Tips for getting a breastpump...
when you have Medical Assistance, Healthy Start, or Badger Care:

THE COST OF BREAST PUMPS MAY BE COVERED (except for a $3 co-pay) for most mothers enrolled in Medical Assistance, Healthy Start, and Badger Care, IF:

- You are a breastfeeding mother and your doctor or breastfeeding consultant believes a pump will help you get started breastfeeding.
- You will be separated from your baby, such as being hospitalized or going back to work/school.
  (If you had a pump previously, keep the manual pump, electric pump, or attachment kit for future use. Medical Assistance may not pay for another pump.)

PUMP CHOICES (talk with your medical provider about which of these are available for you)
- Manual pump
- Bilateral (both breasts at the same time) personal electric pump
- 60 days rental of a bilateral electric pump (Talk to your doctor if the rental time needs to be extended.)

WHICH PUMP IS BEST?
If you need help deciding which pump may work best for you, call your hospital lactation consultant.

STEPS TO SUCCESS IN GETTING A PUMP FROM MEDICAL ASSISTANCE

<table>
<thead>
<tr>
<th>HMO</th>
<th>STEP 1</th>
<th>STEP 2</th>
<th>STEP 3</th>
<th>HOURS/Phone</th>
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<tbody>
<tr>
<td>DEAN</td>
<td>Ask your physician or your baby’s physician to fill out the order form on the back of this page.</td>
<td>Ask the clinic to FAX the order form to HOME HEALTH UNITED  FAX# 866-553-0824 or bring the form with you</td>
<td>Go to HOME HEALTH UNITED at 700 S. Park St. or 4639 Hammersley Road, Madison, WI, to pick up pump</td>
<td>Home Health United is open Monday – Friday, 8 a.m. to 5 p.m. For questions call: 276-3420</td>
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<tr>
<td>GROUP HEALTH</td>
<td>Call 257-9700 to make an appointment with Lisa Hansen</td>
<td>Keep your appointment with Lisa Hansen</td>
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<tr>
<td>UNITY</td>
<td>Ask your physician or your baby’s physician to fill out the order form on the back of this page.</td>
<td>Ask the clinic to FAX the order form to Meriter Home Health  FAX# 417-3767 or bring the form with you</td>
<td>Go to Meriter Home Health, 2180 West Beltline Hwy, Madison, WI 53713 to pick up pump</td>
<td>Meriter Home Health is open 8 a.m. – 6 p.m. Mon. – Fri. &amp; 9 a.m. to 3 p.m. on Sat. For questions call: 417-3700, Ext. 2</td>
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<td>PHYSICIAN PLUS</td>
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<td>ALL Other HMOs or Insurance</td>
<td>Must discuss need with baby’s/ mother’s physician, then check with your insurance for procedure</td>
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If your physician has questions about this, show him/her this information sheet; or they may call their equipment provider at the number above.

IF YOU NEED HELP IN LEARNING HOW TO USE YOUR PUMP:
- Call a lactation consultant at your clinic or hospital and ask for an appointment to get this help
  (Meriter phone 267-6547; St. Mary’s phone 258-6474)

The most current copy of this from is available on our website as listed above.
- Check our website http://www.publichealthmdc.com/family/breastfeeding/support.cfm.
  Click on Family & community health, then Breastfeeding education & support. You may also call (608) 243-0449.
Public Health Madison & Dane County

Medical Provider: Please complete this form and FAX to HMO Durable Medical Equipment provider.

<table>
<thead>
<tr>
<th>HMO</th>
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<th>Group Health</th>
<th>Unity/Physician Plus</th>
<th>All Other Providers</th>
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<tr>
<td>FAX Number</td>
<td>Home Health United (866) 553-0824</td>
<td>250-2015 Attn: Lisa Hansen</td>
<td>Meriter Home Health 417-3767</td>
<td>Check with provider</td>
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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Access and Accountability
F 1153 (02/09)

STATE OF WISCONSIN

FORWARD HEALTH
BREAST PUMP ORDER

Forward Health requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible members.

Members of Forward Health are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about applicants and members is confidential and is used for purposes directly related to Forward Health administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

INSTRUCTIONS
Type or print clearly. This form is to be completed by the physician, given to the provider of the breast pump, and kept in the member’s medical record as required under DHS 106.02(9), Wis. Admin. Code. The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form.

1. Date of Order

2. Name of Recipient (Mother)

3. Address of Recipient

4. Date of Birth – Mother

5. Date of Birth – Baby

6. Recipient’s Medicaid Identification Number

6. Clinical Guidelines

All of the following must apply as a condition for coverage. By checking the boxes, the physician verifies that all conditions are met.

☐ Physician ordered or recommended breast milk for infant.
☐ Potential exists for adequate milk production.
☐ Member plans to breast-feed long term.
☐ Member is capable of being trained to use the breast pump.
☐ Current or expected physical separation of mother and infant (e.g., illness, hospitalization, work) would make breast-feeding difficult, or there is difficulty with “latch on” due to physical, emotional, or developmental problems of the mother or infant.

7. Type of Pump
The physician orders or recommends the following breast pump for use by the member:

☐ Breast pump, manual, any type.
☐ Breast pump, electric (AC and / or DC), any type.
☐ Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction / release cycles, vacuum regulator, supplies transformer, electric (AC and / or DC).

8. Name — Physician (Type or Print)

9. Address — Physician

10. SIGNATURE — Physician

11. Date Signed