Hospital/Clinic:

Contact and Phone #:

medela

**Glasgow Prescription Center**
615 S.L. Rogers Wells Blvd
Glasgow, KY 42141
Phone: 270-651-8889
Fax: 270-651-8873

GPC

## Physician's Written Confirmation of Order

**This form functions as a Prescription and Letter of Medical Necessity for a Breast pump 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)

- ☐ Postpartum Care of Lactating Mother Z39.1
- ☐ Supervision of normal pregnancy Z34.80
- ☐ Insufficient milk supply O92.5
- ☐ Lactation deficiency O92.3
- ☐ Breast infection O91.23
- ☐ Engorgement O92.29
- ☐ Mastitis O91.12
- ☐ Nipple, cracks or fissures O92.13
- ☐ Nipple infection O91.02
- ☐ Nipple, retraction/inversion O92.3
- ☐ Normal Delivery O80
- ☐ Other

### INFANT CONDITION(S)

- ☐ Premature infant with feeding problems P07.10
- ☐ Feeding problem - newborn P92.8
- ☐ Failure to thrive P92.6
- ☐ Abnormal suck reflex R29.2
- ☐ Downs Syndrome infant Q90.9
- ☐ Cleft Palate Q38.6
- ☐ Other

*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*)

- ☐ E0603 Medela Advanced Personal Double Electric Breast Pump

## Physician Information

Clinic / Practice Name | Prescribing Physician Name (Print)

Office Address | City | State | Zip

NPI (National Provider Identifier: Required) | Office Contact Name

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