



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	99202	New patient	\$136.00
Level 2	99212	Established patient	\$ 89.00	99203	New patient	\$197.00
Level 3	99213	Established patient	\$143.00	99204	New patient	\$299.00
Level 4	99214	Established patient	\$203.00	99205	New patient	\$377.00
Level 5	99215	Established patient	\$289.00			

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 may be 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.

Fees for today's Visit:

	You do not have insurance coverage for today's visit
	A problem has been identified with your insurance coverage
	Services are not covered by your insurance
<i>The financially responsible party will be liable for all charges rendered at today's visit. A 20% discount maybe applied to the total amount if paid in full at the time of service.</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