

QUESTIONS TO ASK YOUR PRIVATE INSURANCE COMPANY



Does my insurance plan cover Women's Preventive Services under the Affordable Care Act (ACA)?

If YES: I am expecting in month/year, or, I gave birth on month/day/year.

What breast pump(s) does my plan cover?

- Do I need an order (prescription) from my doctor? YES NO
- Is there a time frame (how soon before birth or how long after birth) for when I may obtain a pump? YES NO _____
- Is MilkWorks (Tax ID #470835579) in network for breast pumps? YES NO
- If out of network, is there any DME (Durable Medical Equipment) or preventive coverage for a pump obtained at MilkWorks? YES NO _____
- Do I have coverage for an E0603 Personal Use Pump (Diagnosis Code Z39.1)? YES NO
- If yes, how often may I obtain a Personal Use Pump under my insurance coverage (e.g. one per pregnancy, one per lifetime, one every 3-5 years)? _____
- Do I have coverage for an E0604 Medical Need (Hospital Grade) Rental Pump? YES NO
- Do I need pre-authorization for coverage of an E0604 Medical Need Rental Pump? YES NO
- Are there any conditions or restrictions for coverage of an E0604 Medical Need (Hospital Grade) Rental Pump? YES NO _____

Does my plan cover breastfeeding consultations by an IBCLC (International Board Certified Lactation Consultant)? YES NO

- If yes, are there any restrictions (i.e. # of visits allowed)? _____
- If you know the name of the MilkWorks IBCLC you are scheduled to see, you may ask if they are in network. Otherwise, ask if any of the following MilkWorks providers are in network with your plan.

All of our providers are in network with the same plans:

Dr. Kathryn Leeper	Meghan Gerken	Ann Seacrest
Anne Easterday	Kaye Lidolph	Christina Schill
Debra Erikson	Jennifer Maestas	Melinda Tockey
Teresa Flattery	Suzanne Meyers	

If my provider is out of network, does my plan cover lactation services for out of network providers differently? YES NO _____

Are breastfeeding classes covered? YES NO

(Procedure Codes for classes include 99412 or S9443 using Diagnosis Code Z39.1.)

Are there any other benefits or restrictions related to breastfeeding support under my plan?

If NO: I am expecting in month/year, or, I gave birth on month/day/year.

Do I have benefits under my medical DME (durable medical equipment) coverage for a breast pump? YES NO

- Is this coverage subject to any deductibles or coinsurance? YES NO
 - Are there other details I need to know about my coverage? _____
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