Provider Bulletin

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colorado.gov/hcpf

In this issue:

Synagis® Vaccine 1
Seasonal Influenza Vaccine .. 3
Synagis® Information Sheet .. A
Synagis® PAR Form ..... B
Synagis® Medical PAR Example C
Synagis® Pharmacy PAR Example ..... D

Synagis® and Influenza Vaccines

Synagis® (Palivizumab) Vaccine

The 2011-2012 Synagis® season will begin November 15, 2011 and end March 31, 2012. The Colorado Medical Assistance Program will approve requests for a max of 5 doses, at a dosing interval of no fewer than 28 days between injections. Requests for doses exceeding the 5 dose maximum or beyond the season end date will be **denied**. Providers should be aware that the Colorado Respiratory Syncytial Virus (RSV) season typically has a later onset (i.e. starts closer to December) and should schedule their Synagis® doses accordingly.

Reimbursement and Prior Authorization of Synagis®

Reimbursement for Synagis® administered in a physician's office is $1,207.85 and is calculated at 50mg per unit. Providers should bill less than the reimbursement maximum per unit, if the 50mg vial is split between two patients.

The Department of Health Care Policy and Financing (the Department) is continuing use of coverage criteria based on the American Academy of Pediatrics (AAP) 2009 and the Colorado Chapter of the AAP recommendations for RSV prophylactic therapy. Synagis® is used to prevent serious lower respiratory tract disease caused by RSV in pediatric patients at high risk for RSV disease. Synagis® is administered by intramuscular injections, at 15 mg per kg of body weight, once a month during expected periods of RSV frequency in the community. Requests for Synagis® that do not meet the AAP indications listed on the Colorado Medicaid Synagis® PAR Form will be **denied**. Clients must appeal this decision through normal client appeal process.

Effective November 1, 2011, the Colorado Medical Assistance Program will begin accepting PARs for Synagis®. All requests for Synagis® (Palivizumab) require prior authorization and can either be called in or faxed to the Pharmacy Prior Authorization Helpdesk. For faster processing, the preferred method is to call the Pharmacy PA Helpdesk at 1-800-365-4944. However, the form may be faxed to 1-888-772-9696. Information and the form are Attachments A and B of this bulletin and can be found under Prior Authorization Request Forms in the Provider Services Forms section of the Department's Web site at colorado.gov/hcpf. If submitting a paper PAR, **no other forms will be accepted.** All requests, whether administered in the office or in the home, must use this form. Should you have any questions regarding the status of a Synagis® PAR or the PAR form, please direct all inquires to the Pharmacy Prior Authorization Helpdesk at 1-800-365-4944.

Prior Authorization is required and will be approved if:

The client is under age 2 at the start of the current RSV season or at the time of the first injection for the current RSV season, who meets all of the following:

ACS A xerox Company

Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

ACS Contacts

Billing and Bulletin Questions
1-800-237-0757 or 1-800-237-0044

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquiries, and Adjustments
P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions
P.O. Box 1100
Denver, CO 80201

- Diagnosis of Chronic Lung Disease (CLD) AND having one for more of the following clinical needs during the previous 6 months:
  a. Supplemental oxygen;
  b. Regular use of inhaled or oral bronchodilators;
  c. Recent use of corticosteroid therapy; or
  d. Regular or intermittent use of diuretics to treat pulmonary disease.
  ***A maximum of five monthly doses is recommended.**
- Diagnosis of Interstitial Lung Disease and/or Neuromuscular disease which impacts pulmonary function
  *** A maximum of five monthly doses is recommended.**
- Any infant or child under the age of 2 who has a diagnosis of congenital heart disease and meets any of the following criteria:

  a. Receiving medication to control congestive heart failure (diuretics, antihypertensives);
  b. Suffer moderate to severe pulmonary hypertension; or
  c. Suffer Cyanotic Heart Disease.
  ***A maximum of five monthly doses is recommended.**
- Any infant up to 6 months of age, born 29 to less than 32 weeks gestation
  ***A maximum of five monthly doses is recommended.**
- Any infant up to 12 months of age, born at 28 weeks or less gestation
  ***A maximum of five monthly doses is recommended.**
- Infants up to 2 years of age with hemodynamically significant heart disease defined as having one or more of the following:
  a. Infants receiving medication to control congestive heart failure;
  b. Infants with moderate to severe pulmonary hypertension; or
  c. Infants with cyanotic heart disease.
  ***A maximum of five monthly doses is recommended.**
- Any infant younger than 3 months of age at the start of the RSV season, born at 32 to less than 35 weeks gestation and meets one of the following risk factors:
  a. Currently attends day care;
  b. Has a sibling younger than 5 years of age;
  c. Congenital abnormalities of the airway; or
  d. A neuromuscular condition that compromises handling of respiratory secretions.
  ***A maximum of three monthly doses is recommended for patients in this category, or until the child reaches 3 months of age.**

