members?
5. Can an IBCLC without a medical license that is being supervised by a licensed, in-network provider provide lactation services to a TennCare member outside the clinic (e.g., telehealth, home visit) where the supervisor works?
6. Why is it that IBCLCs without one of the specified healthcare licenses are unable to contract with an MCO as an independent TennCare provider?

Miscellaneous

1. Are chaperons required in the outpatient setting during an examination of mom's breasts?
2. Are interpreter services extended by the MCOs to IBCLCs who are seeing recipients that do not speak English?

UPDATED: Live Webinar Attendee Questions

Submitting Claims

1. Can these services be billed as OP on an UB04?

No, the lactation benefit was only set up for physician claims and should be billed on a CMS 1500 claim form.

2. Are there any rules or guidelines for billing these lactation visits at the same time as a well-baby visit?

Lactation claims can be billed using the lactation codes (98960U8, 98961U8 and 98962U8) on the same claim and visit. Medicaid providers are required to maintain the records necessary to fully disclose the extent of the services, care and supplies furnished to beneficiaries, as well as support claims billed. ([Medicaid Documentation for Medical Professionals \[cms.gov\]](#))

3. Do we add the CPT code to the E&M code for a well visit or an office visit like 99213 that's time based?

The appropriate code should be utilized based on the visit provided to the member. The lactation codes may be billed separately on the same claim form as an E&M code.

4. In a pediatric office, if we do lactation counseling at the well child visit for 20 minutes, could we bill the time-based CPT in addition to the well visit? Alternatively, if a baby comes in for a weight check, that is usually a 99213. Do we add the same CPT code?

The lactation service codes (98960U8, 98961U8 and 98962U8) may be billed separately with the appropriate well or sick visit E&M codes on a single claim form.

UPDATED: Live Webinar Attendee Questions

Submitting Claims

5. Is a separate office visit needed for billing of lactation codes or can these be billed with other office visit codes?

No, a separate office visit is not required. The lactation service codes (98960U8, 98961U8 and 98962U8) may be billed separately with the appropriate well or sick visit E&M codes. If only a lactation services is being provided, then an office visit or well child code should NOT be billed; only the service for which was provided during the actual date of service should be billed.

6. When we bill for care do we bill for mother and baby separately for each visit?

No, only one claim should be billed per visit. Both the mother's and baby's member IDs should not have a claim submitted for the same service and same date of service.

7. Can an OB provider billing for twins' lactation bill under the mother or can they bill under each baby?

In this situation, you have two options: (1) bill for the extended time spent with the mother or (2) bill separately for time spent with each child. In both cases, your documentation should appropriately support the time billed. It is recommended to submit a claim for each child because there is a limit of 3 units that can be submitted for lactation for one patient within a 24-hour period. In this situation, both children must be eligible.

UPDATED: Live Webinar Attendee Questions

Submitting Claims

8. If we can bill separately for twins, why can we not bill for mom and baby if both patients (mom and baby) are enrolled? We are seeing two patients with two charts and two care plans.

Lactation visits are centered on the “mother-baby dyad.” Routine analysis of the health of the dyad includes assessment of baby’s behavior, mother’s behavior, position, attachment, effective feeding, health of the breast, and health of the mothers’ perception of the breastfeeding experience. Because the success of breastfeeding requires the participation of both mother and baby, the “mother-baby dyad” is considered as one patient. Visits that require additional time spent caring for the “mother-baby dyad” can be noted by the number of units billed to signify the length of the visit. Your documentation should appropriately support the time billed. ([Breastfeeding Assessment Tools](#))

9. Working in a pediatric practice, we are normally seeing baby in an office visit. Would these lactation codes be billed under the child's insurance or would these need to be billed to the mother's insurance?

The provider should bill the claim under the eligible patient for which the visit was scheduled or most closely aligns with the provider’s scope of practice. For example, a pediatrician would bill under the TennCare enrolled child, and an obstetrician would bill under the TennCare enrolled mother. If the baby does not have Medicaid coverage, bill services/care under the mother’s ID.

10. When our pediatrician sees a baby in the hospital for their newborn visit, can we bill the lactation separate from the newborn visits?

No, this lactation benefit is outpatient only. Any lactation education provided by the pediatrician to the member while inpatient would not be billable under the benefit.

UPDATED: Live Webinar Attendee Questions

Contracting

1. Does a CLC need to be credentialed with TennCare if they are working within an office with TennCare credentialed providers?

No, CLCs (and CBSs, CLEs, CLSs) can provide services to TennCare enrollees as an employee of an in-network practice or group while under the supervision of a licensed, in-network TennCare provider and therefore do not require registering with TennCare or credentialing with the MCO.

2. Does the supervising and rendering provider for the CLC need to be credentialed with TennCare or can the practice itself be credentialed or have multiple credentialed providers?

Yes, supervising providers must be credentialed and contracted as a TennCare provider. The clinical supervisor must always be available for consultation or arrange a substitute provider to be available. One IBCLC, CLS, CBS, CLC, or CLE may have multiple supervising providers. Supervisory arrangements should be made and documented at the practice level.

3. If we work at a hospital, should we be billing/covered under the hospital's contracts with TennCare and the MCOs? So, is there no need to apply to have an independent application and contracts with MCOs?

The lactation benefit is considered outpatient. Lactation providers would need to submit a claim as an outpatient provider, not a facility provider. Providers who are credentialed and contracted as a TennCare provider may offer services in an outpatient setting; however, providers who are employed by the hospital to offer inpatient lactation services cannot bill for those services.

UPDATED: Live Webinar Attendee Questions

Contracting

4. Can the Department of Health bill for these services if the provider is credentialed and contracted with each MCO properly?

Each local health department that is credentialed and contracted as a TennCare provider may bill for lactation services using the lactation codes (98960U8, 98961U8 and 98962U8). In-network providers for whom lactation services are within the scope of practice may submit a claim using the specified codes and modifiers. There's no additional registration or contract amendment required.

5. I am a RN/IBCLC who works in a pediatric office that is not a TennCare provider. Can I apply for and become a lactation provider individually, but still conduct my lactation visits in the non-credentialed pediatric office?

Yes. Under the lactation benefit, an IBCLC with valid, current state licensure can register and contract with a health plan as an independent TennCare provider. This means they can submit claims for eligible services.

UPDATED: Live Webinar Attendee Questions

Breast Pumps/Durable Medical Equipment (DME)

1. Can we obtain a list of current approved breast pumps for each MCO?

Each MCO supplies any non-hospital grade breast pump supplied through an in-network DME provider. The benefit does not define brands but states a “double electric breast pump.” Pumps are provided through the MCO’s in-network DME vendors and may vary. For a list of in-network DME providers, please visit the MCO website or call the number on the back of the mother’s health plan ID card.

