

## *Insurance Coverage for Lactation Consults*

The 2012 Affordable Care Act requires Insurance plans to provide trained lactation support at no cost to the member. (Exceptions include self funded and grandfathered plans)

Most insurance companies do have a process for granting this access on a case by case basis called a Waiver or GAP coverage.

### Steps for Filing for GAP Coverage or a Waiver

- Contact your insurance provider prior to our first consult appointment to verify your plan is NOT grandfathered or self funded. It is recommended to also ask that the plan follows guidelines of the ACA 2012.
- If the plan follows the ACA 2012, request information for coverage provided for Lactation Support.
- If necessary, request a list of In Network IBCLCs in your area. IBCLC certification is the GOLD standard!
- **IF the Insurance Company CAN NOT provide a list of providers for this service, they are REQUIRED to cover a qualified Out of Network provider at the In Network provider rate.**
- IF a list of IBCLC's for your area can not be provided, request a GAP exception or Waiver.
- Consider requesting a referral from your Primary Care Provider, Midwife, OB/GYN or Pediatrician that indicates the need for Lactation Support and Care. (Ensure that baby(ies) are also on your plan)
- Out of Network visits are considered Cash Pay visits and payment is due at time of service.
- You may opt to use your FSA/HAS debit card for payments.  
A Superbill will be provided to aid in requesting reimbursement following appointments.

As an out of network provider, I can not guarantee 100% reimbursement. It is more likely to occur when GAP coverage or waivers are obtained BEFORE our first appointment.

I am always happy to answer questions from your Insurance Representative or to verify information.

- Expect a denial of services letter when you submit the Superbill- Insurance Companies want to make money not spend it. This is a normal process, resubmit the Superbill or seek assistance from a third party company such as [Get Better](#). They will submit claims and appeals on your behalf.
- Use of an FSA/HSA debit card for payments DOES NOT negate your ability to request reimbursement.
- Sample appeal letters can be found via the [National Women's Health Law Center](#) or [Texas State Breastfeeding Coalition](#)

#### Information to Provide

Organization: Beyond the Breast  
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#### Procedure Codes Most often Used

Postpartum Procedure Codes: 99404, 99203, 99344, 99349  
Postpartum Diagnostic Codes: Z39.1, O92.4, O92.5, O92.79  
Prenatal Procedure Codes: S9443, S9445, 99344, 99404,  
99203, 96150  
Prenatal Diagnostic Codes: Z39.1