Additional PAR instructions:

- Please note that the first 6 boxes on the PAR form for qualifying diagnosis are for 5 monthly injections. The last qualifying diagnosis box is only for 3 monthly injections. **Do not** check criteria underneath both the 5 monthly and 3 monthly injections as your request will be **denied.** All Synagis® PARs must be signed by the prescribing physician, even if submitted by an infusion or long-term care facility.

Billing instructions:

- Providers administering Synagis® in the office must use Current Procedural Terminology (CPT) code 90378 on the Colorado 1500 paper claim form or on a electronically submitted 837 Professional (837P) transaction. Electronically submitted claims must include the National Drug Code (NDC) 6057441141.
- Providers may not ask clients to obtain Synagis® from a pharmacy and bring it to the practitioner's office for administration.

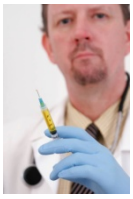
- Synagis® given in a doctor's office, hospital, or dialysis unit is to be billed directly by those facilities as a medical benefit. **Synagis® may only be a pharmacy benefit if the medication is administered in the client's home or long-term care facility.**

Note: A separate Synagis® PAR process exists for the CHP+ State Managed Care Network members. Any questions regarding this process should be directed to Colorado Access at 303-751-9005 or 1-800-511-5010, or US Bioservices at 303-706-0053.

For additional questions, please contact Amanda Belles at Amanda.Belles@state.co.us or 303-866-2830. You may also contact Richard Delaney at Richard.Delaney@state.co.us or 303-866-3436.

Synagis® and Home Health Agencies

If a client has been approved for Synagis® injections to be delivered in the client's home by a Home Health Agency (HHA), the HHA must use the Long Term Home Health (LTHH) PAR form for the visits related to the Synagis® injections. If the client has an active LTHH PAR in place, then the agency is not required to submit a separate PAR for the Synagis® injections and should use the standing PAR to administer the Synagis® injections.



The number of visits requested by the HHA, for the sole purpose of administering Synagis®, should equal the number of Synagis® doses for which the client has been approved. These visits **cannot** exceed 5 standard RN visits, if approved. The provider's order for or approval of the Synagis® injections must be included with the PAR request.

For questions or additional information, please contact Guinevere Blodgett at Guievere.Blodgett@state.co.us or 303-866-5927.

Seasonal Influenza Vaccine

Seasonal influenza vaccine is a benefit for children and adults.

For Children/Adolescents:

Free seasonal influenza vaccine is available through the Vaccines for Children Program (VFC Program) and the Colorado Immunization Program (CIP) for Colorado Medicaid enrolled children/adolescents (age 20 and under) meeting any of the following criteria:

- Children aged 6 months through 23 months
- Children and adolescents aged 6 months through 18 years with chronic disorders of the pulmonary or cardiovascular systems, including asthma

- Children and adolescents aged 2 through 18 years who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by HIV)
- Children and adolescents aged 2 through 18 years who are receiving long-term aspirin therapy and may therefore be at risk for developing Reye's Syndrome after influenza
- Children and adolescents aged 2 through 18 years who are residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
- Adolescent females under 19 years of age who will be pregnant during influenza season
- Children (6 months-18 years) who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration
- Children and adolescents aged 2 years through 18 years who are household contacts or out-of-home caregivers of persons in the following high-risk groups:
  - Children less than 2 years old
  - Adults aged 50 years or older
  - Persons with chronic disorders of the pulmonary or cardiovascular systems, including asthma

- Persons who have required regular medical follow-up or hospitalization during the preceding year for chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by HIV)
- Children and adolescents aged 2 through 18 years who are receiving long-term aspirin therapy and may therefore be at risk for developing Reye Syndrome after influenza
- Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
- Women who will be pregnant during influenza season
- Persons who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration

For Adults:

Note the valid CPT billing codes (90656, 90658) in the **Billing Information** table below for adult seasonal influenza immunization.

