

ORDER FORM / PRESCRIPTION NOTICE

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

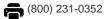
Accepted insurance plans: Denver Health Medical Plan • Colorado Access • Health First Colorado • Tricare West • Kaiser Permanente Medicaid • (Medicaid & CHP+ included)

Prescribing Provider's Name:					Date:			
	NPI:			Li	cense Number:			
Ph	one:		Ema	il:				
Signat	ture:							
								1
Patient's Name:				Pr	rimary Language	: 		
Patient's DOB:					Baby's DOB	:		
Subscriber ID:			Address (PLEASE VERIFY):					
Phone Number:			-					
Email					Nipple Diamet	er/ Flange		

(REQUIRED):

Size (if known):

Item	Diagnosis	Order	Place	Modifier
Hospital Grade Breast Pump For RENT	Z39.1	E0604	12	KR
Medela Symphony® Double Pumping Kit				
Electric Breast Pump - manual breast pump and 300 milk storage bags included	Z39.1	E0603, E0602, A4287	12	
Manual Breast Pump	Z39.1	E0602	12	
Milk Storage Bags - refill as needed	Z39.1	A4287	12	
Breast Pump Replacement Parts - refill as needed	Z39.1	A4281, A4282, A4283, A4284, A4285, A4286, A9901	12	
Pregnancy Back Brace - Other Lower Back Pain	M54.59	L0621	12	
Pregnancy Back Brace - Sciatic Pain	M54.30	L0621	12	
Maternity Compression Socks - 2nd Trimester	O22.02	A6530	12	
Maternity Compression Socks - 3rd Trimester	O22.03	A6530	12	
C-Section Stage 1 Bandage System	O90.0	A6212	12	
C-Section Stage 2 Bandage System	O90.0	A6245	12	



Request for Prior Authorization for Hospital Grade Breast Pump (E0604)

Date:

To Whom It May Concern,

I am writing to request prior authorization for my patient to rent a hospital-grade double electric Symphony breast pump (E0604).

- Patient Name: ______
- Patient's Medicaid ID:
- Patient's Date of Birth:
- Infant's/Infants' Date of Birth:

My patient meets all criteria for medical necessity:

- Patient is currently lactating and supplying her infant/infants with pumped milk.
- Patient plans to continue to provide pumped milk to her infant/infants.
- The infant(s) cannot feed consistently and effectively at the breast to maintain milk production.
- A single-user electric pump (E0603) is not sufficient for patient's needs. Specifically:

Patient is committed to providing her infant(s) with breast milk, and the Symphony breast pump is essential for her to do so. I strongly urge you to approve her request for prior authorization as quickly as possible.

Thank you for your time and consideration.

Sincerely,

Provider Name:

NPI: _____