2. As the pediatrician, can we order a breast pump, or does mom need an order from her PCP or OB to obtain a breast pump?

Yes, a pediatrician may write the order for a mother’s breast pump. The order must be written under the mother’s name. Either the provider or the mother may place the order for the breast pump with the in-network DME provider. For a list of in-network of in-network DME providers, please visit the MCO website or call the number on the back of her health plan ID card.

3. Are bras covered just as pumps are?

The MCOs do not cover nursing bras pursuant to TennCare’s Rule 1200-13-13-.10(b), which excludes clothing, including adaptive clothing from being a covered benefit.

UPDATED: Live Webinar Attendee Questions

Breast Pumps/Durable Medical Equipment (DME)

4. There are times when a mom might need a rental hospital-grade breast pump. Are there provisions for covering the cost of a rental hospital-grade pump?

Yes. Hospital-grade breast pumps are used by mothers of babies admitted in the NICU or when medical issues may hinder the mother and baby's ability to successfully breastfeed. Hospital-grade breast pumps are specifically designed for multiple users, with a special closed system that makes the pump safe for mothers to share. In these cases, the provider's documentation should support the need for a hospital-grade breast pump and the claim should be billed with the appropriate code and modifier, E0604.RR (Breast pump, hospital grade, electric (AC and/or DC), any type. Rental).

5. I rent hospital-grade pumps from my home. I am an RN, IBCLC. Must I be a DME to file for reimbursement or for moms to seek reimbursement on the chargers from me for her rental hospital-grade pump?

Yes, only in-network DME providers are reimbursed for equipment supplied to TennCare members. To become an in-network DME supplier, please contact the MCO's contracting team. Any provider would need to meet the DME supplier standards set forth by the MCO. Please note, TennCare members should never be required to pay for covered services/devices and then seek reimbursement.

6. Does the order for the breast pump have to be in mom's name or in baby's name?

Breast pump orders should be written under the mother's name.

UPDATED: Live Webinar Attendee Questions

Place of Service

1. If an IBCLC does an off-site visit for an OB/pediatric office, does that IBCLC need to have another credential/license?

Any in-network IBCLC can provide outpatient lactation services in any setting with the appropriate place of service code. To qualify as an independent provider, an IBCLC must have valid, current state licensure in one of the listed specialties.

2. If a patient desires a telehealth appointment with us (as outpatient providers) while they are still admitted in the hospital, is that covered?

Lactation services are billable only in the outpatient setting. Lactation services provided inpatient are covered under the global maternity claim.

3. If a pediatric office is billing for lactation care, does that have to take place on-site? For example, can an IBCLC do a home visit or see the patient in a separate office?

The visit does not have to take place on-site. The appropriate place of service code should be used, and the documentation should support the visit. If the IBCLC is performing care under a supervising provider, that supervision must be appropriately documented for the medical record, regardless of location.

UPDATED: Live Webinar Attendee Questions

Other Provider Types/Scope of Practice/Supervision

1. As a family practice physician assistant who currently performs EPSDT exams, is billing for lactation services something that we can provide and bill for or is there a specific certification that we would have to obtain prior to being able to bill for these services?

In-network providers for whom lactation services are within the scope of practice may submit a clam using the specified codes and modifiers. There's no additional registration or contract amendment required.

2. As a physician assistant that sees pediatric patients for well child visits, is additional credentialing/certification or specific lactation training needed to be able to bill for these codes? Is this considered within the scope of practice for physicians as well as mid-level providers (PAs and NPs)?

Yes, lactation education is considered within the scope of practice. In-network providers for whom lactation services are within the scope of practice may submit a clam using the specified codes and modifiers. There's no additional registration or contract amendment required.

UPDATED: Live Webinar Attendee Questions

Other Provider Types/Scope of Practice/Supervision

3. I am a CLC who is also a Nurse Practitioner. Can I be my own supervising provider for the CLC visit? Also, can I bill for a CLC visit on the same date/encounter as a PCP visit since I am a credentialed provider? For example, if I am doing a well child exam and billing as an NP for the visit, but also providing an extended time over and above the typical well-visit nutrition assessment to address feeding issues and lactation counseling, can I also bill for the lactation service as a separate billing charge on the same encounter as the PCP visit?

In-network providers for whom lactation services are within the scope of practice may submit a claim using the specified codes and modifiers. There's no additional registration or contract amendment required. Lactation claims can be billed using the lactation codes (98960U8, 98961U8 and 98962U8) on the same claim with the appropriate well or sick visit E&M codes. Medicaid providers are required to maintain the records necessary to fully disclose the extent of the services, care and supplies furnished to beneficiaries, as well as support claims billed. ([Medicaid Documentation for Medical Professionals \[cms.gov\]](#))

4. I am an SLP and CLC, do I continue billing as an SLP, or do I have to change how I am billing?

You would continue to follow your current procedures for billing as an SLP. To provide lactation services, CLSs, CBSs, CLCs, and CLEs can provide direct services under the supervision of: Physicians, Physician Assistants, Nurse Practitioners, Certified Nurse Midwives, or International Board-Certified Lactation Consultants (IBCLCs). Billing for lactation services occurs under the supervising provider.

UPDATED: Live Webinar Attendee Questions

Other Provider Types/Scope of Practice/Supervision

5. I meet requirements as a RN, IBCLC: Can I be the supervisor for a non-licensed IBCLC? Would the non-licensed IBCLC need to get another lactation credential (e.g., CLC) in order to be supervised?

Yes, supervising providers include medical doctors (MDs), doctors of osteopathic medicine (DOs), nurse practitioners (NPs), physician assistants (PAs), certified nurse midwives, and **licensed** IBCLCs. The non-licensed IBCLC would not need another lactation credential.

6. Can a CPM midwife bill or supervise for lactation services?

A CPM cannot contract and credential as an independent provider with the MCOs. If a CPM is employed by an in-network, contracted provider, they may provide lactation services and bill under the supervising provider.

7. Does an LPN-IBCLC qualify as a supervisor?

No. To contract and credential with a TennCare MCO as an independent provider, IBCLCs must carry liability as an individual or through their practice group. They must also have one of the following licenses/credentials: Dentist, Dietician, Midwife, Nurse/RN, Occupational Therapist, Pharmacist, Physical Therapist or Physiotherapist, Physician or Medical Doctor, Nurse Practitioner, Physician Assistant, Speech Pathologist or Therapist.

8. If an IBCLC contracts as an employee under an in-network provider, can they see patients from other providers within the practice?

Yes. The supervising physician should agree with offering lactation services for other providers. If you are an IBCLC, CLS, CBS, CLC, or CLE that is employed by an in-network, contracted provider, you must bill under the supervising provider. This applies to IBCLCs who are not independently contracted with an MCO. All claims should be billed by the in-network supervising provider.

