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## STATEMENT OF MEDICAL NECESSITY

Date \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Sponsor's Social Security Number \_\_\_\_\_

Copy of Driver's License

**BREAST PUMP:**  Electric Breast Pump (E0603)

### BREAST PUMP ACCESSORIES

- Tubing for breast pump, replacement (A4281)
- Adapter for breast pump, replacement (A4282)
- Cap for breast pump, replacement (A4283)
- Breast shield and splash protector (A4284)
- Polycarbonate bottle for use with breast pump, replacement(A4285)
- Locking ring for breast pump, replacement(A4286)
- Breast milk bags (A4649)

### DIAGNOSIS

- Neonatal difficulty with feeding at breast/Suppressed latch (O92.5)
- Unspecified disorders of lactation (O92.70)
- Other disorders of lactation/Poor latch (O92.79)
- Other disorders of breast associated with pregnancy and the puerperium/engorgement (O92.29)
- Cracked nipples (O92.12)
- Retracted nipple associated with lactation (O92.03)
- Mastitis (O91.22)
- Feeding problem of newborn, unspecified (P92.9)
- Failure to thrive (R62.51)
- Jaundice (P59.8)
- Other: \_\_\_\_\_

**LENGTH OF NEED:**  Indefinite/as long as breastfeeding

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### AUTHORIZATION

Provider Signature: \_\_\_\_\_

Developed by Mom 2 Be, LLC 12/01/2015