

HUSKY Health Program Donor Breast Milk Prior Authorization Request Form

Phone: 1.800.440.5071

THIS FORM IS TO BE COMPLETED BY THE ORDERING PROVIDER AND FAXED WITH CLINICAL DOCUMENTATION TO 203.265.3994.

Member Name (Last, First): Sex: Primary Diagnosis Code:	Member Information						
Milk Bank/Billing Provider Information Medicaid Billing #: Billing Provider Name (Last, First): City, State, Zip: Contact Name: Contact Plane #: Ordering/Referring Provider Information Medicaid ID #: Referring Provider Name (Last, First): Phone #: Pax #: NPI #: Address: City, State, Zip: Authorization Information Medicaid ID #: Pax #: NPI #: Address: City, State, Zip: Authorization Information Medicaid ID #: Pax #: NPI #: Address: City, State, Zip: Authorization Information MCPCS Code: T2101 # of 100 ml bottles in 30-day authorization period: Start Date: Infitial Authorization Requests: Please fill out completely and attach a signed letter of medical necessity from prescribing practitioner in inpatient hospital setting, additional relevant cinical documentation, and pricing information. 1. Current age of Infant: months 2. Is donor breast milk the best option to supplement the infant's medical/nutritional needs? 3. Does the Infant have a congenital or acquired condition for which feeding with human milk is particularly advantageous to support treatment and recovery? If yes, please indicate condition: 4. Is the infant unable to receive maternal breast milk to be infant's medical/nutritional needs? 5. Is deep for infant: months 4. Is the infant unable to receive maternal breast milk to be infant's medical nutrition of the provide enough breast milk to promote growth and development? Pease fill out completely and attach relevant clinical documentation, a signed prescription, and pricing information. For infants six months of age and older, please also attach a feeding trial and translition plan. 1. Current age of infant: months 2. Is the infant ourrently on supplemental donor breast milk? 3. Does the infant have a congenital or acquired condition for which feeding with human milk is particularly advantageous in the infant? 4. Does the infant have a congenital or acquired condition for which feeding with human milk is particularly advantageous in the promote growth and develo	Member ID #:		Member Name (Last, First):				
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