Vital Care of Meridian

Synagis[™] Statement of Medical Necessity PH: 601-482-4003 / 1-877-229-1724 FAX: 1-877-229-1725



Clinic #:

Barnel Call or Other Atdress: CityBatav2;p: Instrance Information: Please send copy of Instrance card(s), if available Primary Insurance: Baccadary Insurance: Compension Heart Disease (202:0 - 028.9) ID Compension Respiratory Disease Arising in the Parintall Pentiol (CD) (P27:0, P27:11; P27.8) ID - 22 weeks GA (P07.32; P07.33) Bacter and and Vaeweeks GA (P07.24; P07.25) ID - 32 weeks GA (P07.38; P07.39) Z 52-56 weeks GA (P07.24; P07.25) ID - 37 or more weeks GA Child arecords included Insort of Fatus and Newborn (P27.0; P27.1; P27.8) ID compensitive Annalise of Respiratory System (030.0) Ofter Respiratory Conditions of Fatus and Newborn (P27.0; P27.1; P27.8) ID compensitive Annalise of Respiratory System (030.0) Ofter Respiratory Conditions of Fatus and Newborn (P27.0; P27.1; P27.8) ID compensitive Annalise of Respiratory System (030.0) Ofter Respiratory Conditions of Fatus and Newborn (P27.0; P27.1; P27.8) ID compensitive Annalis of age		Patier	t Information			
Address: ChystassZp: Insurance Information: Please send copy of Insurance card(s), if available Primary Insurance: Recordary Insurance: Primary Insurance: Policy Number: Prim	Patient Name:		SSN:	DOB:		
Instrume Information: Please end copy of Instrume card(s), if available Primary Insurance: Secondary Issurance: Proley Number: Pattery Number: Group Number: Group Number: Primary Oldgnoots: Group Number: Congenital Heart Disease (20:0 - 028:9) D 29:00 weeks GA (P07.3; P07.33) Concent Heart Disease (20:0 - 028:9) D 29:30 weeks GA (P07.3; P07.35) Best Man or ognalin 6 Aveesk GA (P07.2; P07.23) D 33:32 weeks GA (P07.34; P07.35) Exercision or ognalin 6 Aveesk GA (P07.26; P07.31) D 35:36 weeks GA (P07.42; P07.23) D D D Other Respiratory Cade into of Call (P2:0; P27.1; P27.8) D 37:32 weeks GA (P07.38; P07.39) D D Clinical Criteria: Medical records included Yes No O D Clinical Criteria: Medical records included Yes No O D Clinical Griteria: Medical records included Yes No NICU History Feasure O O Clinical Griteria: Medical records included Yes No NICU History Feasure O O O O <th< td=""><td>Gender:</td><td>Guardians:</td><td>Home Phone</td><td>Cell or Other</td></th<>	Gender:	Guardians:	Home Phone	Cell or Other		
Primary Insurance: Secondary Insurance: Prolety Number: Prolety Number: Group Number: Group Number: Primary DisplayIoSIS: Actual gestational age:	Address:	1	City/State/Zip:	I		
Policy Number: Policy Number: Group Number: Group Number: Primary Display		Insurance Information: Please se	end copy of Insurance of	ard(s), if available		
Group Number: Oroup Number: Primary Dignosis:	Primary Insurance:	Primary Insurance: Secondary Insurance:				
Primary Diagnosis: Actual gestational age: wks days Birth Wt: Ib oz Current Wt Ib oz Date: □ Congenital Heart Disease Alising in the Perinstal Period (CL) (P27.0: P27.1; P27.8) □ 29-30 weeks GA (P07.32; P07.33) □ Chonic Respiratory Disease Alising in the Perinstal Period (CL) (P27.0: P27.1; P27.8) □ 33-34 weeks GA (P07.32; P07.37) □ 25-28 weeks GA (P07.24; P07.25) □ 33-34 weeks GA (P07.33; P07.39) □ Chore Respiratory Conditions of Fetus and Newborn (P27.0: P27.1; P27.8) □ □ Oner Respiratory Conditions of Fetus and Newborn (P27.0: P27.1; P27.8) □ Other Respiratory Conditions of Fetus and Newborn (P27.0: P27.1; P27.8) □ □ Gengrouis (If applicable) CHICEL Critical	Policy Number:		olicy Number:			