UPDATED: Live Webinar Attendee Questions

Other Provider Types/Scope of Practice/Supervision

9. If an IBCLC contracts as an employee under an in-network provider, can they see patients when the in-network provider is not in office?

Yes. Supervision doesn't need to be in person and can be provided remotely or off site. Clinical supervision doesn't require the continuous and constant presence of the clinical supervisor, but the clinical supervisor must always be available for consultation or arrange a substitute provider to be available.

UPDATED: Live Webinar Attendee Questions

IBCLCs

1. What licenses are required for an IBCLC to be able to contract as an independent provider with an MCO?

To contract and credential with a TennCare MCO as an independent provider, IBCLCs must carry liability as an individual or through their practice group. They must also have one of the following licenses/credentials: Dentist, Dietician, Midwife, Nurse/RN, Occupational Therapist, Pharmacist, Physical Therapist or Physiotherapist, Physician or Medical Doctor, Nurse Practitioner, Physician Assistant, Speech Pathologist or Therapist.

2. Is an LPN with the IBCLC credential able to bill/be contracted independently, or is RN the needed level for nursing?

An LPN, IBCLC cannot contract independently. To contract and credential with a TennCare MCO as an independent provider, IBCLCs must carry liability as an individual or through their practice group. They must also have one of the following licenses/credentials: Dentist, Dietician, Midwife, Nurse/RN, Occupational Therapist, Pharmacist, Physical Therapist or Physiotherapist, Physician or Medical Doctor, Nurse Practitioner, Physician Assistant, Speech Pathologist or Therapist.

3. If I have a license that is not included on the list of allowable licenses, what can I do to become a TennCare provider?

A lactation provider without accompanying medical licensure may provide lactation services to TennCare members as an employee of an in-network practice or group while under the supervision of a licensed, in-network TennCare provider.

UPDATED: Live Webinar Attendee Questions

IBCLCs

4. How can an IBCLC without any other medical license provide lactation services to TennCare members?

An IBCLC without accompanying medical licensure may provide lactation services to TennCare members as an employee of an in-network practice or group while under the supervision of a licensed, in-network TennCare provider.

5. Can an IBCLC without a medical license that is being supervised by a licensed, in-network provider provide lactation services to a TennCare member outside the clinic (e.g., telehealth, home visit) where the supervisor works?

Yes. Supervision doesn't need to be in person and can be provided remotely or off site. Clinical supervision doesn't require the continuous and constant presence of the clinical supervisor, but the clinical supervisor must always be available for consultation or arrange a substitute provider to be available. The supervised lactation provider must be employed by an in-network TennCare provider. Supervising providers are responsible for the quality of care provided by any supervised lactation consultants and may choose not to allow off-site provision of lactation services.

UPDATED: Live Webinar Attendee Questions

IBCLCs

6. Why is it that IBCLCs without one of the specified healthcare licenses are unable to contract with an MCO as an independent TennCare provider?

Many health plans, including all three TennCare MCOs, rely on state medical licensure to provide additional oversight and assurances of minimum qualifications. State medical licensure in an underlying field may also require continuing legal education, ongoing certification, and may be triggered for review at any time by adverse events occurring after the initial licensing. State medical licensure rounds out a practitioner's general clinical training – both initial and ongoing – and ensures the most comprehensive and appropriate care for our members. At this time, Tennessee does not have a state licensure for lactation consultants. In the absence of state medical licensure, health plans may rely on another licensed medical professional who is responsible for oversight of the practitioner and the performance of these services. In this instance, the medical professional may contract with and be credentialed by the health plan, and lactation services may be conducted by a practitioner under the direct supervision of this contracted professional without being directly contracted and credentialed by the health plan.

UPDATED: Live Webinar Attendee Questions

Miscellaneous

1. Are chaperons required in the outpatient setting during an examination of mom's breasts?

Efforts to provide a comfortable and considerate atmosphere for the patient and the provider are part of respecting patients' dignity. These efforts may include having chaperones available. Having a chaperone present or available would be considered best practice; however, chaperones are not required. Providers should always honor a patient's request to have a chaperone. ([Use of Chaperones | AMA-Code \[ama-assn.org\]](#))

2. Are interpreter services extended by the MCOs to IBCLCs who are seeing recipients that do not speak English?

Members should be provided with interpretation services upon request. As a recipient of federal funding, it is the responsibility of the provider to arrange translation/interpretation services and is a standard part of the contracting process.



Appendix

Appendix

Eligibility and Benefit Information

Breastfeeding Education for Members

Considerations for Coordinating Lactation Support

Culturally Competent Care

Additional Patient Resources

Steps for Registering as a TennCare Provider

Commonly Reported Diagnosis Codes

Place of Service Codes

Medical Record Documentation Resources

Breast Pump Replacement

Scopes of Practice

Appeals

Eligibility and Benefit Information

Eligibility Reference Guide

<https://www.tn.gov/content/dam/tn/tenncare/documents/eligibilityrefguide.pdf>

TennCare Medicaid

<https://www.tn.gov/tenncare.html>

CoverKids

<https://www.tn.gov/content/dam/tn/tenncare/documents/CoverKids.pdf>

<https://www.tn.gov/coverkids/coverkids.html>

Breastfeeding Education for Members

Most patients decide if they'll breastfeed during pregnancy. Consider these talking points when discussing breastfeeding:

- Breastfeeding offers benefits for babies and parents.
- The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of a baby's life and supports continued breastfeeding for up to two years after birth or as long as families choose.
- Children who are breastfed are sick less often, and parents typically miss less work.
- Breastfeeding doesn't require the use of energy for manufacturing or create waste.
- Breast milk is always available, even in emergency situations like natural disasters.
- Breastfeeding supports children's dental health and neurodevelopment.
- Benefits for the lactating person can include a decreased risk of breast and ovarian cancers, hypertension and Type 2 diabetes.

Source: <https://www.aap.org/en/patient-care/breastfeeding/breastfeeding-overview/>

Considerations for Coordinating Lactation Support

- Create a care plan that can be given to the patient, including issues addressed, advice given and next steps. This can be shared with other lactation consultants, if the patient desires.
- Help your patient make the next lactation consultant appointment during their visit to ensure care is continued.
- Establish working relationships with other lactation consultants in your area. Keep communication open to refer and consult on more complex situations.
- Host monthly or quarterly huddles for local lactation consultants to discuss common trends, answer questions and develop working relationships. Invite pediatricians, OB providers and other providers to be part of the conversation. Keep the dialogue about how to improve care coordination for breastfeeding parents in your community open.

Source: <https://www.breastfeedingcontinuityofcare.org/blueprint>

Culturally Competent Care

Providing culturally competent care is key to reducing disparities in breastfeeding while providing evidence-based education and best practices for families.