Who Should Get Seasonal Influenza Immunization:

Seasonal influenza immunization is strongly recommended for individuals who are 6 months or age or older and because of age or underlying medical conditions are at increased risk for complications of influenza. Health care workers and other contacts (including household contacts) of individuals in high-risk groups should also be vaccinated.

High-risk groups include:

- Children /Adolescents who meet the criteria for VFC and CIP seasonal influenza vaccine (see previous section)
- Persons 65 years of age or older
- Persons with chronic disorders of the pulmonary or cardiovascular systems, including asthma
- Persons who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications)
- Residents of nursing homes and other chronic-care facilities that house persons at any age who have chronic medical conditions

Flu vaccine may also be administered to individuals who wish to reduce the chance of becoming infected with seasonal influenza.

Dosages:

At-risk children should receive seasonal influenza vaccine in an age appropriate dosage (0.25 ml if age 6-35 months or 0.5 ml if age is greater or equal to 3 years). Two doses of vaccine are recommended for children less than 9 years of age if they have not been previously vaccinated for seasonal influenza. The two doses should be administered at least one month apart and, if possible, the second dose should be given before December. Note: Only one dose is necessary if a child has received one dose of seasonal influenza vaccine in any previous year.

Billing Information:

CPT Code	Valid Ages	Reimbursement for children (under age 21)	Reimbursement for adults (age 21 and older)
90655	2 and under	$0	Not a benefit
90656	3 years and above	$0	$17.44
90657	2 and under	$0	Not a benefit
90658	3 years and above	$0	$13.74
90660	2-20 years	$0	Not a benefit

CPT codes 90460, 90461, and 90471-90474 for vaccine administration are a benefit and can be billed in conjunction with the vaccine code. Vaccine administration codes 90460 and 90474-90474 are reimbursed at $6.33. Immunization administration add-on code for each vaccine component in a given vaccine, 90461, will be reimbursed at zero. For clients 20 and under, seasonal influenza vaccine reimbursement is limited to an administration fee of $6.33. Since the vaccines are available at no cost through the VFC Program and CIP, providers will only be reimbursed the vaccine administration fee for clients 20 and under. Please refer to the Provider Services home page on the Department's website by clicking here for the current fee schedule.

Please note that CPT code 90660, Influenza virus vaccine, live, for intranasal use (brand name FluMist) is not a benefit for adults aged 21 or older. For more information on FluMist, please see the Centers for Disease Control Vaccine Information Statement by clicking here.

Pharmacies are not an eligible provider and will not be reimbursed for any rendered services. Additionally, providers who choose to obtain VFC Program/CIP eligible vaccine from other suppliers may not request nor receive reimbursement for the vaccine in addition to the administration payment.

Please direct questions about Colorado Medical Assistance Program billing or the information in this bulletin to
ACS Provider Services at 1-800-237-0757 or 1-800-237-0044.

Please remember to check the Provider Services section of the Department's Web site at:
colorado.gov/hcpf

Colorado Medicaid Synagis® Information Sheet

This information sheet does not need to be faxed or submitted with the Prior Authorization Request form as it is intended to provide information only. Refer to the Synagis® 2011-2012 Provider Bulletin for more information.

The 2011-2012 Synagis® season will begin November 15, 2011 and end March 31, 2012. Colorado Medicaid will approve requests for a max of 5 doses, at a dosing interval of no fewer than 28 days between injections. Requests for doses exceeding the 5 dose maximum or beyond the season end date will be DENIED. Providers should be aware that the Colorado RSV season typically has a later onset (i.e starts closer to the end of December) and should schedule their Synagis® doses accordingly. Area virology trend reporting is available on the CDC website at: http://www.cdc.gov/surveillance/nrevss/rsv/default.html.

Effective November 1, 2011, Colorado Medicaid will begin accepting prior authorization (PAR) requests for Synagis®. All requests for Synagis® (Palivizumab) require prior authorization and must be submitted on the Colorado Medicaid Synagis® Prior Authorization Request (PAR) form. The form can be found in the Provider Services Forms section of the Department's Web site. No other forms will be accepted. All requests, whether administered in the office or in the home, must use this common form. All prior authorizations must be requested by calling the Pharmacy Prior Authorization Helpdesk at 1-800-365-4944 or faxing the form to 1-888-772-9696.