Actual gestational age:wks days Birth Wt:boz Current Wtboz Date:	Group Number:		Group Number:			
□ Congenital Heart Disease (2020.0 - Q28.9) □ 29-30 weeks GA (P07.32; P07.33) □ Chronic Respiratory Disease Arising in the Perinatal Period (CLD) (P27.0; P27.1; P27.8) 31-32 weeks GA (P07.32; P07.33) □ See weeks GA (P07.2; P07.2; P07.22; P07.22) 33-34 weeks GA (P07.34; P07.39) □ 25-26 weeks GA (P07.24; P07.25) 33-34 weeks GA (P07.33; P07.39) □ 27-28 weeks GA (P07.26; P07.31) 37 or more weeks GA (P07.32; P07.39) □ 27-28 weeks GA (P07.26; P07.31) 37 or more weeks GA (P07.32; P07.39) □ Chner Respiratory Conditions of Fatus and Newborn (P27.0; P27.1; P27.8) Congenital Anomalies of Respiratory System (Q30.0) ○ Other Secondary Diagnosis (f applicable)	Primary Diagnosis	:				
Chronic Respiratory Disease Arising in the Perind ICLD) (P27.0; P27.1; P27.8) 31-32 weeks GA (P07.34; P07.35) □ Sist shan or equal to 24 weeks GA (P07.2; P07.22; P07.22) 33-34 weeks GA (P07.38; P07.37) □ 25-26 weeks GA (P07.2; P07.25) 35-36 weeks GA (P07.38; P07.37) □ 27-28 weeks GA (P07.2; P07.31) 35-36 weeks GA (P07.38; P07.39) □ 27-28 weeks GA (P07.2; P07.31) 37 or more weeks GA (
I elss than or aqual to 24 weeks GA (P07.2; P07.22; P07.23) □ 33-34 weeks GA (P07.36; P07.37) □ 2528 weeks GA (P07.24; P07.25) □ 35-36 weeks GA (P07.36; P07.37) □ 2528 weeks GA (P07.24; P07.25) □ 35-36 weeks GA (P07.36; P07.37) □ 2528 weeks GA (P07.36; P07.31) □ 37 or more weeks GA (P07.36; P07.37) □ Childed Criterias □ Other mespiratory Conditions of Fetus and Newborn (P27.0; P27.1; P27.8) □ Other Tesspiratory Conditions of Fetus and Newborn (P27.0; P27.1; P27.8) □ Secondary Diagnosis (if applicable) Clifical Criterias Partice Secondary Diagnosis (If applicable) Clifical records included □ Yes □ No NICU Injection date □ Corticosteroids date: □ Cor	Congenital Heart Disease (Q20.0 - Q28.9) 29-30 weeks GA (P07.32; P07.33)					
□ 25-26 weeks GA (P07.24; P07.25) □ 35-36 weeks GA (P07.38; P07.39) □ 27-28 weeks GA (P07.26; P07.31) □ 37 or more weeks GA	🗌 Chronic Respiratory Disease Arising in the Perinatal Period (CLD) (P27.0; P27.1; P27.8) 🗌 31-32 weeks GA (P07.34; P07.35)					
□ 27-28 weeks GA (P07.26; P07.31) □ 37 or more weeks GA	□ less than or equal to 24 weeks GA (P07.2; P07.22; P07.23) □ 33-34 weeks GA (P07.36; P07.37)					
Other Respiratory Conditions of Fetus and Newborn (P27.0; P27.1; P27.8) □ congenital Anomalies of Respiratory System (Q30.0) Other	25-26 weeks G	25-26 weeks GA (P07.24; P07.25) 35-36 weeks GA (P07.38; P07.39)				
□ Other	□ 27-28 weeks GA (P07.26 ; P07.31) □ 37 or more weeks GA					
Clinical Criteria: Medical records included □ Yes □ No NICU History □Yes □ No NICU Injection date	Other Respirate	Other Respiratory Conditions of Fetus and Newborn (P27.0; P27.1; P27.8)				
Medical records included □ Yes □ No NICU Name	Other Other Secondary Diagnosis (if applicable)					
NICU History □Yes □ No NICU Name	Clinical Criteria:					