Consider these statistics:

- Black families are two times more likely to have their baby die in the first year of life compared to white families.
- Hispanic families are more likely to use formula during the first two days of life.
- Black families have the lowest rates of breastfeeding initiation and continuation.

Understanding and learning cultural beliefs helps lactation consultants reduce gaps in care related to racial disparity.

Culturally Competent Care Resources

The American College of Obstetricians and Gynecologists (ACOG)

Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care | ACOG

Health Leads

Health Leads — Health, well-being and dignity — for every person, in every community. (healthleadsusa.org)

Substance Abuse and Mental Health Service Administration (SAMHSA)

CCBHCs and Cultural Competence | SAMHSA

U.S. Department of Health & Human Services (HHS)

Maternal Health Care - Think Cultural Health (hhs.gov)

Centers for Disease Control (CDC)

- Practical Strategies for Culturally Competent Evaluation (cdc.gov)
- Healthcare Professionals | CDC
- Racial and Ethnic Disparities in Breastfeeding Initiation — United States, 2019 | MMWR (cdc.gov)

National Institutes of Health (NIH)

Cultural Respect | National Institutes of Health (NIH)

La Leche League International

Webinar Library - La Leche League International (llli.org)

EthnoMed

Home - EthnoMed

Additional Patient Resources

Available Hotlines

- Tennessee Breastfeeding Hotline: 1-855-423-6667
 - <https://www.tn.gov/health/health-program-areas/fhw/bf/breastfeeding-hotline.html>
- National Maternal Mental Health Hotline: 1-833-9-HELP4MOMS (943-5746)
 - <https://mchb.hrsa.gov/national-maternal-mental-health-hotline>

Patient Lactation Resources

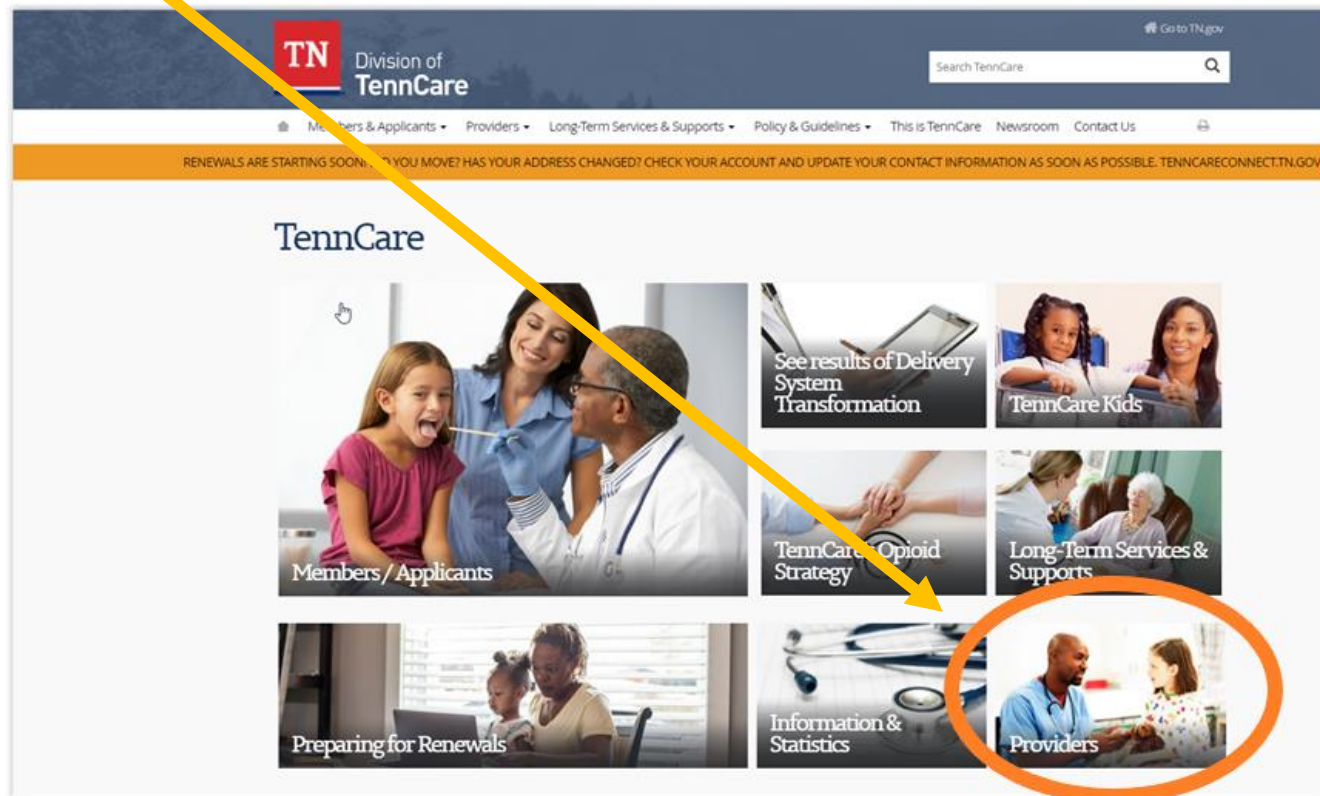
- CDC Breastfeeding Guide: <https://www.cdc.gov/breastfeeding/index.htm>
- American Academy of Pediatrics Breastfeeding Overview: <https://www.aap.org/en/patient-care/breastfeeding/breastfeeding-overview/>
- Healthy Children.org Breastfeeding Articles: <https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/default.aspx>
- La Leche League Breastfeeding Information A to Z: <https://www.llli.org/breastfeeding-info/>

Medications and Pregnancy

- [MommyMeds for Moms](#) app
- [Common Medications During Breastfeeding](#) flyer

