



ORDER FORM / PRESCRIPTION NOTICE

Please sign urgently and fax to us at: (800) 231-0352.

Accepted insurance plans: Denver Health Medical Plan • Colorado Access • Health First Colorado • Tricare West • Kaiser Permanente Medicaid • (Medicaid & CHP+ included)

Prescribing Provider's Name: _____ Facility Name: _____

NPI: _____ License Number: _____

Signature: _____ Date: _____

Lactation Dept/ Manager Phone: _____ Email: _____

Patient's Name: _____ Patient's DOB: _____

Subscriber ID: _____ Baby's DOB: _____

Primary Language: _____ Address: _____

Phone Number: _____ City/State /ZIP: _____

Email (REQUIRED): _____ Nipple Diameter/ Flange Size (if known): _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

*S9443: Lactation support services will include counseling, education, and breastfeeding equipment and supplies.
**Breast pump replacement parts: A4281, A4282, A4283, A4284, A4285, A4286, A9901

- Electric Breast Pump**
Package includes manual breast pump (E0602), milk storage bags refilled as needed (A4287), breast pump replacement parts refilled as needed**, and lactation support services (S9443*) [ICD-10: Z39.1 CPT: E0603, E0602, A4287, S9443* Place: 12]
 Pump will be from Lactation Department inventory
- Hospital Grade Breast Pump For RENT**
Package includes single user breast pump (E0603), manual breast pump (E0602), milk storage bags refilled as needed (A4287), breast pump replacement parts refilled as needed**, and lactation support services (S9443*) [ICD-10: Z39.1 CPT: E0604, E0603, E0602, A4287, S9443* Place: 12 Modifier: RR]
- Manual Breast Pump**
Package includes milk storage bags refilled as needed (A4287), and lactation support services (S9443*) [ICD-10: Z39.1 CPT: E0602, S9443* Place: 12]
- Lactation Support Services**
[ICD-10: Z39.1 CPT: S9443* Place: 12]
- Milk Storage Bags - refill as needed**
[ICD-10: Z39.1 CPT: A4287, S9443* Place: 12]
- Breast Pump Replacement Parts - refill as needed**
[ICD-10: Z39.1 CPT: A4281, A4282, A4283, A4284, A4285, A4286, A9901, S9443* Place: 12]
- Pregnancy Back Brace**
[ICD-10: M54.59, M54.30 CPT: L0621 Place: 12]
Pre-Pregnancy Waist Size:
 24-32" 33-40" 41-48"
 49-52" 53-62"
- Maternity Compression Socks**
[ICD-10: O22.02, O22.03 CPT: A6530 Place: 12]
Size: S M L XL
- C-Section Bandage System**
[ICD-10: O90.0 CPT: A6212, A6245 Place: 12]
- Bili Blanket Rental - home phototherapy**
[ICD-10: P59.9 CPT: E0202 Place: 12 Modifier: KR]