- Please note that the first 6 boxes on the PAR form for qualifying diagnosis are for 5 monthly injections. The last qualifying diagnosis box is only for 3 monthly injections. DO NOT check criteria underneath both the 5 monthly and 3 monthly injections as your request will be DENIED.
- All Synagis® PARs must be signed by the prescribing physician, even if submitted by an infusion or long-term care facility.

The Department is continuing use of coverage criteria based on the American Academy of Pediatrics (AAP) 2009 and the Colorado Chapter of the AAP recommendations for (RSV) prophylactic therapy. Synagis® is used to prevent serious lower respiratory tract disease caused by Respiratory Syncytial Virus (RSV) in pediatric patients at high risk for RSV disease. Synagis® is administered by intramuscular injections, at 15 mg per kg of body weight, once a month during expected periods of RSV frequency in the community. Requests for Synagis® that do not meet the AAP indications listed on the Colorado Medicaid Synagis® Prior Authorization Request Form will be DENIED. Clients must appeal this decision through our client appeals process.

Reimbursement and Prior Authorization of Synagis® Immune Globulin

- Reimbursement for Synagis® administered in a physician's office is $1207.85 per 50mg unit. Providers should bill less than the reimbursement maximum per unit, if the 50mg vial is split between two patients.

- Reimbursement for Synagis® through a pharmacy will be based on the current pharmaceutical reimbursement method. Go to Colorado.gov/hcpf for more information.

Dispensing Guide (for Pharmacy Administration Only)

Weight	Dosage	Dispense Units
Up to 3.3 kg	Up to 49.5 mg	1 x 50 mg vial
3.4 kg to 6.6 kg	51 mg to 99 mg	1 x 100 mg vial
6.7 kg to 10 kg	100.5 mg to 150 mg	1 x 100 mg vial + 1 x 50 mg vial
10.1 kg to 13.3 kg	151.5 mg to 199.5 mg	2 x 100 mg vials
13.4 kg to 16.6 kg	201 mg to 249.5 mg	2 x 100 mg vials + 1 x 50 mg vial
16.7 kg to 20 kg	250.5 mg to 300 mg	3 x 100 mg vials

Reminder: The provider must retain copies of all documentation for six years (10 C.C.R. 2505-10, Section 8.040.2)

Colorado Medicaid Synagis® Prior Authorization Request Form

Fax Requests to: 1-888-772-9696 (forms need to be faxed for approval) or call the PA Help Desk: 1-800-365-4944

Submitted as: ☐ Medical Benefit (administered in physician's office) ☐ Pharmacy Benefit (administered in client's home)

Provider Information	Client Information
Requesting Physician	Client ID #
Requesting Medicaid Provider #	Name (L/F/M)
NPI	Date of Birth
DEA	Gender [ ] Male [ ] Female
Phone	Current Weight (kg)
Fax	Quantity Requested (Units)
Address	Number of Months Requested
City State ZIP	Today's Date
Billing Provider #	Dates of Service From To

Colorado Medicaid will approve Synagis® prior authorization requests for client for clients under the age of two, at the start of the current RSV season, who meet one of the following conditions. Requests will be approved for a max of 5 doses, at a dosing interval of no fewer than 28 days between injections. Requests will be accepted beginning November 1, 2011, prior to the season start date of November 15, 2011.

The following diagnoses qualify for up to five (5) monthly doses of Synagis®:

☐ Chronic Lung Disease (CLD) with one of the following clinical needs in last 6 months: ICD 9-CM Code: _____

- ☐ Supplemental Oxygen
- ☐ Regular use of inhaled or oral bronchodilators
- ☐ Recent use of corticosteroid therapy
- ☐ Regular or intermittent use of diuretics to treat pulmonary disease.

☐ Interstitial Lung Disease and/or Neuromuscular disease which impacts pulmonary function. ICD 9-CM Code: _____

☐ Any infant or child under the age of 2 who has a diagnosis of congenital heart disease and meets one of the following criteria: ICD 9-CM Code: _____

- ☐ Receiving medication to control congestive heart failure (diuretics, antihypertensives);
- ☐ Suffering from moderate to severe pulmonary hypertension
- ☐ Suffering from Cyanotic Heart Disease.

☐ Any infant up to 6 months of age, born 29 to less than 32 weeks gestation. ICD 9-CM Code: _____

☐ Any infant up to 12 months of age, born at 28 weeks or less gestation. ICD 9-CM Code: _____

☐ Infants up to 2 years of age with hemodynamically significant heart disease defined as having one or more of the following: ICD 9-CM Code: _____

- ☐ Infants receiving medication to control congestive heart failure;
- ☐ Infants with moderate to severe pulmonary hypertension; or
- ☐ Infants with cyanotic heart disease.

