Pump It Up:
New 2027 CPT Codes for Lactation Services

November 11, 2026



Quick Housekeeping

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Agenda

1. What are the new CPT codes for lactation support services?
2. Who can use them, and how are they billed?
3. Will I get paid for them (and if so, how much)?
4. But I want to use different codes than these codes. Is that OK?
5. Where can I learn more about providing lactation support services in the office?

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Lactation Care Services: 98963, 98964

Codes effective 1/1/2027

98963

Lactation care directed by a physician or other qualified healthcare professional, including history, assessment, training, and report; first 30 minutes.

(Do not report 98963 for services of less than 30 minutes)

98964

Each additional 15 minutes (list separately in addition to code for primary procedure).

(Use 98964 in conjunction with 98963)

(For lactation care provided to an individual by a physician or other QHP who may report E/M services, see the appropriate E/M codes)

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Lactation Care Services: New Guidelines

Code 98963 is used by the supervising physician or other qualified healthcare professional (QHP) to report lactation care services ordered by a physician or other QHP and provided by a lactation consultant/counselor in the office or other outpatient setting for a mother/baby dyad.

Lactation care may include counseling, education, hands-on instruction, and risk-factor reduction to support individuals through all stages of breastfeeding, addressing latch, milk supply, infant feeding, pumping, and special circumstances. Education and training in lactation should be personalized to the breastfeeding infant and mother.

If a significant, separately identifiable evaluation and management (E/M) service is performed by the same physician or other QHP on the same day as directed lactation services, the physician or other QHP may report the appropriate level of E/M service and append modifier 25.

The qualifications of the lactation consultant/counselor must be recognized by a physician society, a nonphysician health care professional society/association, or other appropriate source.

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New lactation codes 98963, 98964

Allow practices to provide lactation care by qualified lactation staff (i.e. IBCLC, CLC) who are not themselves "qualified healthcare professionals" (i.e. physician or APP)

Reported on claim by supervising physician, not lactation staff

- Supervising physician already credentialed with insurance
- Supervising physician has NPI

Codes designed for team-based lactation care in the primary care setting

- Similar to 90471 (non-counseled immunization)
- Similar to 99490 (care plan by clinical staff, 20+ min/month)

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Typical Scenario

Tuesday

- Dr. Jackson sees a 4½ day old term infant for first postnatal office visit.
- Mom is exclusively breastfeeding; she reports pain with latch.
- On exam, vigorous well appearing infant. Weight loss 8%. Bilirubin 15.
- Dr. Jackson recommends lactation consultation with Laura, the practice's IBCLC. **Laura is employed by Dr. Jackson but Laura is not MD/NP/PA or credentialed with insurances.**
- Laura not available this afternoon, but ok to see baby tomorrow.

Wednesday

- Mom and baby return to office.
- Laura does a lactation assessment of mom and baby with positioning, latch assessment, and serial weights. Laura spends 45 minutes. At end of visit, latch not painful, baby demonstrates good milk transfer. Mom relieved!
- **Dr. Jackson is present in the office at this time, but she is seeing other patients. Dr. Jackson does not see baby at all, even for a "meet and greet." She reviews Laura's documentation at the end of the day.**

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Billing for the typical scenario

Service	CPT	CPT Descriptions	Dx
Tuesday: Dr. Jackson evaluates baby (Laura not present at visit)	**99203** **88720**	New office visit for: • Moderate problem (acute illness [breastfeeding jaundice] with systemic symptom [weight loss]) • Low data (independent historian + bilirubin test) • Low risk (supportive care measures) Transcutaneous bilirubin	**P59.9** (jaundice) **P92.5** (newborn breastfeeding problems)
Wednesday: Laura provides lactation care for mother/baby (Dr. Jackson not present at visit)	**98963** **98964**	First 30 minutes of lactation care Each additional 15 minutes **45 minutes of Laura time**	**P92.5** (newborn breastfeeding problems)

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Rules for time use for 98963 and 98964

- **The times reported are the lactation counselor's time, NOT the physician's time**
- **Times are threshold, not midpoint**
- **Times can include documentation/charting time**
- **Time counted must all be on a single calendar day**
- **Time is for all time spent on the dyad**
- **Only report the total time for either mom OR baby**

e.g. CLC spends a total of 60 minutes in a day - 30 minutes on mom and 30 minutes on baby.

Bill 98963 and 98964×2 for EITHER mom OR baby

Do NOT bill 98963 for mom AND 98963 for baby

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Rules for Lactation Counselor

Must have nationally-recognized lactation credential.

