

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
- Are there any conditions or restrictions for coverage of an E0604 Medical Need (Hospital Grade) Rental Pump? YES NO _____
- MilkWorks maintains a limited number of Medical Need (Hospital Grade) pumps that may be rented out of pocket. You will be provided a receipt to submit to your insurance company for reimbursement consideration.

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
Anne Easterday	McKenzie Jones	Jennifer Petersen
Debra Erikson	Kristi Lord	Christina Schill
Teresa Flattery	Jennifer Maestas	Melinda Tockey

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

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

***PLEASE NOTE:** Dr. Leeper's charges may be applied to your deductible and/or copay. Billing may occur under mother and/or baby.

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? _____