

HUSKY HEALTH PROGRAM

Palivizumab (Synagis®) Outpatient Hospital Request Form (2016-2017 RSV Season)

Date of Request: _____
Hospital Name: _____
Hospital Medicaid ID: _____
Ordering Provider: _____
Address: _____
NPI#: _____
Contact: _____
Tel. #: _____
Fax #: _____

Fax to: 203.774.0549

Patient Information
HUSKY Member Name: _____
HUSKY Member #: _____
Head of Household Name: _____
Telephone #: _____
Date of Birth: _____
Gestational Age (weeks/days): _____ / _____
Birth Weight: _____ Present Weight: _____

Doses Ordered #: _____

Previous Dose Given: Y / N Date(s) Previous Dose(s) Administered: _____

To request authorization for a total of up to five (5) doses for administration during the expected 2016-2017 season (November 1, 2016 through March 31, 2017), please complete below:

Criteria – Check only one category and enter the diagnosis / ICD-10CM code that is most applicable to the clinical situation.

1. **Infant born before 29 weeks, 0 days gestational age, and who is up to 12 months of age as of 11/01/2016 (5 Doses Max)**
- Enter one ICD-10CM code identifying patient's gestational age.
ICD-10CM Code: _____
2. **Preterm infant born before 32 weeks, 0 days gestational age with chronic lung disease of prematurity defined as greater than 21% oxygen for at least 28 days after birth, and who is up to 12 months of age as of 11/01/16 (5 Doses Max)**
- Enter one ICD-10CM code identifying patient's gestational age.
ICD-10CM Code: _____
 - Enter one ICD-10CM code that best describes the patient's lung disease of prematurity.
ICD-10CM Code: _____ (Requires documentation of oxygen needs after birth)
3. **Infant with hemodynamically significant heart disease and who is up to 12 months of age as of 11/01/16 (5 Doses Max)**
- Diagnosis: _____ ICD-10CM Code: _____ (Requires documentation of indicated diagnosis)
4. **Child between 12 and 24 months of age as of 11/01/16, born before 32 weeks, 0 days' gestation who required at least 28 days of supplemental oxygen after birth and who continues to require medical intervention (supplemental oxygen, chronic corticosteroid or diuretic therapy) (5 Doses Max)**
- Diagnosis: _____ ICD-10CM Code: _____ (Requires documentation of oxygen needs after birth and current medical interventions)
5. **Other: Child who will be profoundly immunocompromised during the RSV season and who is up to 24 months of age as of 11/01/16 (5 Doses Max)**
- Diagnosis: _____ ICD-10CM Code: _____ (Requires documentation of immunocompromised state)
6. **Other: Child with pulmonary abnormality or neuromuscular disease that impairs the ability to clear secretions from the upper airways and who is up to 12 months of age as of 11/01/16 (5 Doses Max)**
- Diagnosis: _____ ICD-10CM Code: _____ (Requires documentation of indicated diagnosis)

Physician Signature