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:

Melinda Booth  Meghan Gerken  Suzanne Meyers
Anne Easterday  McKenzie Jones  Jessica Jacobsen
Michelle Lingenfelter  Kristi Lord  Christina Schill
Miriam Heider  Jennifer Maestas

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?

Does my plan cover Kathryn Leeper, MD’s or Michelle Lingenfelter, APRN’s charges? Yes No CPT Code most commonly used= 99205-33 for mother- will there be a copay or deductible or coinsurance? Yes No

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?

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