Examples:

- IBCLC (international board-certified lactation consultant)
- CLC (certified lactation counselor)

Must be directed by physician/QHP

- Physician/QHP must see baby first (same day OK) and order consultation
- Physician/QHP present in office suite during time LC sees baby
  - Telemedicine (live audiovisual) is ok
  - Other modalities (telephone, portal only) → not ok
- Physician/QHP must review documentation by LC

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Rules for Lactation Counselor

CMS: Services and supplies must represent an expense incurred by the physician or legal entity billing for the services or supplies

OK (examples only)	Not OK (examples only)
Physician and LC are employed (W-2) by the same practice Practice IBCLC/RN employees from hospital nursery Practice pays hospital IBCLC/RN as an independent contractor (1099)	Nursery nurse Nancy comes in on her days off to help Dr. Jackson; Dr. Jackson's practice does not pay Nancy or the hospital; Nancy's hospital pays for Nancy's salary ("publicity goodwill")
Physician owns practice and employs LC (W-2)	La Leche League IBCLC uses office in evenings after practice is closed; IBCLC rents space from physician, and sees/bills patients for cash.

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Rules for Use with Other Codes

Can be reported alone

Can be reported with:

- Sick visit (-25 on E/M)
- Well visit (-25 on E/M)
- RSV MAb administration (-59 on 9638x)
- All of the above

Do not add on an *unnecessary* 9921x just to get more revenue

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Claims

98963

Lactation care **directed by a physician or other qualified healthcare professional**, including history, assessment, training, and report; **first 30 minutes**.

Directed by physician:

Use physician NPI, physician taxonomy, and contract — just like any other physician service.

30 Minutes:

LC time, not physician/QHCP time

There is no minimum time required for the physician (just that a supervising physician reviews documentation)

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But what if my physician or APP is doing the lactation care herself?

NEW CODES
NOT FOR YOU

MD/IBCLCs or PNP/IBCLCs already have multiple mechanisms to report, and get paid for, this work

9920x **9921x** **9940x**

These time-based codes already exist for physicians/PNP/PA to report THEIR time with patients.

(For lactation care provided to an individual by a physician or other QHP who may report E/M services, see the appropriate E/M codes)

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But what if I'm billing for my IBCLC's time another way?

Laura, IBCLC/LPN, spends 45 minutes with mother and baby. Physician does not see baby.

Legit methods, but pay worse/less flexible than new codes

S9443	*Lactation classes, non-physician provider, per session*	Poor recognition. Only one unit per day, irrespective of time spent.
99211	*Office or other outpatient visit for the evaluation and management (E/M) of an established patient that may not require the presence of a physician or other qualified healthcare professional*	99211 accounts for 17 minutes of staff time at MA/LPN/RN blend levels. Laura spent nearly 3x that amount of time and her hourly wages are more than MA/LPN/RN blend. 99211 usually incurs cost share

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But what if I’m billing for my IBCLC’s time another way?

Laura, IBCLC/LPN, spends 45 minutes with mother and baby. Physician does not see baby.

Almost certainly fraudulent. Please do not use.

99215	*Established patient office or outpatient visit requiring a high level of medical decision making (MDM) or 40 to 54 minutes of total provider time on the date of service*	Dr. Jackson did not see the patient. Laura is not a qualified health care professional; Laura cannot use E/M even in an “incident-to” manner.
99403	*“Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes*	Dr. Jackson did not see the patient. Laura is not a qualified health care professional; Laura cannot use E/M even in an “incident-to” manner.

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But what if I'm billing for my IBCLC's time another way?

Laura, IBCLC/LPN, spends 45 minutes with mother and baby. Physician does not see baby.

⚠ **Sketchy. Only use with extremely clear direction by payer.**

9615x	*Health behavior assessment/intervention.*	Not an incident-to service (i.e. must be self-reported.) Laura is not a mental health professional (LPC, LMFT, psychologist). Descriptor poor.
98960	*Patient self-management per 30 min by a qualified non-physician healthcare professional using a standardized curriculum.*	Not an incident-to service (i.e. must be self reported.) Must be reported by Laura, who is not a QHCP. Descriptor poor.

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But what if I'm billing for my IBCLC's time another way?

