



## ***USLCA response to United Healthcare's coverage of lactation care***

To United Healthcare and United Healthcare Network Management,

The United States Lactation Consultant Association USLCA would like to respond to the announcement that UHC will stop reimbursement for both the mother and infant for code S9443 (preventive care code for 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 of the feeding to identify the specific feeding issue and any complications. These complications can include inadequate transfer of milk to the infant, poor weight gain, jaundice, delayed lactation, blocked milk duct, mastitis, and nipple soreness or fissures. Without adequate lactation care, this can lead to a delay in feeding issues, a shorter breastfeeding duration, an increase in health complications – otitis media, allergies, asthma, an increase in financial burden for obtaining lactation care or for formula because of lactation failure due to lack of access to a lactation care provider, and an increase in maternal child health inequities. Per UNICEF, the cost of healthcare due to not breastfeeding is \$341 billion and this does not include all of the lost wages of parents missing work due to these illnesses.

Current ICD and CPT coding frameworks have not kept pace up 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.

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**

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**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 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.

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 sides.

USLCA urges United Healthcare to reconsider this decision and allow the use of billing codes that will not result in unnecessary co-pays or deductibles for their patients or that conflict with the Affordable Care Act (specifically the coverage of lactation support and counseling). We urge UHC to provide the rationale for this decision, 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.

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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](http://www.bfmed.org)

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CDC - [About Breastfeeding Data](#) | [Breastfeeding Data](#) | CDC

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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. 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 United Healthcare via Instagram – leave a message or a comment.  
<https://www.instagram.com/unitedhealthcare>.
2. Members of UHC can call customer service to lodge a formal complaint. The customer service number is on the back of the insurance card.
3. Mail a personalized letter. Include a personal story about how you were helped or how you have helped UHC members. Certified Mail is highly recommended.
  - a. United Healthcare Attn: Abigail Lisowski 169 Inverness Drive West, Ste 400 Englewood, CO 80112
  - b. United Healthcare Network Management 1 Tower Center Boulevard, Suite 1100 East Brunswick, NJ 08816
4. Contact your local and federal legislators.
  - a. [State and local governments | USAGov](#)
  - b. [Find and contact elected officials | USAGov](#)
5. Share this information with your friends and family. Encourage them to also reach out to UHC and their government officials.

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