The following diagnoses qualify for up to three (3) monthly doses of Synagis® or until the child reaches 3 months of age:

☐ Any infant younger than 3 months of age at the start of the RSV season, born from 32 weeks to less than 35 weeks gestation who also meets one of the following risk factors. ICD 9-CM Code: _____

- ☐ Currently attends day care;
- ☐ Having a sibling younger than 5 years of age;
- ☐ Having Congenital abnormalities of the airway; or
- ☐ Having a neuromuscular condition that compromises handling of respiratory secretions.

Has the child received prior doses as an inpatient? ☐ Yes ☐ No

If yes, how many doses did the child receive? _____

Provider Signature _____ Date _____

Internal use only: If PAR is for pharmacy please use Therapeutic Class W5D to W5D, if PAR is for medical please use CPT Code 90378.

Synagis® Medical PAR Example

Select one

Colorado Medicaid Synagis® Prior Authorization Request Form

Fax Requests to: 1-888-772-9696 (forms need to be faxed for approval) or call the **PA Help Desk:** 1-800-365-4944

Submitted as: ☒ Medical Benefit (administered in physician's office) ☐ Pharmacy Benefit (administered in client's home)

Include all provider information

Provider Information		Client Information	
Requesting Physician	Bee Well, M.D.	Client ID #	A123456
Requesting Medicaid Provider #	012345678	Name (L/F/M)	Client, Iman
NPI	N/A for Medical PARs	Date of Birth	09/01/2011
DEA	BW123456	Gender	[x] Male [ ] Female
Phone	(555) 123-4657	Current Weight (kg)	2.4kg
Fax	(555) 123-4658	Quantity Requested (Units)	2
Address	123 Any Street	Number of Months Requested	2
City Denver	State CO ZIP 80000	Today's Date	11/08/2011
Billing Provider #	012345678	Dates of Service From	11/20/2011 To 3/20/2012

Include all patient information, including weight

Colorado Medicaid will approve Synagis® prior authorization requests for client for clients under the age of two, at the start of the current RSV season, who meet one of the following conditions. **Requests will be approved for a max of 5 doses, at a dosing interval of no fewer than 28 days between injections.** Requests will be accepted beginning November 1, 2011, prior to the season start date of November 15, 2011.

5 monthly doses criteria only

The following diagnoses qualify for up to five (5) monthly doses of Synagis®:

☐ Chronic Lung Disease (CLD) with one of the following clinical needs in last 6 months: ICD 9-CM Code: _____
- ☐ Supplemental Oxygen
- ☐ Regular use of inhaled or oral bronchodilators
- ☐ Recent use of corticosteroid therapy
- ☐ Regular or intermittent use of diuretics to treat pulmonary disease.

Include appropriate ICD-9 codes

☐ Interstitial Lung Disease and/or Neuromuscular disease which impacts pulmonary function. ICD 9-CM Code: _____

☐ Any infant or child under the age of 2 who has a diagnosis of congenital heart disease and meets one of the following criteria:
ICD 9-CM Code: _____
- ☐ Receiving medication to control congestive heart failure (diuretics, antihypertensives);
- ☐ Suffering from moderate to severe pulmonary hypertension
- ☐ Suffering from Cyanotic Heart Disease.

☐ Any infant up to 6 months of age, born 29 to less than 32 weeks gestation. ICD 9-CM Code: _____

☐ Any infant up to 12 months of age, born at 28 weeks or less gestation. ICD 9-CM Code: _____

☐ Infants up to 2 years of age with hemodynamically significant heart disease defined as having one or more of the following:
ICD 9-CM Code: _____
- ☐ Infants receiving medication to control congestive heart failure;
- ☐ Infants with moderate to severe pulmonary hypertension; or
- ☐ Infants with cyanotic heart disease.

Up to 3 monthly doses criteria only. **Do not select criteria in the up to 3 – and 5 – month diagnoses**

The following diagnoses qualify for up to three (3) monthly doses of Synagis® or until the child reaches 3 months of age:

☒ Any infant younger than 3 months of age at the start of the RSV season, born from 32 weeks to less than 35 weeks gestation who also meets one of the following risk factors. ICD 9-CM Code: _____
- ☐ Currently attends day care;
- ☒ Having a sibling younger than 5 years of age;
- ☒ Having Congenital abnormalities of the airway; or
- ☐ Having a neuromuscular condition that compromises handling of respiratory secretions.

