



**HUSKY Health Program**  
**Palivizumab (Synagis®) Outpatient Hospital Request Form (2022-2023 RSV Season)**  
Fax to: 203.774.0549

Date of Request:		
Ordering Provider:	Billing Provider:	
Address:	Billing Prov. CMAP #:	
NPI #:	Tel. #:	
Contact:	Fax #:	
Tel. #:	Fax #:	
<b>Patient Information:</b>		
HUSKY Health Member Name:		
HUSKY Health Member #:		
Head of Household Name:		
Telephone #:	Date of Birth:	
Birth Weight:	Present Weight:	
Number of Doses Ordered:	Previous Dose Given: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date(s) Previous Dose(s) Administered:		
To request authorization for a total of up to five doses for administration during the expected 2022-2023 season (November 1, 2022 through April 30, 2023), please complete the below:		
<b>Gestational Age and ICD-10-CM Code:</b>		
<input type="checkbox"/> < 23 weeks (P07.21) <input type="checkbox"/> 23 weeks (P07.22) <input type="checkbox"/> 24 weeks (P07.23) <input type="checkbox"/> 25 weeks (P07.24) <input type="checkbox"/> 26 weeks (P07.25) <input type="checkbox"/> 27 weeks (P07.26) <input type="checkbox"/> 28 weeks (P07.31) <input type="checkbox"/> 29 weeks (P07.32) <input type="checkbox"/> 30 weeks (P07.33) <input type="checkbox"/> 31 weeks (P07.34) <input type="checkbox"/> 32 weeks (P07.35) <input type="checkbox"/> 33 weeks (P07.36) <input type="checkbox"/> 34 weeks (P07.37) <input type="checkbox"/> 35 weeks (P07.38) <input type="checkbox"/> 36 weeks (P07.39)		
<b>Criteria – Check only <u>one</u> category and enter the diagnosis / ICD-10-CM code that is <u>most</u> applicable to the clinical situation.</b>		
<input type="checkbox"/> <b>1. Infant born before 29 weeks, 0 days gestational age, and who is up to 12 months of age as of 11/01/2022 (five doses max)</b> <ul style="list-style-type: none"><li>• Enter one ICD-10-CM code identifying patient's gestational age. ICD-10-CM Code: _____</li></ul>		
<input type="checkbox"/> <b>2. Preterm infant born before 32 weeks, 0 days gestational age, AND 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 11/01/2022 (five doses max)</b> <ul style="list-style-type: none"><li>• Enter one ICD-10-CM code identifying patient's gestational age. ICD-10-CM Code: _____</li><li>• Enter one ICD-10-CM code that best describes the patient's lung disease of prematurity. ICD-10-CM Code: _____ (Requires documentation of oxygen needs after birth)</li></ul>		
<input type="checkbox"/> <b>3. Infant with hemodynamically significant heart disease, and who is up to 12 months of age as of 11/01/2022 (five doses max)</b> Diagnosis: _____ ICD-10-CM Code: _____ (Requires documentation of indicated diagnosis)		
<input type="checkbox"/> <b>4. Child between 12 and 24 months of age as of 11/01/2022, 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, systemic corticosteroid, or diuretic therapy) (five doses max)</b> Diagnosis: _____ ICD-10-CM Code: _____ (Requires documentation of oxygen needs after birth and current medical interventions)		
<input type="checkbox"/> <b>5. Other: Child who will be profoundly immunocompromised during the RSV season, and who is up to 24 months of age as of 11/01/2022 (five doses max)</b> Diagnosis: _____ ICD-10-CM Code: _____ (Requires documentation of immunocompromised state)		
<input type="checkbox"/> <b>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 11/01/2022 (five doses max)</b> Diagnosis: _____ ICD-10-CM Code: _____ (Requires documentation of indicated diagnosis)		
<b>Practitioner Signature:</b>		