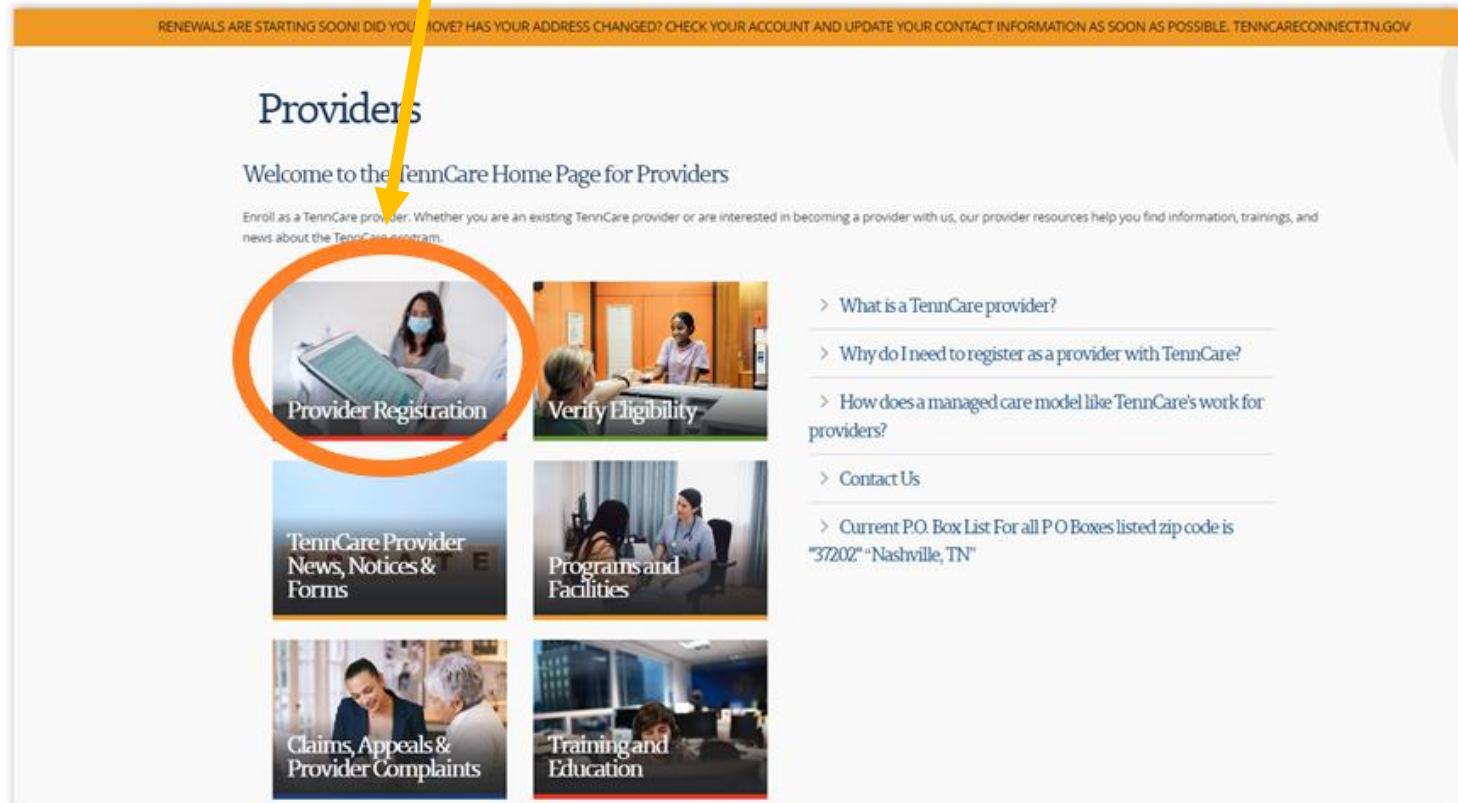
Steps for Registering as a TennCare Provider

Step 1: Access the TennCare Home Page (<https://www.tn.gov/tenncare>) and click on the **Providers** page.



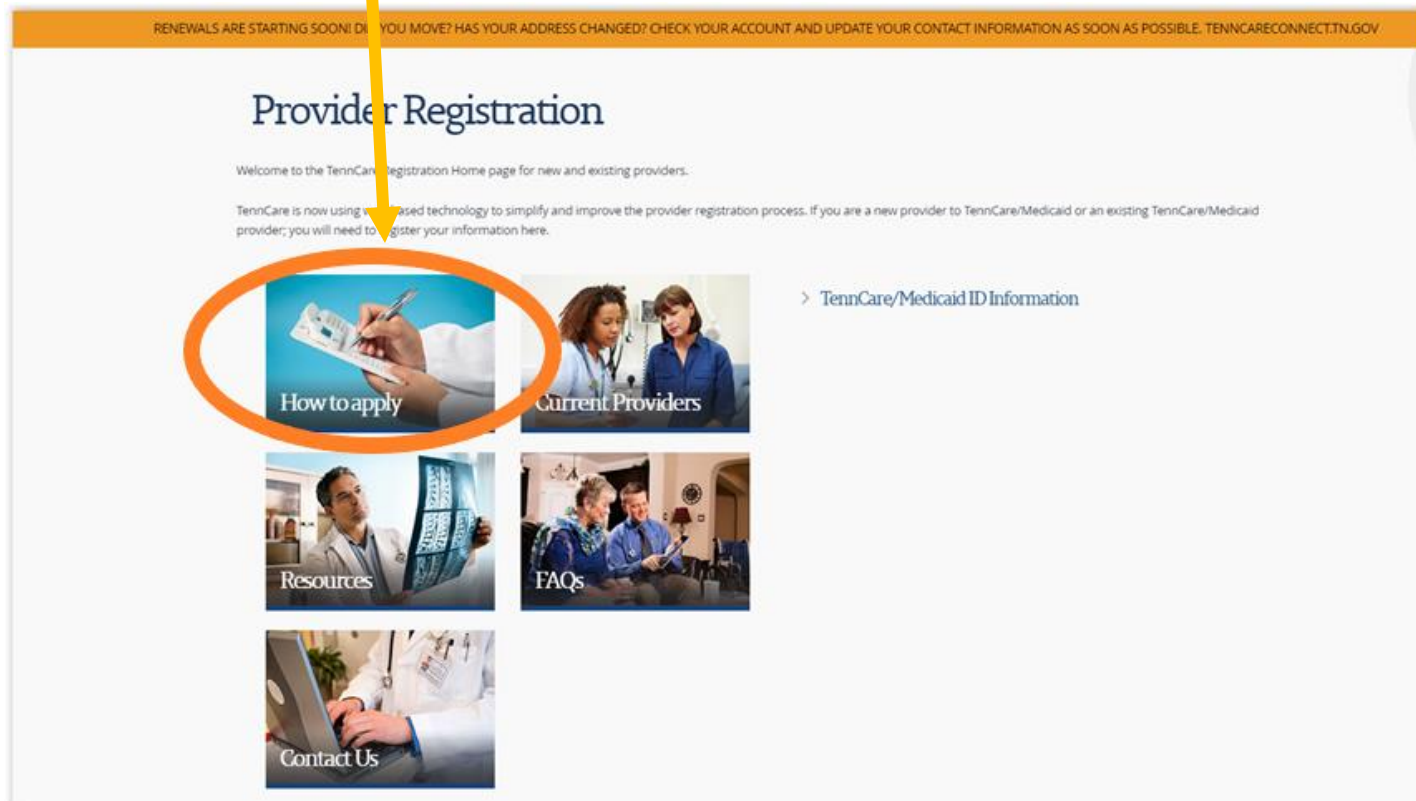
Steps for Registering as a TennCare Provider

Step 2: Click on **Provider Registration**.



