USLCA response to Tricare's denial of coverage of lactation care that is 60 minutes

To Tricare West, Tricare East, and Palmetto GBA,

The United States Lacation Consultant Association USLCA would like to respond to the denial by Tricare West of reimbursement for lactation services when utilizing code 99404 (preventive counseling code for lactation care). Tricare recognizes lactation counseling as good clinical practice while denying the code needed for adequate 60-minute care. This denial occurs even when all requirements within the Tricare Manual are being met: *(1) billed using one of the preventive counseling CPT codes 99401-99404, (2) breastfeeding/lactation counseling is the only service being provided, and (3) the counseling is rendered by a TRICARE-authorized individual professional provider (Tricare, 2023).* USLCA is concerned that military families are not going to have adequate access to quality lactation care.

The need for care of the breastfeeding dyad extends beyond just the initial hospital or birthing stay. Many individuals will need additional assessment and evaluation. The use of CPT code 99404 Preventive Counseling - 60 minutes encompasses nutrition counseling and allows the Lactation Consultant to identify any barriers to optimal feeding and nutritional intake by the infant. Without adequate lactation care, this can lead to a delay in the identification of feeding issues, a shorter breastfeeding duration, an increase in health complications – poor weight gain / growth, delayed lactation, mastitis, nipple trauma, otitis media, allergies, asthma, and an increase in financial burden for obtaining lactation care or for formula because of lactation failure. Furthermore, this lack of access to adequate lactation care provider can increase maternal child health inequities. Per UNICEF, the cost of healthcare due to not breastfeeding is $341 billion and this does not include all the lost wages of parents missing work due to these illnesses.

Current ICD and CPT coding frameworks have not kept pace with the growing field of lactation care. Therefore, lactation professionals have had to adapt their billing for their services to these codes. Many insurance providers are not able to fully appreciate the

complexity of the dyad for billing purposes. The word dyad means two elements or parts. For lactation that is the lactating individual and the child who is being fed. Therefore, there are two patients with every lactation consult. This is also why consults are lengthy; there are two histories and two assessments and two plans of care. By not providing an appropriate length of time for the encounter, the lactation consultant may not be able to fully address all of the issues and could compromise the health of the dyad.

Lactation is a continuum not a single moment. The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months and then continuation through 2 years or beyond. (AAP, 2022) Human milk also is not only about nutrition for the child but provides active biological components that influence the overall health of the child. **It is one of the strongest preventive health measures for both the infant and the parent.** Currently, only 27% of infants in the US are breastfeeding exclusively at 6 months and 35% at one year. This is significantly less than the Healthy People 2030 goals of 42% / 54%. According to the CDC, 60% of parents report are not breastfeeding as long as they intended and one of the top reasons is issues with lactation and latching.

The Academy of Breastfeeding Medicine recommends that the dyad have an office or in-home visit with a lactation professional for the term infant. (ABM, 2022) The late preterm infant should have an observed breastfeeding evaluating latch, suck, and swallow. (ABM, 2016). Finally, for the premature or NICU infant, observe a weighted feeding to determine the quantity transferred. (ABM 2018). All of these scenarios require the infant to be present and the feeding to be observed. They also recommend continued follow-up for any infants with ongoing breastfeeding issues. The Tricare Manual (2023) also states: *Breastfeeding/Lactation counseling is generally considered an expected component of good clinical practice*.

Many lactation professionals are already navigating significant reimbursement challenges and chronic underpayment. Further cuts to lactation provider codes would not only threaten the sustainability of the profession for current providers, it would also reduce the pipeline of future providers at a time when families already face substantial barriers to accessing lactation care. We **cannot** afford policies that compound those barriers on both

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sides. Military members and their families already sacrifice for our country; they should not have to sacrifice being able to receive the care that Tricare has actually stated is good clinical practice.

USLCA urges Tricare and PGBA to:

- Find a solution to the reimbursement denial issue,
- Allow the use of billing codes that will not result in unnecessary co-pays or deductibles for their patients or conflict with the Affordable Care Act (specifically the coverage of lactation support and counseling),
- Provide the rationale for the decision for these denials,
- Financial data of cost versus benefit analysis for this change, and
- A meeting with lactation providers to update billing requirements and codes for lactation care that includes both patients in the dyad with proper time for the care that is provided.

Sincerely,

Dawn Baltz, MSN, RNC-NIC, IBCLC
USLCA Executive Director
Stacy Davis, MPH, IBCLC, President
Cierra Murphy, MS, EdS, IBCLC, Secretary
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AAP – American Academy of Pediatrics, Policy Statement: Breastfeeding and the Use of Human Milk | Pediatrics | American Academy of Pediatrics
ABM – PROTOCOLS Protocols #2, 10, 12 www.bfmed.org
CDC - About Breastfeeding Data | Breastfeeding Data | CDC
Tricare Manual - TRICARE Manuals - Display Chap 8 Sect 2.6 (Change 162, Jun 9, 2026)

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For our members, USLCA encourages all lactation professionals to advocate in support of the private lactation consultants and continued access to comprehensive lactation care for our military families. We all serve the lactating population in various settings, but we should and will always support each other. Here are ways you can take action:

1. Contact Tricare via Instagram – leave a message or a comment. https://www.instagram.com/Tricare.
2. Members of Tricare can call customer service to lodge a formal complaint. The customer service number is on the back of the insurance card. Or they can find the number at: Call Us | TRICARE
3. Mail a personalized letter. Include a personal story about how you were helped or how you have helped Tricare members. Certified Mail is highly recommended.
    a. TriWest Healthcare Alliance (regional contractor, TRICARE West):
    Ashlee Watts, Provider Complaint Resolution Specialist: PCRS@triwest.com
    Alexandra Summers, Congressional Relations: asummers1@triwest.com
    Keri Butler: kbutler1@triwest.com
    Mailing: TriWest Healthcare Alliance, **David J. McIntyre, Jr. TriWest President and CEO** P.O. Box 42190, Phoenix, AZ 85080
    b. PGBA (claims processor):
    Taliah S. Jarvis, VP of Compliance & privacy: taliah.jarvis@palmettogba.com
    General inbox: info.pgba@pgba.com
    Mailing: 17 Technology Circle, Columbia, SC 29203
    c. Defense Health Agency (DHA):
    DHA TRICARE: DHA.tricare@mail.mil
    Mailing: Defense Health Agency, **Vice Adm. Darin K. Via** 7700 Arlington Blvd, Falls Church, VA 22042
    d. DoD Inspector General:
    Email: hotline@dodig.mil
    Phone: 800-424-9098
    Mailing: DoD IG, **Platte Moring** 4800 Mark Center Drive, Alexandria, VA 22350

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e. HHS Office for Civil Rights:
   Email: OCRComplaint@hhs.gov
   Phone: 800-368-1019
   Mailing: U.S. Department of Health and Human Services
   Paula M. Stannard
   200 Independence Avenue, S.W.
   Room 509F HHH Bldg.
   Washington, D.C. 20201

4. Contact your local and federal legislators.
   a. State and local governments | USAGov
   b. Find and contact elected officials | USAGov
   c. USLCA is appreciative of Representative Jill Tokuda's office who has an active congressional inquiry underway.
5. Share this information with your friends and family. Encourage them to also reach out to Tricare and their government officials.

USLCA would also like to thank the Lactation Consultants in Hawaii that brought this to our attention so that we could advocate for our military families.

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