Find **current written** provenance **from the payer** in a provider bulletin or provider administration manual

Should include:

- Applicable payers and dates
- CPT and modifiers
- Who is performing the service with mother/baby
- Who is reporting the service on the claim

https://www.tn.gov/content/dam/tn/tenncare/documents/LactationConsultationBenefitUpdate.pdf

- **Visit Type:** When billing for lactation services, use the appropriate codes plus the modifier U8.
  - **98960 U8:** single individual per 30 minutes
    - Note: this includes the lactating person and partner
  - **98961 U8:** 2-4 patients per 30 minutes
  - **98962 U8:** 5-8 patients per 30 minutes
- **Length of Visit:** Note the number of units to signify the visit length.
  - 1 unit: 16-45 minutes
  - 2 units: 46-75 minutes
  - 3 units: 76-105 minutes

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What will I be paid?

RVU

CPT	work RVU	practice expense RVU (NF)	total RVU (NF)	payment (presuming $33/RVU)
98963	**0.18**	**1.55**	**1.78**	**$58.74**
98964	**0.00**	**0.50**	**0.52**	**$17.16**
99211	0.18	0.54	0.73	$24.09
90460	0.23	0.45	0.70	$23.10

Source: https://www.cms.gov/files/zip/cy-2027-pfs-final-rule-addenda-updated-11-05-2026.zip

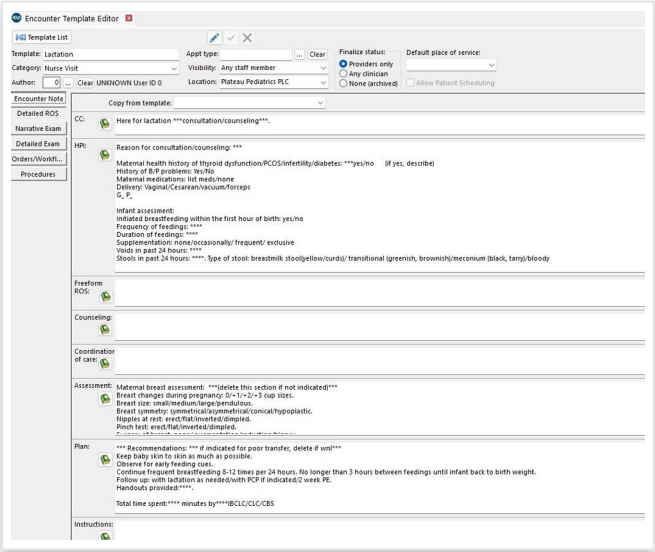
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Templates for Documentation and Billing

> *“Dr. Jackson recommended I evaluate [mother/baby/dyad] for [problem].”*

> *“I spent a total of [X] minutes today with mother/baby and in preparation of report.”*

> *“Dr. Martinez available in office during visit.”*



Sample templates will be posted on OP Connect

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Will my payers pay this?

Use real-time claim estimators (RTCEs) to start testing CPT codes for dates after 1/1/2027.

Send AAP payer template letters to inquire.

https://www.aap.org/en/practice-management/child-health-finance-payment-strategy/payment-and-finance-advocacy/private-payer-advocacy/

Your state AAP chapter's Pediatric Council can assist with issues regarding particular payers

https://www.aap.org/en/practice-management/practice-financing/payer-contracting-advocacy-and-other-resources/aap-payer-advocacy/aap-pediatric-councils

Aetna, BCBS (many plans), Humana	https://apps.availity.com	Click on **Eligibility and Benefits Inquiry**, then select payer from the **Payer** dropdown box. Enter provider and patient information, then click **Submit**. Then click **Patient Cost Estimator**.
Cigna	https://cignaforhcp.cigna.com	Hover over **Patients**, then click **Search Patients**. Enter patient information, then click **Search**. Click **Confirm Patient**. Under the *Medical* tab, click **Estimate Costs**.
UHC Commercial	https://www.uhcprovider.com/	Choose **Link**, then **United Healthcare Claim Estimator**. Click **Pre-Determination of Benefits**, then **Agree**. Confirm provider information then click **Continue**.

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No cost share for ACA compliant plans

300gg–13. Coverage of preventive health services

(a) In general

A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for-

(4) with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this paragraph.

From HRSA.gov:

Breastfeeding Services and Supplies

WPSI 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.

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Learning More About Lactation Support

AAP resources

https://www.aap.org/en/patient-care/newborn-infant-and-early-childhood-nutrition/newborn-and-infant-breastfeeding/

AAP Section on Breastfeeding (SoBr)

https://www.aap.org/en/get-involved/aap-sections/breastfeeding/

Understanding the New Lactation Counseling Codes: A Practical Guide for Pediatric Care Teams

December 7, 2026 | 1:00 PM ET / 12:00 PM CT

https://bit.ly/3WmuW3w

IBCLC Directory

https://portal.ilca.org/custom/directory-with-map/

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Questions?

Thank you for coming!

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