Hospital/Clinic:

Contact and Phone #:

medela

Star Medical Specialties
4386 Sunbelt Drive
Addison, TX 75001-5611
1-800-368-2065
Fax: 1-800-301-9488

STAR MEDICAL SPECIALTIES

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

Gender ☐ Male ☐ Female

Date Prescribed

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 (V24.1)
- ☐ Supervision of normal pregnancy (V22.1)
- ☐ Insufficient milk supply 676.50
- ☐ Lactation deficiency 676.40
- ☐ Breast infection 675.84
- ☐ Engorgement 676.24
- ☐ Mastitis 675.14
- ☐ Nipple, cracks or fissures 676.14
- ☐ Nipple infection 675.04
- ☐ Nipple, retraction/inversion 676.04
- ☐ Normal Delivery 650
- ☐ Other

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 750.26
- ☐ Other

*This information is based on the Healthcare Common Procedure Coding System (HCPCS) developed by the Centrs 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 Intrenet at: http://www.aap.org/breastfeeding/files/pdf/CODING.pdf.

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

- ☐ E0603 Medela Advanced Personal Double Pump
- ☐ E0604 Symphony Hospital Grade Rental 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

(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.)