



Patient Name: _____ Date of Birth: _____ Due Date: _____

Insurance Company: _____

Member ID / Insurance ID / Sponsor's SSN or DBN if Tricare: _____

Phone Number: _____ Email: _____

Address: _____

Physician Order for Breast Pump and Supplies

Diagnosis Code:

- Z34.83 TRICARE / AETNA / AFSPA Beneficiary at 27 weeks or more gestation
- Z39.1 A birth event prior to 27 weeks gestation (Age of infant in months: ___)
- O60.10 A legal adoption of an infant who will be breastfed by an eligible TRICARE beneficiary (Age of infant in months: ___)

Breast Pump Needed:

- Manual Breast Pump E0602
- Double Electric Breast Pump E0603
- Hospital Grade E0604 (TRICARE Prime Beneficiaries may require a referral)

Supplies Needed: (TRICARE Beneficiaries eligible for all, AETNA/AFSPA Beneficiaries not qualified)

- A4282 Standard power adapters: 1 replacement per birth event, and not within 12 months of the breast pump purchase date
- A4281 Tubing and tubing adapters: 1 set per birth event, 2 units billed
- A4286 Locking rings: 2 every 12 months
- A4285 Bottles: 2 replacement bottles and caps/locking rings every 12 months following the birth event A4283 Bottle caps: 2 every 12 months after the birth event
- K1005 Storage bags: 90 bags every 30 days following the birth event
- A9900 Modifier XG Valves/Membranes: 12 units within the first 12 months following the birth event
- A4284 Breast Shields/Flanges: 1 set, 2 units billed per birth event

A Supplemental Nursing System (SNS) and Nipple Shields are also covered when prescribed and medically indicated. If prescribing these, indicate the items below and complete the additional information section for medical necessity.

- A9900 Modifier XN Supplemental Nursing System (SNS): 1 per birth event
 - A9900 Modifier XD Nipple Shields: 2 sets per birth event, 4 units billed
- Length of Need: _____

Additional information including medical necessity for the additional supplies:

Physician Info

Provider Name: _____

Provider NPI: _____

Phone Number: _____

Address: _____

Date Ordered: _____

Signature: _____