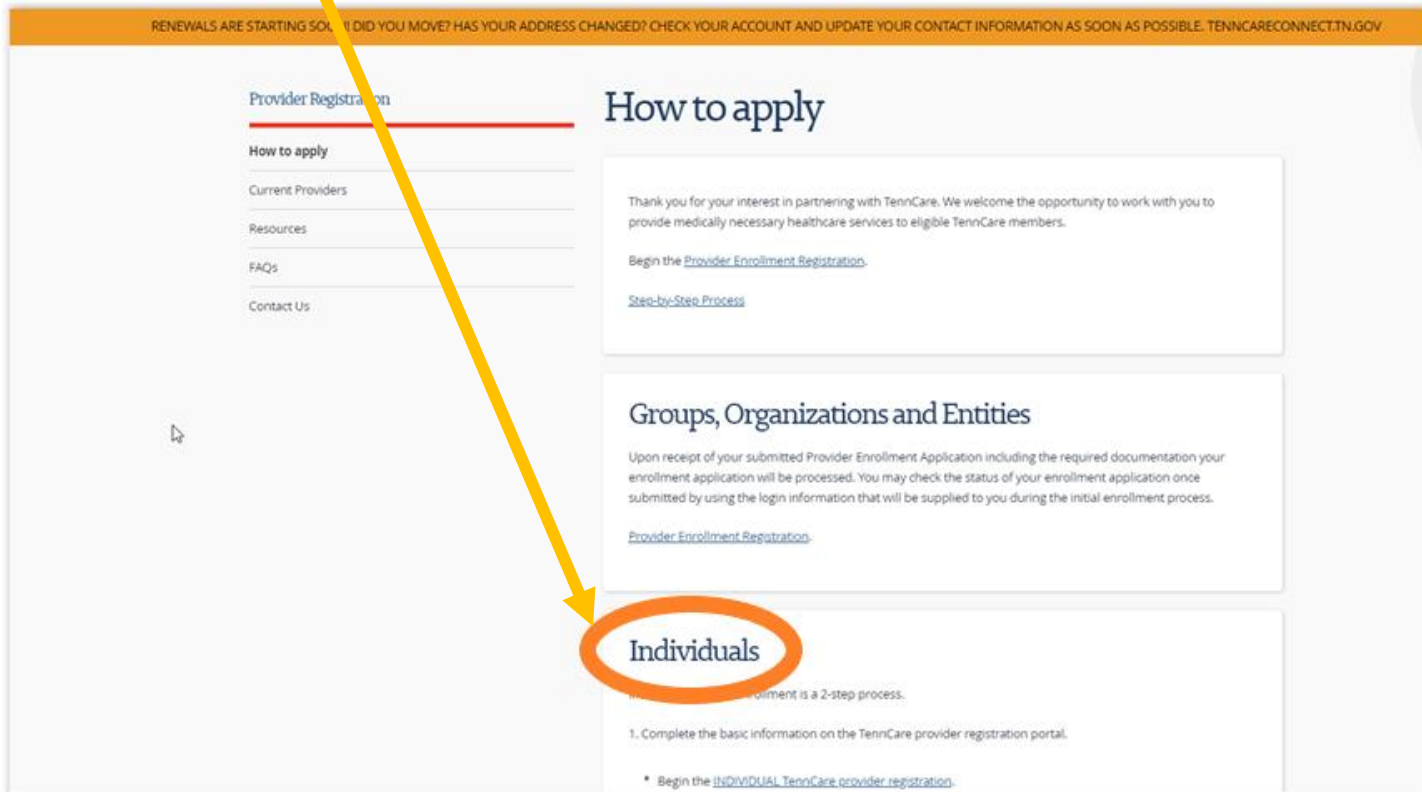
Steps for Registering as a TennCare Provider

Step 3: Click on **How to apply**.




Steps for Registering as a TennCare Provider

Step 4: Click on **Individuals**.



Steps for Registering as a TennCare Provider

Step 5: Complete the fields below to be added to the TennCare CAQH Proview Roster. This will generate the request for the Proview Application from CAQH. Once Registration is complete, click **continue** and **submit**.



TennCare Provider Registration Portal

[Home](#)
[CAQH Proview](#)
[EFT Enrollment Instructions](#)
[Contact Us](#)

Registration

Provider information entered here will be submitted to CAQH to collect the information needed by TennCare for assigning a Medicaid ID. Make sure to click SUBMIT once all information has been entered. CAQH Proview: <https://proview.caqh.org/Login>

PROVIDERS: Please review the [Electronic Registration](#)

Personal Information

* First Name

Suffix

Middle Name

* Birth Date

* Last Name

* SSN

Professional Identification

* Provider Type

* Provider NPI

DEA

* License Number

UPIN

* Primary Practice State

* License State

Credentialing Contact Information

* Address

* State

* Phone No

* E-mail

Address 2

* Zip (First 5)


Phone Extension

* Confirm E-mail

* City

Ext Zip (Last 4)

Click [Adobe Reader](#) to download the latest version for free.



TennCare | 310 Great Circle Rd. | Nashville, TN 37243 | 1-800-342-3145 | TennCare@tn.gov | Production

Steps for Registering as a TennCare Provider

Step 6: Within CAQH, set AUTHORIZATION to allow sharing with TennCare.

First complete your Profile Data, then Review and Attest **REVIEW & ATTEST**

You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.

AUTHORIZATION SETTING

ORGANIZATIONS

AUTHORIZATION SETTING

Healthcare organizations using CAQH ProView require your authorization to access your self-reported and attested information to conduct processes, such as, credentialing, provider directory updates and claims processing. By selecting one of the authorization options below, you are granting these organizations access to your self-reported and attested information.

When a healthcare organization subscribes to your data, should CAQH automatically authorize access?

☒ **Yes. Release my data to any organization that requests access.**
RECOMMENDED

☐ **No. Ask me to review each organization's request.**

☐ I hereby authorize the release of my full set of CAQH ProView self-reported information as indicated above.

SAVE

Steps for Registering as a TennCare Provider

Step 7: Choose Provider Type.

The screenshot shows a web browser window with the TennCare Provider Registration form. The form has several sections: 'Personal Information' (First Name, Suffix), 'Professional Identification' (Provider Type, Provider NPI, DEA), and 'Credentialing Contact Information'. The 'Provider Type' dropdown menu is open, showing a list of professions. Two yellow arrows point from the text boxes on the right to the dropdown menu. One arrow points to 'Lactation Consultant - IBCLC / RLC' and the other points to 'Lactation Consultant/Educator - Certified (CLC/CLE/CLS/CBS)'.

