**HOW TO ORDER BREAST PUMPS FOR MOTHERS**

INPATIENT ORDERS

1. **Hospital Grade Breast Pump - CCHP MEDI-CAL** 
   1. **CCLINK:**
      1. **MD** places order in MOTHER‘S chart for: **CCHP E0604 hospital grade DME breast pump**. **Mark it URGENT**, request for **2 months**.
   2. **FORMS:** 
      1. **ITC Medical** (the DME company) – Lactation Consultant has forms; hyperlink also available on ccLink at time of writing RX. Diagnosis, MD signature and NPI and License # required. Request for 2 months.
      2. **WIC breast pump referral** should **also** be submitted (available on iSite – search WIC Breast Pump).
2. **Hospital Grade Breast Pump AND Back to Work Pump –NON CCHP MEDI-CAL**
   1. **ccLink:**
      1. MD places order in Baby’s or Mothers chart **for PHN/LACTATION and request WIC ELECTRIC BREAST PUMP**
   2. **FORMS:**
      1. Staff also completes **WIC Breast Pump Referral Form** and faxes to WIC (available on iSite)
3. **Back to work pump (single user pump) – CCHP**
   1. **ccLink:** Doctor enters order for E0603 Single User Breast Pump (back to work pump). This will generate a preauthorization from CCHP and an RX form**. This pump comes through Pumping Essentials.**
   2. **FORMS:**
      1. Fax the RX form and FaceSheet to Pumping Essentials at 888-557-0898 to expedite order otherwise it will take 5-7 days.
   3. **PHONE: Tel: 888-557-4203** If time the order may be called in: retrieve CCHP member number and mob’s email address. Give representative MOB’S face sheet info, email, CCHP card info
   4. **PATIENT INSTRUCTIONS:** Pump can be ordered online**:**  3 steps [www.pumpingessentials.com](http://www.pumpingessentials.com). Click “get Started”

**IMPORTANT PHONE NUMBERS:**

**CCHP Authorization:** 925-957-7260 opt: 4

**ITC Medical Supplies (Irina):**  fax 415-387-2540; phone 415-387-7100

**Pumping Essentials:** 888-557-4203

**WIC Pump Coordinator (Shelly Trejo):** 925-646-5534

**HOW TO ORDER BREAST PUMPS FOR MOTHERS**

AMBULATORY/CLINIC ORDERS

1. **Hospital Grade Breast Pump - CCHP MEDI-CAL** 
   1. **CCLINK:**
      1. **MD** places order in MOTHER‘S chart for: **CCHP E0604 hospital grade DME breast pump**. **Mark it URGENT**, request for **2 months**.
      2. Select **ITC MEDICAL** hyperlink to generate the pump request form for ITC
      3. **PH LACTATION REFERRAL**: specify “Breast Pump” in comments field. This will be forwarded to WIC.
   2. **FORMS:** 
      1. **ITC Medical** (the DME company) – All fields must be completed with Diagnosis, MD signature and NPI and License #. Request for 2 months. Fax to ITC.
2. **Hospital Grade Breast Pump AND Back to Work Pump –NON CCHP MEDI-CAL**
   1. **ccLink:**
      1. MD places order in Baby’s or Mothers chart **for PHN/LACTATION and request WIC ELECTRIC BREAST PUMP**
   2. **OTHER:**
      1. **PATIENT RESPONSIBILITY:** Advise patient to call their WIC office to arrange for pump pick up.
      2. **LC RESPONSIBILITY (If available)** In-basket message to Araceli Trejo requesting pump for the patient.
3. **Back to work pump (single user pump) – CCHP ONLY.** 
   1. **ccLink:** Doctor enters order for E0603 Single User Breast Pump (back to work pump). This will generate a preauthorization from CCHP**. This pump comes through Pumping Essentials.**
   2. **FORMS:**
      1. Fax the RX form AND Facesheet to Pumping Essentials at 888-557-0898 to expedite order otherwise it will take 5-7 days. Use Cover Sheet for HIPAA
   3. **PHONE:** 
      1. **888-557-4203** If time the order may be called in: retrieve CCHP member number and mob’s email address. Give representative MOB’S face sheet info, email, CCHP card info
   4. **PATIENT INSTRUCTIONS: Follow up with Pumping Essentials.**Pump can be ordered online**:**  3 steps [www.pumpingessentials.com](http://www.pumpingessentials.com). Click “get Started”