

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?

- 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 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 _____
- 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

(Procedure Codes for consultations include 99404 or 99245 using Diagnosis Code Z39.1.)

- 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	Suzanne Meyers	Melinda Tockey
Anne Easterday	McKenzie Jones	Jennifer Petersen	
Debra Erikson	Kristi Lord	Christina Schill	
Teresa Flattery	Jennifer Maestas	Ann Seacrest	

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? _____
- If no, where may I obtain a breast pump? _____