

# Milk Moms, Inc

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## MILK MOMS CERTIFICATE OF MEDICAL NECESSITY FORM

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Due Date: \_\_\_\_\_

### Certificate of Medical Necessity

(please check both item and ICD-10 code)

**Electric Breast Pump and Supplies**

Length of need: 99 (purchase)

ICD-10 Code:  Z39.1/Z39.2 – lactating mother

Other: \_\_\_\_\_

E0603 – Electric breast pump

A4281/A7002 – Tubing

A4282 – Adapter

A4283 – Bottle Cap

A4284 – Breast Shield

A4285/A7000 – Bottle/Canister

E1399 – Misc. Supply (valves/battery)

K1005 – Milk Storage Bags (180 units)

**Pregnancy Support Band – L0621**

Length of need: 3-9 months

ICD-10 Code:  Z34.90 – encntr for suprvsn of normal pregnancy

Other: \_\_\_\_\_

Size:	Waist	Pre-Preg Pant
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XS 24-32 in 00-0

S 33-40 in 2-4

M 41-48 in 6-12

L 49-52 in 14-18

XL 53-62 in 20-26

**Prenatal Cradle – L0621**

Length of need: 99 (purchase)

ICD-10 Code:  Z34.90 – encntr for suprvsn of normal pregnancy

Other: \_\_\_\_\_

**Maternity Compression Socks – A6530**

Length of need: 99 (purchase)

ICD-10 Code:  Z34.90 – encntr for suprvsn of normal pregnancy

Other: \_\_\_\_\_

Size:	Ankle	Calf
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S 6.5-8.5 in 11-16.5 in

M 8-10 in 12-17.5 in

L 9-11.5 in 13-19 in

XL 11-15 in 17-23 in

**Post-Partum Recovery Garment – L2630**

Length of need: 1 week – 4 months

ICD-10 Code:  Z34.90 – encntr for suprvsn of normal pregnancy

Other: \_\_\_\_\_

Size:	Waist	Pre-Preg Pant
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XS 24-26 in 00-2

S 27-29 in 4-6

M 30-32 in 8-10

L 33-36 in 12-14

XL 37-39 in 16-18

2X 40-44 in 20-22

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX OR EMAIL THIS FORM TO MILK MOMS. FAX: 763-413-9741 / EMAIL: ORDERS@MILKMOMS.COM**