



LACTATION CONSULTING REFERRAL FORMS

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Commonly Used ICD-10 Codes for Breastfeeding Mothers (Check all that apply)

Table with 2 columns: checkbox and ICD-10 code/description. Rows include B37.89 Candidiasis, breast or nipple; L01.00 Impetigo, unspecified; 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; O92.2 Galactocele (milk-filled cyst); O92.3 Agalactia; O92.4 Hypogalactia (insufficient secretion of milk); O92.5 Suppressed lactation; O92.6 Galactorrhea; O92.70 Unspecified disorders of lactation; O92.79 Other disorders of lactation.

Other: (please list any specific ICD-10 Code and description)

Lactation Consulting Service(s)

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

When signed by a physician, this form acts as a prescription for therapy services.
Please fax this form along with any additional relevant medical information to 980-938-6088.



**LACTATION CONSULTING REFERRAL FORMS**

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Commonly Used ICD-10 Codes for Breastfeeding Infants (Check all that apply)**

<input type="checkbox"/> P07.0 Extremely low birth weight newborn	<input type="checkbox"/> P92.01 Bilious vomiting of newborn
<input type="checkbox"/> P07.1 Other low birth weight newborn	<input type="checkbox"/> P92.1 Regurgitation and rumination of newborn
<input type="checkbox"/> P07.2 Extreme immaturity of newborn	<input type="checkbox"/> P92.2 Slow feeding of newborn
<input type="checkbox"/> P07.22 gestational age 23 completed weeks	<input type="checkbox"/> P92.3 Underfeeding of newborn
<input type="checkbox"/> P07.23 gestational age 24 completed weeks	<input type="checkbox"/> P92.5 Neonatal difficulty in feeding at breast
<input type="checkbox"/> P07.24 gestational age 25 completed weeks	<input type="checkbox"/> P92.6 Failure to thrive in newborn
<input type="checkbox"/> P07.25 gestational age 26 completed weeks	<input type="checkbox"/> P92.9 Feeding problem of newborn, unspecified
<input type="checkbox"/> P07.26 gestational age 27 completed weeks	<input type="checkbox"/> Q38.1 Ankyloglossia
<input type="checkbox"/> P07.30 Preterm newborn, unspecified weeks of gestation	<input type="checkbox"/> Q38.5 Congenital malformation of the palate (high arched palate)
<input type="checkbox"/> P07.31 Preterm newborn, gestational age 28 weeks	<input type="checkbox"/> R19.4 Change in bowel habit
<input type="checkbox"/> P07.32 Preterm newborn, gestational age 29 weeks	<input type="checkbox"/> R19.5 5 Other fecal abnormalities
<input type="checkbox"/> P07.33 Preterm newborn, gestational age 30 weeks	<input type="checkbox"/> R19.7 Diarrhea, unspecified
<input type="checkbox"/> P07.34 Preterm newborn, gestational age 31 weeks	<input type="checkbox"/> R19.8 Other specified symptoms and signs involving the digestive system and abdomen
<input type="checkbox"/> P07.35 Preterm newborn, gestational age 32 weeks	<input type="checkbox"/> R62.51 Failure to thrive in child over 28 days old
<input type="checkbox"/> P07.36 Preterm newborn, gestational age 33 weeks	<input type="checkbox"/> R63.3 Feeding difficulties
<input type="checkbox"/> P07.37 Preterm newborn, gestational age 34 weeks	<input type="checkbox"/> R63.4 Abnormal weight loss
<input type="checkbox"/> P07.38 Preterm newborn, gestational age 35 weeks	<input type="checkbox"/> R63.5 Abnormal weight gain
<input type="checkbox"/> P07.39 Preterm newborn, gestational age 36 weeks	<input type="checkbox"/> R63.6 Underweight
<input type="checkbox"/> P59.0 Neonatal jaundice associated with preterm delivery	<input type="checkbox"/> R68.11 Excessive crying of infant
<input type="checkbox"/> P59.9 Neonatal jaundice, unspecified	<input type="checkbox"/> R68.12 Fussy infant
<input type="checkbox"/> P74.1 Dehydration of newborn	

*Other: (please list any specific ICD-10 Code and description)*

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**Lactation Consulting Service(s)**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician's Printed Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

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