Has the child received prior doses as an inpatient? ☐ Yes ☐ No

If yes, how many doses did the child receive? _____

Provider Signature _____ Date _____

Internal use only: If PAR is for pharmacy please use Therapeutic Class W5D to W5D, if PAR is for medical please use CPT Code 90378.

Include prescribing provider's signature and date

Synagis® Pharmacy PAR Example

Select one

Colorado Medicaid Synagis® Prior Authorization Request Form

Fax Requests to: 1-888-772-9696 (forms need to be faxed for approval) or call the **PA Help Desk:** 1-800-365-4944

Submitted as: ☐ Medical Benefit (administered in physician's office) ☒ Pharmacy Benefit (administered in client's home)

Include all provider information

Provider Information		Client Information	
Requesting Physician	Bee Well, M.D.	Client ID #	A123456
Requesting Medicaid Provider #	N/A for Pharmacy PARs	Name (L/F/M)	Client, Iman
NPI	9876543210	Date of Birth	09/01/2011
DEA	BW123456	Gender	[x] Male [ ] Female
Phone	(555) 123-4657	Current Weight (kg)	2.4kg
Fax	(555) 123-4658	Quantity Requested (Units)	2
Address	123 Any Street	Number of Months Requested	2
City Denver State CO ZIP 80000		Today's Date	11/08/2011
Billing Provider #	N/A for Pharmacy PARs	Dates of Service From	11/20/2011 To 3/20/2012

Include all patient information, including weight

Colorado Medicaid will approve Synagis® prior authorization requests for client for clients under the age of two, at the start of the current RSV season, who meet one of the following conditions. **Requests will be approved for a max of 5 doses, at a dosing interval of no fewer than 28 days between injections.** Requests will be accepted beginning November 1, 2011, prior to the season start date of November 15, 2011.

5 monthly doses criteria only

The following diagnoses qualify for up to five (5) monthly doses of Synagis®:

☐ Chronic Lung Disease (CLD) with one of the following clinical needs in last 6 months: ICD 9-CM Code: _____
- ☐ Supplemental Oxygen
- ☐ Regular use of inhaled or oral bronchodilators
- ☐ Recent use of corticosteroid therapy
- ☐ Regular or intermittent use of diuretics to treat pulmonary disease.

Include appropriate ICD-9 codes

☐ Interstitial Lung Disease and/or Neuromuscular disease which impacts pulmonary function. ICD 9-CM Code: _____

☐ Any infant or child under the age of 2 who has a diagnosis of congenital heart disease and meets one of the following criteria: ICD 9-CM Code: _____
- ☐ Receiving medication to control congestive heart failure (diuretics, antihypertensives);
- ☐ Suffering from moderate to severe pulmonary hypertension
- ☐ Suffering from Cyanotic Heart Disease.

☐ Any infant up to 6 months of age, born 29 to less than 32 weeks gestation. ICD 9-CM Code: _____

☐ Any infant up to 12 months of age, born at 28 weeks or less gestation. ICD 9-CM Code: _____

☐ Infants up to 2 years of age with hemodynamically significant heart disease defined as having one or more of the following: ICD 9-CM Code: _____
- ☐ Infants receiving medication to control congestive heart failure;
- ☐ Infants with moderate to severe pulmonary hypertension; or
- ☐ Infants with cyanotic heart disease.

Up to 3 monthly doses criteria only. **Do not select criteria in the up to 3 – and 5 – month diagnoses**

The following diagnoses qualify for up to three (3) monthly doses of Synagis® or until the child reaches 3 months of age:

☒ Any infant younger than 3 months of age at the start of the RSV season, born from 32 weeks to less than 35 weeks gestation who also meets one of the following risk factors. ICD 9-CM Code: _____
- ☐ Currently attends day care;
- ☒ Having a sibling younger than 5 years of age;
- ☒ Having Congenital abnormalities of the airway; or
- ☐ Having a neuromuscular condition that compromises handling of respiratory secretions.

Has the child received prior doses as an inpatient? ☐ Yes ☐ No

If yes, how many doses did the child receive? _____

Provider Signature _____ Date _____

Internal use only: If PAR is for pharmacy please use Therapeutic Class W5D to W5D, if PAR is for medical please use CPT Code 90378.

Include prescribing provider's signature and date