

Hospital/Clinic: \_\_\_\_\_



Contact and Phone #: \_\_\_\_\_

**Milkalicious**

27111 Aliso Creek Rd., Suite 195

Aliso Viejo, CA 92656

Phone: 866-979-MILK (6455)

Hours of Operation: 10:00am - 5:00pm - Monday through Saturday



**Physician's Written Confirmation of Order**

This form functions as a Prescription and Letter of Medical Necessity for a Breastpump and necessary accessories.

Patient Name (First/Last) \_\_\_\_\_

Patient DOB \_\_\_\_\_

Infant Name (First/Last) \_\_\_\_\_

Infant DOB \_\_\_\_\_

Street Address (No PO Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Prescribed \_\_\_\_\_

Gender  Male  Female

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Insurance Information**

Primary Insurance / Phone Number \_\_\_\_\_

Insured's Identification Number \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Group Number \_\_\_\_\_

**Clinical Indicators for Breastpumping**

Mark all applicable clinical indications.\*

**MATERNAL CONDITION(S)**

- Insufficient milk supply 676.50
- Lactation deficiency 676.40
- Breast infection 675.84
- Engorgement 676.24
- Mastitis 675.24
- Nipple, cracks or fissures 676.14
- Nipple infection 675.04
- Nipple, retraction/inversion 676.04

**INFANT CONDITION(S)**

- Premature infant with feeding problems 765.10
- Feeding problem - newborn 779.31
- Failure to thrive 779.34
- Abnormal suck reflex 796.1
- Downs Syndrome infant 758.0
- Cleft Palate 749.00-749.25

\*This information is based on the Healthcare Common Procedure Coding System (HCPCS) developed by the Centers for Medicare and Medicaid Services (CMS). It is designed to be a current, authoritative source regarding HCPCS codes and every reasonable effort has been made to ensure the accuracy and completeness of the codes, symbols, and illustrations. However, the American Medical Association (AMA) makes no guarantee, warranty, or representation that this compilation is accurate, complete, or without errors. \*Supporting Breastfeeding and Lactation: The Primary Care Pediatrician's Guide to Getting Paid, \* American Academy of Pediatrics, September 2009. Accessed via the Internet at: <http://www.aap.org/breastfeeding/files/pdf/CODING.pdf>.

**Description of Items and Accessories Ordered (check items ordered)**

- E0602 Manual Pump or Kit
- E0603 Medela Medicaid Double Pump
- 

- S8265 Medela Special Needs Feeder (Haberman Feeder)
- 
- 

**Physician Information**

Clinic / Practice Name \_\_\_\_\_

Prescribing Physician Name (Print) \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

NPI (National Provider Identifier: Required) \_\_\_\_\_

Office Contact Name \_\_\_\_\_

UPIN # \_\_\_\_\_

Office Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Physician Attention: I certify that I am the physician identified on this form. I have reviewed the Written Confirmation of Order. Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information is true, accurate and complete, to the best of my knowledge. The patient's record contains supporting documentation which substantiates the utilization and medical necessity of the products listed and the Physician notes will be provided to Vendor upon request. I understand that any falsification, omission or concealment of material fact in that section may subject me to civil or criminal liability. A copy of this order will be retained as part of the patient's medical record.

Physician or Nurse Practitioner Signature \_\_\_\_\_

Date \_\_\_\_\_

Patient Signature\* \_\_\_\_\_

Date \_\_\_\_\_

\*MediCal provides one breastpump every 3 years. (I certify I am receiving a Medela Breastpump. I have not received a pump in the past 3 years. I certify to comply with Title 22 regulations.)