Provider information entered
Make sure to click SUBMIT

PROVIDERS: Please review

Personal Information

* First Name
Suffix

Professional Identification

* Provider Type
* Provider NPI
DEA

Credentialing Contact Information

Acupuncturist
Advance Practice Nurse
Alcohol/Drug Counselor
Anesthesia Assistant
Applied Behavioral Analyst
Athletic Trainers
Audiologist
Certified Registered Nurse Anesthetist
Clinical Nurse Specialist
Clinical Psychologist
Dietitian
Doctor of Chiropractic (DC)
Doctor of Dental Medicine (DMD)
Doctor of Dental Surgery (DDS)
Doctor of Podiatric Medicine (DPM)
Genetic Counselor
Hospitalist
Lactation Consultant – IBCLC/RLC
Lactation Consultant/Educator – Certified (CLC/CLE/CLS/CBS)
License Clinical Social Worker
Lactation Consultant/Educator – Certified (CLC/CLE/C

For Registered Lactation Consultants - Those who have their certification and have completed Clinical Hours / testing will choose **Lactation Consultant - IBCLC / RLC** from the "Provider Type" dropdown.

Lactation Consultant/Educators/Counselors – Those who have not completed all required clinical hours or testing should choose **Lactation Counselor/Educator – Certified (CLC/CLE/CLS/CBS)** from the dropdown.

Once all information has been entered both on the TennCare Website and in the Proview application, the process will continue and once a Medicaid ID is assigned, the provider will receive a "Welcome Letter" which will provide the Medicaid ID and effective date.

Commonly Reported Diagnosis Codes: Neonate/Infant (ICD-10-CM)

Feeding problems

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
P92.6	Failure to thrive in newborn
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
P74.21	Hypernatremia of newborn
P74.22	Hyponatremia of newborn
P74.31	Hyperkalemia of newborn
P74.32	Hypokalemia of newborn
P92.6	Failure to thrive in newborn
R62.61	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)

Other

Z09	Encounter for follow-up examination after completed treatment
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Source: [American Academy of Pediatrics Breastfeeding Coding Pamphlet](#)

Commonly Reported Diagnosis Codes: Mother (ICD-10-CM)

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

O92.3	Agalactia
O92.4	Hypogalactia
O92.5	Suppressed lactation
O92.6	Galactorrhea
O92.70	Unspecified disorders of lactation
O92.79	Galactoceles (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 (When the original reason for visit has resolved)
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Do not use any codes listed
under the mother for the
infant's medical record

Source: [American Academy of Pediatrics Breastfeeding Coding Pamphlet](#)

Place of Service Codes

01	pharmacy	34	hospice
02	telehealth	35-40	unassigned
03	school	41	ambulance, land
04	homeless shelter	42	ambulance, air or water
05	Indian Health Service; free-standing facility	43-48	unassigned
06	Indian Health Service; provider-based facility	49	independent clinic
07	tribal 638; free-standing facility	50	federally qualified health center
08	tribal 638; provider-based facility	51	inpatient, psychiatric facility
09	prison/correctional facility	52	psychiatric facility, partial hospitalization
10	unassigned	53	community mental health center
11	office	54	intermediate care facility, individuals with intellectual disabilities
12	home	55	residential substance abuse facility
13	assisted living facility	56	psychiatric residential treatment center
14	group home	57	non-residential substance abuse treatment facility
15	mobile unit	58	non-residential opioid treatment facility
16	temporary lodging	59	unassigned
17	walk-in retail health clinic	60	mass immunization center
18	place of employment/worksites	61	comprehensive inpatient rehabilitation facility
19	off-campus outpatient hospital	62	comprehensive outpatient rehabilitation facility
20	urgent care facility (distinct from hospital ER/office/clinic)	63-64	unassigned
21	inpatient hospital (non-psychiatric)	65	end stage renal disease treatment facility
22	on-campus outpatient hospital	66-70	unassigned
23	emergency room, hospital	71	state or local public health clinic
24	ambulatory surgical center	72	rural health clinic
25	birthing center	73-80	unassigned
26	military treatment facility	81	independent laboratory
27-30	unassigned	82-98	unassigned
31	skilled nursing facility		
32	nursing facility		
33	custodial care facility		

Medical Record Documentation Resources

Standards of Practice for International Board-Certified Lactation Consultants

International Lactation Consultant Association

Documentation Guidelines for Certified Lactation Counselors

Academy of Lactation Policy and Practice

Certified Lactation Educator Scope of Practice

CAPPA

Medicaid Documentation for Medical Professionals

Centers for Medicare and Medicaid Services (CMS)

Breastfeeding Assessment Tools

Journal of Clinical and Diagnostic Research

Breast Pump Replacement: When to Replace Breast Pump Parts

Resource: [When to Replace Breast Pump Parts – Exclusive Pumping](#)

Examples:

- **Duckbills:**
 - Pumping more than 3 times per day – every 2 months
 - Pumping 1-3 times per day – every 3 months
- **Backflow protectors:**
 - Pumping more than 3 times per day – every 3 months
 - Pumping 1-3 times per day – every 6 months
- **Tubing:**
 - Replace as needed
- **Breast shields:**
 - Pumping more than 3 times per day – every 6 months
 - Pumping 1-3 times per day – as needed

Breast Pump Replacement: Ordering a Replacement Flange for the Breast Pump

There are five main flange sizes ranging from 21 mm to 36 mm. The flange must be compatible with the breast pump, so it's important to reach out to the distributor for additional flanges. These supplies shouldn't be billed with the initial order for the breast pump because the reimbursement for the breast pump includes these supplies.

The following codes are for replacement only and shouldn't be billed when the breast pump is issued:

- **A4281** - Tubing for breast pump, replacement
- **A4282** - Adapter for breast pump, replacement
- **A4283** - Cap for breast pump, 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

Scope of Practice: International Board-Certified Lactation Consultant

- Providing comprehensive, skilled care and evidence-based information for breastfeeding and human lactation, from preconception to weaning, for breastfeeding families.
- Integrating cultural, psychosocial and nutritional aspects of breastfeeding and human lactation.
- Providing support and encouragement to successfully meet breastfeeding goals.
- Using effective counselling skills when interacting with clients and health care team members.
- Using the principles of family-centered care while maintaining a collaborative, supportive relationship with clients.
- Using principles of adult education when teaching clients, health care providers and others in the community.
- Acknowledging parental and child health and mental status in the context of breastfeeding.
- Performing comprehensive maternal, child and feeding assessments related to breastfeeding and human lactation.
- Developing and implementing an individualized feeding plan in consultation with the client.
- Providing evidence-based information regarding use, during breastfeeding and human lactation, of medications (over-the-counter and prescription), alcohol, tobacco and addictive drugs, and herbs or supplements, and their potential impact on milk production and child safety.
- Providing evidence-based information regarding complementary and alternative therapies during lactation and their impact on milk production and the effect on the child.

