



Tips for Getting a Breast Pump

When you have Badger Care (Forward Health)

Cost

- You qualify for one free breast pump through your insurance company per lifetime
- There may be a co-pay when picking up your pump

Pump Choices

- Manual pump (handheld)
- Double electric pump
- Ask your doctor what type of pump your insurance covers



Steps to get a Breast Pump from Badger Care

HMO	Step 1	Step 2	Step 3	Hours/Phone
Dean	Ask your physician or your baby's physician to fill out the order form on the back of this page.	Ask the clinic to FAX the order form to HOME HEALTH UNITED FAX# 866-553-0824 or bring the form with you	Go to HOME HEALTH UNITED at 700 S. Park St. or 4639 Hammersley Road, Madison, WI, to pick up pump.	Home Health United is open Monday – Friday, 8 a.m. to 5 p.m. For questions call: 276-3420
Group Health	Call 257-9700 to make an appointment with Lisa Hansen	Keep your appointment with Lisa Hansen		
UnityPoint/ Quartz or Physicians Plus	Ask your physician or your baby's physician to fill out the order form on the back of this page.	Ask the clinic to FAX the order form to UnityPoint at Home FAX# 417-3767 or bring the form with you	Go to UnityPoint at Home, 2180 West Beltline Hwy, Madison, WI 53713 to pick up pump	UnityPoint at Home is open 8 a.m. – 6 p.m. Mon. – Fri. & 9 a.m. to 3 p.m. on Sat. For questions call: 417-3700, Ext. 2
All Other HMOs or Insurance	Must discuss need with baby's/ mother's physician, then check with your insurance for procedure			

Questions about how to use your pump or milk storage?

- Call a lactation consultant at your clinic or hospital and ask for an appointment
 - Meriter: (608) 417-6547 or St. Mary's : (608) 258-6474
- Call the Dane County Breastfeeding line (608) 243-0449
- Ask a WIC lactation consultant (608) 267-1111

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

HMO	DEAN	Group Health	UnityPoint/Quartz/ Physician Plus	All Other Providers
FAX Number	Home Health United (866) 553-0824	Attn: Lisa Hansen (608) 250-2015	UnityPoint at Home (608) 417-3767	Check with Provider

DEPARTMENT OF HEALTH AND FAMILY SERVICES
 Division of Health Care Access and Accountability
 F 1153 (10/2015)

STATE OF WISCONSIN

**FORWARDHEALTH
 BREAST PUMP ORDER**

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

Members of ForwardHealth 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 enrollment status, accurate name, address, and member identification number [DHS 104.02(4), Wis. Admin. Code].

Under Wis. Stat § 49.45(4), 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 – Member (Mother)		3. Address – Member	
4. Date of Birth – Infant		5. Member ID	

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		9. Address — Physician	
10. SIGNATURE — Physician		11. Date Signed	12. Time Signed