

Capital Area Pediatrics - Lactation Consultation - Service Authorization

You or your child has been identified as someone who could benefit from Lactation Consultation Service. This service includes education and assistance on breastfeeding delivered by our Certified Lactation Counselors. Please understand that this service will be submitted to your insurance and will be billed based on the services that were provided in today's visit. Services rendered may be submitted to either Mom and child's insurance or the child's insurance depending on the nature of the visit. It is your responsibility to pay for any services that are not covered by your insurance. The billing (CPT) code and fee can be found next to each service.

Evaluation and Management Codes: Cannot be determined until after patient is seen and evaluated.

Level 1	99211	Established patient	\$ 37.00	99201	New patient	\$ 80.00
Level 2	99212	Established patient	\$ 80.00	99202	New patient	\$136.00
Level 3	99213	Established patient	\$133.00	99203	New patient	\$197.00
Level 4	99214	Established patient	\$196.00	99204	New patient	\$299.00
Level 5	99215	Established patient	\$264.00	99205	New patient	\$377.00

Consultation Codes: Cannot be determined until after patient is seen and evaluated.

Level 1	99241	Established patient	\$ 87.00
Level 2	99242	Established patient	\$163.00
Level 3	99243	Established patient	\$223.00
Level 4	99244	Established patient	\$333.00
Level 5	99245	Established patient	\$406.00

Preventive Counseling Codes: Cannot be determined until after patient is seen and evaluated.

99401	Preventive 15 min	\$ 66.00
99402	Preventive 30 min	\$112.00
99403	Preventive 45 min	\$158.00
99404	Preventive 60 min	\$203.00

Education & Training Codes: Education for patient self-management

98960	1 unit= 30 mins	\$ 75.00
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There maybe some items that the Certified Lactation Counselor may recommend and these items are available for purchase in the office for your convenience. A separate list of items is available if you choose to purchase the recommended item in the office and a full payment for these supplies will be expected at the time of service.

Insurance eligibility status		Insurance Plan:	
As of today's date, your insurance indicates that your coverage is ACTIVE.			
A problem has been identified with your insurance coverage:			
CAP Providers are not participating with your plan.		If uninsured, a 20% discount is available for fees that are paid in full at time of service.	
Your insurance coverage is inactive or not on file			
An eligibility issue has been identified (Name or DOB mismatch)			
Services require a referral or authorization and one has not been obtained from your PCP			
PCP not selected or CAP Provider not selected as PCP (Required By Your Insurance)			
<i>The financially responsible party will be liable for all charges rendered at today's visit if claims are denied and/or new insurance information is not supplied within 30 days of today's visit.</i>			

I acknowledge that I have been given information and fees related to today's visit.

DATE: _____

PRINT: _____

SIGNATURE: _____

Name of Legally authorized patient/accompanying adult