Scope of Practice: Certified Breastfeeding/Lactation Specialist

- Supports the autonomy of the lactating mother/parent by:
 - Maintaining client confidentiality and privacy
 - Respecting the client's right to make choices that are right for her situation
 - Assisting and supporting the mother/parent in identifying and meeting their goals for lactation
 - Utilizing shared decision-making principles
- Educates families by:
 - Educating and supporting families during pregnancy and the perinatal period through weaning
 - Teaching breastfeeding families in the classroom setting, in individual Consultations, and in breastfeeding support groups
- Supports families by:
 - Conducting an assessment of both mother/parent and infant and devising a plan of care in uncomplicated breastfeeding situations
 - Instructing and coaching mothers/parents in optimal feeding positions, latch, frequency, and duration of feedings, and parameters for infant output
 - Assessing effective feeding and milk transfer in uncomplicated breastfeeding situations
 - Providing anticipatory guidance
 - Problem solving issues that do not commonly precede adverse outcomes
 - Instructing parents of preterm or late preterm infants in establishing and maintaining a human milk supply
 - Counseling employed breastfeeding mothers/parents regarding selection of a breast pump and maintaining milk supply and breastmilk storage
 - Documenting the results of consultations in the appropriate client record
- Refers and collaborates by:
 - Referring clients to local resources as needed
 - Working collaboratively within the health care team and refers clients to the appropriate health care provider (IBCLC, physician, or other practitioner) for assessment and treatment
 - Working as part of a team to remove barriers for breastfeeding success

Scope of Practice: Certified Lactation Counselor

- Construct and maintain conditions that predispose mothers and babies to an uncomplicated breastfeeding experience through counseling, education, clinical management, and support.
- Monitor and evaluate behavioral, cultural, and social conditions predisposing mothers and babies to an uncomplicated breastfeeding experience.
- Assess for, monitor, and evaluate physical conditions that predispose mothers and babies to a complex breastfeeding experience.
- Monitor and evaluate behavioral, cultural, and social conditions that predispose mothers and babies to complex breastfeeding experiences.
- Provide needed evidence-based information regarding breastfeeding and medications, tobacco use, alcohol, and illicit drugs.
- Provide needed evidence-based information regarding complementary and alternative therapies.
- Identify and advocate for aspects of breastfeeding management programs that facilitate optimal health outcomes.
- Assess breastfeeding using a multi-faceted approach.
- Use counseling skills and techniques that are supportive to breastfeeding mothers and babies, practicing in a clinically competent manner.
- Facilitate the development of, and advocate for, public health strategies and/or policies that serve to protect, promote and support breastfeeding.
- Coordinate care consistent with standards of professional ethics and behavior.

Scope of Practice: Certified Lactation Educator

- Offer non-biased focused information, support, encouragement, guidance, referrals, and education to families and professionals.
- Advise parents on how to maintain lactation when they are separated from their infant, which includes information on hand expression and the usage of breast pumps.
- Offer continuous support for families during the weaning process and beyond as it pertains to breastfeeding.
- CLEs are educators and counselors, **not clinicians**.
- CLEs offer **appropriate referrals** when their observance or counseling uncovers situations that require health care attention or support.

Certified Lactation Educators (CLE) **CANNOT**:

- Take a medical history or take medical notes on their clients
- Provide clinical written histories to healthcare workers (as they do not take clinical notes)
- Give clinical assessment of the mother's breasts, the baby's mouth, or the dyad's dysfunctional latch
- Use pre- and post-lacteal weight checks for assessment
- Prescribe the use of medical devices including but not limited to nipple shields, supplemental nursing systems, and topical ointments

The supervising provider is responsible for documentation.

Appeals: Members

There are two types of appeals that would apply to TennCare members:

Eligibility

Member Eligibility Appeals cover:

- Denials of TennCare applications;
- Disagreements over co-pay amounts; and/or
- Incorrect member information on income or family size

Medical

Members have the right appeal if:

- TennCare says **NO** when they ask for health care.
- **OR** TennCare stops or changes their health care.
- **OR** they have to wait too long to get health care.
- **OR** they have health care bills they think TennCare should have paid but didn't.
- **OR** there's some other reason they can't get health care when they need it.

Appeals: Member Eligibility

Website: <https://www.tn.gov/tenncare/members-applicants/how-to-file-an-eligibility-appeal.html>

Two ways for a member to file a TennCare eligibility appeal:

Writing

Member either downloads [appeal page](#) or writes appeal on plain paper.

Written appeal must include:

- Member's full name (first name, middle initial, last name)
- Member's Social Security Number
- The names of anyone else in the member's household with the same problem
- Member's daytime phone number and the best time to call
- The specific mistake the member thinks TennCare made
- Any proof that shows why members thinks TennCare made that mistake

Mail appeal to:

TennCare Connect
P.O. Box 305240
Nashville, TN 37230-5240

OR fax appeal to: 1-855-315-0669 (free fax line)

Member should keep a copy of their appeal. They should write down the date that they mailed or faxed it to TennCare. If they fax it, they should keep the page that shows their fax went through.

OR

Phone

Member calls: 855-259-0701

Appeals: Member Medical

Website: <https://www.tn.gov/tenncare/members-applicants/how-to-file-a-medical-appeal.html>

If a member's services been denied, delayed, reduced, suspended, or terminated they should **call their health plan first**. The health plan's free phone number is on the member's TennCare card.

If the member does not have their card OR they are still having problems after they call their health plan, they should call TennCare Member Medical Appeals at **1-800-878-3192**. TennCare Member Appeals can help the member with their problem OR help them file an appeal.

Members **only** have **60 days** to appeal after they find out that there is a problem. They can **ask someone to help them file an appeal**.

Medical Appeals can be filed by mail or phone. For phone, call 1-800-878-3192. For mailing instructions, see below.

1. Print the [TennCare Medical Appeal](#) form.
2. Fill out the TennCare Medical Appeal form.
3. Make a copy of the completed form to keep for records.
4. Mail the completed form to:

TennCare Member Medical Appeals
PO Box 593, Nashville, TN 37202-0593

OR fax completed form (toll-free) to 1-888-345-5575

Appeals: Providers

Website: <https://www.tn.gov/tenncare/providers/claims-appeals-provider-complaints.html>

When a provider disagrees with an outcome of a claim, an appeal can be submitted to the applicable TennCare Managed Care Organization (“MCO”).

[Wellpoint Provider Portal](#)

[BlueCare Tennessee Provider Portal](#)

[UnitedHealthcare Community Plan Provider Portal](#)

Note: Use of an out-of-network durable medical equipment (DME) provider without prior authorization from the relevant MCO may result in a claim denial for out-of-network.