THE LACTATION NETWORK

How insurance works for lactation care.

What's covered, what you might owe, and how to find out before your visit.

THE SHORT VERSION

Most plans cover it. Some apply cost-share.

Under the Affordable Care Act (ACA), most commercial health plans are required to provide coverage for lactation support and counseling as preventive care. Coverage details and member responsibility can vary by plan, and some plans may apply cost-sharing after a specified number of covered preventive visits have been used.

The Lactation Network is in-network with select major insurers in all 50 states. We verify your specific coverage at intake and provide information about your benefits before scheduling.

WHAT YOU MIGHT HEAR FROM US

Three scenarios.

CASE 1 · COVERED

$0 out-of-pocket.

Most patients. Your plan covers lactation visits as preventive care with no cost-sharing. We confirm coverage, book your visit, and you owe nothing at the appointment. The most common outcome. *

CASE 2 · COST-SHARE

A copay or deductible applies.

Most often with high-deductible health plans (HDHP), certain employer plans, or grandfathered plans that opted out of the preventive-care rules. Page 2 shows you how you can get the exact dollar amount from your insurer.*

CASE 3 · DENIED

Coverage unclear or declined.

In the case your plan is not in network with TLN or for rare for commercial plans, (usually applies to short-term, faith-based, or grandfathered plans). You have the right under federal law to ask your plan who they DO cover for lactation care in-network. Page 2 has the exact wording.

**If your plan has a visit cap, you may be eligible for more visits with cost-sharing. Reach out to your health plan to confirm.*

WHY WE MAY NOT BE ABLE TO QUOTE AN EXACT DOLLAR AMOUNT

(But your insurer can — here's why.)

When cost-share applies, the exact dollar amount on your specific visit depends on where your deductible sits the day of the appointment, which changes every time you use any healthcare service. Your insurer recalculates that as claims are processed. Depending on what type of cost-share is involved (copay vs. deductible vs. coinsurance), you can ask your insurance provider the questions included on the next page.

IN-NETWORK MATTERS

If TLN is in-network, your plan has a negotiated rate for our visits on file. That means they can quote your specific cost-share when you call.

THE LACTATION NETWORK

How to call your insurer.

Curious what you might owe? Here's how to get a real number from your plan.

STEP 1 · WHAT TO HAVE READY

Five minutes of prep saves twenty minutes on the call.

Your member ID	On the front of your insurance card.
Your group number	Also on the card. May be listed as Group #, Plan ID, or Account #.
Provider name	The Lactation Network or TLN Professional Services. The customer service rep can look us up by name.
Service / CPT codes (only if asked)	S9443 (prenatal group education), 98960 (individual lactation education), 99404 (preventive counseling).

STEP 2 · WHAT TO ASK

In this order. Take notes and ask for a reference number.

Opening line:	"Hi, I'd like to confirm my coverage for a lactation consultation through The Lactation Network or TLN Professional Services, before I schedule a visit. They are in-network, and I want to know what I will owe."
Question 1.	"Are lactation services covered under my plan?" (Almost always: yes.)
Question 2.	"Is The Lactation Network or TLN Professional Services in-network for my plan?"
Question 3.	"Given the claims that have already been processed against my plan this year, what will I owe out-of-pocket for a lactation visit with them, and how much of that, if any, will go toward my deductible?"
If they push back:	"Your system has my current deductible balance and the in-network rate for this visit. I would like a specific dollar amount so I can decide whether to schedule. Can you walk through the math with me?"
Question 4.	"How many lactation visits are covered per pregnancy or per calendar year?" **

Note on visit limits:

**Because lactation care supports both the parent and baby (the "dyad"), TLN typically bills for both at every appointment (called "dyad billing"). Depending on how your insurance processes these claims, each appointment may count as two visits, one for the parent and one for the baby. If your plan limits the number of fully covered visits, this could mean that with a 6-visit limit, you're able to have 3 fully covered appointments before the limit is reached. After that, additional appointments may still be covered, but you could have out-of-pocket costs depending on your plan.

STEP 3 (IF NEEDED) · IF YOU'RE TOLD YOU'RE NOT COVERED

Ask this, exactly:

"Under the Affordable Care Act's preventive services requirement, who is covered for in-network lactation support in my plan? Can you send me names and contact information through the member portal or in writing?"

Federal law requires most plans to cover lactation support. If your plan won't cover TLN, they must direct you to a covered in-network provider. Ask for the appeals process in writing.

IF COVERAGE ISN'T AN OPTION

WIC offers free IBCLC visits if you qualify. Baby Cafe and Le Leche League run free groups. Many lactation consultations offer self-pay rates as well.

ABOUT HSA AND FSA

HSA and FSA usually reimburse lactation visits, including any cost-share you owe or for some self-pay visits. Save the receipt and visit summary.