

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

# GUIDANCE DOCUMENT

“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to  
Neb. Rev. Stat. § 84-901.03



## PROVIDER BULLETIN

No. 17-21

DATE: August 7, 2017

TO: All Providers Participating in Nebraska Medicaid Program

FROM: Thomas 'Rocky' Thompson, Interim Director <sup>TNT</sup>  
Division of Medicaid & Long-Term Care

BY: Denise Woolman, Program Specialist RN

RE: Lactation Consultation

### **Please share this information with administrative, clinical, and billing staff.**

Effective July 1, 2017, lactation counseling services are available to Medicaid clients. Lactation counseling services are intended for children in the post-partum period and their mothers who need help with breastfeeding difficulties. Lactation counseling will be administered through both managed care and fee for service. The services include a face to face visit of no less than 30 minutes that involves a comprehensive feeding assessment related to lactation, interventions including positional techniques/proper latching/counseling, community support information, and evaluation of interventional outcomes.

Lactation counseling services are primarily intended for children age birth through ninety days postpartum or ninety days corrected for gestational age; however, it may be available to children up to age 21 when medically necessary. There is a limit of five counseling sessions per child, and each session can last up to ninety minutes. This service limit may be exceeded based on medical necessity.

This service is provided by physicians, nurse practitioners, physician assistants, midwives, and registered nurses. All providers must be currently certified as an International Board Certified Lactation Consultant (IBCLC).

To bill for lactation counseling services provided to Medicaid fee for service clients, non-physician providers utilize the appropriate code listed on the EPSDT fee schedule. CPT code 99429 with

an EP modifier are billed for in 30 minute increments. Physician providers utilize CPT codes 99203, 99204, 99205, 99214, 99215 with the EP modifier listed on the EPSDT fee schedule.

To bill for services provided to Managed Care clients please contact the appropriate MCO for specific billing instructions.

These services are subject to all other Medicaid requirements, including medical necessity and prior authorization (if applicable). As with all other Medicaid services, these services must be appropriately documented in the clinical record.

If you have questions regarding this bulletin, please contact the Department via email at [DHHS.MLTCPhysicalHealth@nebraska.gov](mailto:DHHS.MLTCPhysicalHealth@nebraska.gov).