INFANT NUTRITION BENEFITS AUTHORIZATION REQUEST FORM
Breast Pump and Lactation Consultant Services

- Complete this form for authorization of lactation management aids or services.
- Please include chart notes to expedite the review/authorization process.
- This form is for directly contracting fee-for-service (FFS) Medi-Cal providers. Fax form to 1-800-743-1655.

Lactation education/consultation services provided through the Comprehensive Perinatal Services Program (CPSP) do not require prior authorization.

Member name (mother) (Last, first):_____ **DOB:**_____ **Member ID #:**_____
Member name (infant) (Last, first):_____ **DOB:** _____ **Member ID #:**_____
Address (City, state, ZIP code): _____
Primary telephone #:_____ **Alt. telephone #:**_____

Requesting physician:
Name:_____ Signature:_____ Date:_____
Address (City, state, ZIP code): _____
Telephone #:_____ Fax #:_____ **Medical group:** _____
Are you the member's PCP? ☐ **Yes** ☐ **No** **If "No," list member's PCP:** _____

Doctors recommend fully breastfeeding for six months and continued breastfeeding for the first year of life or longer.

Breastfeeding assessment:
- ☐ Fully breastfeeding per AAP and AAFP recommendations
- ☐ Combination feeding: breast milk and formula
- ☐ Not breastfeeding or never breastfed

Diagnosis/Clinical reason for lactation aides/services:

Maternal		Infant	
☐ **O92.7**	Contraindicated drug use (need to sustain milk supply)	☐ **P92.8**	Feeding problems – newborn (nipple preference/tongue thrust/weak suck/latch-on difficulty/refusal to suck)
☐ **O92.7**	Mother/baby separation due to hospitalization	☐ **P92.9**	Feeding problems – infant (>28 days)
☐ **O92.7**	Establish milk supply	☐ **R10.9**	Colic
☐ **O91.03**	Plugged milk duct	☐ **P37.5**	Thrush
☐ **O92.3**	Failure of lactation	☐ **P59.9**	Jaundice, neonatal
☐ **O92.5**	Suppressed lactation	☐ **E86.9**	Dehydration, neonatal
☐ **O92.29**	Engorgement of breasts	☐ **P92.9**	Slow weight gain/FTT (newborn)
☐ **O92.13**	Nipple – cracked/ blister/fissures	☐ **R62.51**	Slow weight gain/FTT (older infant)
☐ **O91.12**	Breast abscess	☐ **P07.30**	Prematurity/LBW (NOS)
☐ **N64.4**	Breast pain	☐ **Q38.1**	Ankyloglossia
☐ **O92.29**	Nipple pain/trauma/ ulcer	☐ **Q35.9**	Cleft palate (NOS)
☐ **O92.7**	Infection of nipple	☐ **Q36.9**	Cleft lip (NOS)
☐ **O92.019**	Nipple inverted/ retracted	☐ **Q37.9**	Cleft lip and palate (NOS)
☐ **O92.7**	Mother/baby separation due to work or school*	☐ **Q18.9**	Cranial facial abnormality that prevents latch-on and adequate milk intake*
*(*Does not qualify for hospital-grade pump)*		*(*If not approved as a CCS-eligible condition)*	
☐ **O92.119**	Mastitis, purulent	☐ **R63.4**	Abnormal wt. loss
☐ **O91.21**	Mastitis, nonpurulent	☐ **G47.10**	Sleepy baby
☐ Other:_____ **Include ICD-10 code**:_____		☐ Other:_____ **Include ICD-10 code**:_____	

Medically necessary lactation aids/services:
- ☐ Personal-use electric breast pump and kit (No PA required. This form can be used as the Rx.)
- ☐ Hospital-grade electric breast pump and kit (Electric breast pump requests for longer than three months require the mother/baby to be re-evaluated for reauthorization.)
- ☐ Hospital-grade electric breast pump – reauthorization
- ☐ Lactation consultation by registered international board-certified lactation consultant (IBCLC)** _____ # of sessions

Name of IBCLC:_____

Telephone # of IBCLC:_____

**Providers that do not have a contract with an IBCLC must receive authorization prior to the rendering of lactation education/consultation services. Providers are encouraged to call the Provider Services Center at 1-888-893-1569 for proper billing procedures.

Duration of medical necessity:
Hospital-grade electric pump _____ months

Reauthorization documentation:
_____

CCS referral: ☐ Yes ☐ No
If "Yes," status of referral: _____

Additional information:
_____
_____
_____
_____

CPSP Providers Only	☐ **Z6204** Follow-up antepartum reassessment/ treatment/intervention	☐ **Z6208** Postpartum assessment/treatment/ intervention and ICP development
☐ **Z6406** Follow-up antepartum reassessment/ treatment/intervention	☐ **Z6410** Perinatal education	☐ **Z64014** Postpartum assessment/treatment/ intervention and ICP development

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