



**HUSKY Health Program**  
**Palivizumab (Synagis®) Outpatient Hospital Request Form (2023-2024 RSV Season)**  
Fax to: 203.774.0549

Ordering Provider:	Billing Provider:
NPI #:	Billing Prov. CMAP #:
Tel. #:	Tel. #:
Fax #:	Fax #:
Contact:	<b>Date of Request:</b>
Address:	
<b>Patient Information:</b>	
HUSKY Health Member Name:	
HUSKY Health Member #:	
Head of Household Name:	
Tel. #:	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:	
Has the infant received BEYFORTUS™ (nirsevimab-alip) during this RSV season? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To request authorization for a total of up to five doses for administration during the expected 2023-2024 season (November 1, 2023 through April 30, 2024), please complete the information 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 11/01/2023 (five doses max)</b> • ICD-10-CM code identifying patient's gestational age: _____	
<input type="checkbox"/> <b>2. Preterm infant born before 32 weeks, 0 days gestational age, with chronic lung disease of prematurity defined as a requirement for greater than 21% oxygen for at least 28 days after birth, AND who is up to 12 months of age as of 11/01/2023 (five doses max)</b> • ICD-10-CM code identifying patient's gestational age: _____ • ICD-10-CM code that best describes the patient's lung disease of prematurity: _____ (Requires documentation of oxygen needs after birth)	
<input type="checkbox"/> <b>3. Infant with hemodynamically significant heart disease, and who is up to 12 months of age as of 11/01/2023 (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 11/01/2023, born before 32 weeks, 0 days gestation, who required at least 28 days of supplemental oxygen after birth, and who continued to require medical intervention (supplemental oxygen, systemic corticosteroids, or diuretic therapy) during the six months prior to the start of the second RSV season (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 11/01/2023 (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 11/01/2023 (five doses max)</b> Diagnosis: _____ ICD-10-CM Code: _____ (Requires documentation of indicated diagnosis)	
<b>Practitioner Signature:</b>	