Dose Given □Yes □ No NICU Injection date 1. □ BPD/CLDP: Diagnosis of bronchopulmonary dysplasia/chronic lung disease of prematurity and ≤24 months of age (Specific Diagnosis Code:) 1s patient receiving medical treatment (check all that apply and provide last date received)?: □ Diuretics date: 2. □ CHD: Diagnosis of hemodynamically significant congenital heart disease and ≤24 months of age (Specific Diagnosis Code:) □ Bronchodilators date: □ Diuretics date: 2. □ CHD: Diagnosis of hemodynamically significant congenital heart disease and ≤24 months of age (Specific Diagnosis Code:) □ Moderate to severe pulmonary hypertension Date ChD medications were last received: □ Moderate to severe pulmonary hypertension Date CHD medications were last received: 3.Indicate applicable risk factors : □ Pre-school or school-aged sibling(s) □ (<5 years of age) Child Care Attendance	Medical records included Yes No					
1	NICU History Yes No NICU Name (Please Attach the NICU Discharge Summary)					
(Specific Diagnosis Code:) Is patient receiving medical treatment (check all that apply and provide last date received)?: ○ CMD: Diagnosis of hemodynamically significant congenital heart disease and ≤24 months of age (Specific Diagnosis Code:) Patient has any of the following (check all that apply): ○ Medications for CHD: ○ Lot Dr medications were last received: ○ Lot Dr medications 3.Indicate applicable risk factors : □ Pre-school or school-aged sibling(s) □ (<5 years of age) Child Care Attendance	Dose Given □Yes □ No NICU Injection date					
Is patient receiving medical treatment (check all that apply and provide last date received)?: □ Cxygen date: □ Corticosteroids date: □ Bronchodilators date: □ Diuretics date: □ 2. □ CHD: Diagnosis of hemodynamically significant congenital heart disease and ≤24 months of age (Specific Diagnosis Code:) Patient has any of the following (check all that apply): □ Medications for CHD: □ Moderate to severe pulmonary hypertension Date CHD medications were last received: □ Moderate to severe pulmonary hypertension Date CHD medications were last received: □ Moderate to severe pulmonary hypertension Date CHD medications were last received: □ Moderate to severe pulmonary hypertension Date CHD medications were last received: □ Moderate to severe pulmonary hypertension Date CHD medications were last received: □ Moderate to severe pulmonary hypertension Date CHD medications were last received: □ Moderate to severe pulmonary hypertension Date CHD medications were last received: □ Cyanotic CHD 3.Indicate applicable risk factors : □ Pre-school or school-aged sibling(s) □ (<5 years of age) Child Care Attendance Rx: Info Rx: Synagis™, (Palivizumab) Sig: Inject 15mg/kg every 4 weeks during RSV season. Refill monthly thru RSV season. Physician Signature: Date: Date: Physician Shame: Date: Hospital / Clinic: Phone: Address: Fax: City / State / Zip DEA# NPI # Medicaid # Synagis™ is a trademark of Medimmune, Inc.			onic lung disease of prematu	urity and ≤24 months of age		
□ Oxygen date: □ Corticosteroids date: □ Bronchodillators date: □ Diuretics date: 2. □ CHD: Diagnosis of hemodynamically significant congenital heart disease and ≤24 months of age (Specific Diagnosis Code:) 1 Detectations for CHD:						
(Specific Diagnosis Code:) Patient has any of the following (check all that apply): □ Medications for CHD: □ Date CHD medications were last received: □ Addications for CHD: □ Sindicate applicable risk factors : □ Pre-school or school-aged sibling(s) □ (<5 years of age) Child Care Attendance						
(Specific Diagnosis Code:) Patient has any of the following (check all that apply): □ Medications for CHD: □ Date CHD medications were last received: □ Address: Rx: Synagis™ is a trademark of Medimmune, Inc.						
☐ Medications for CHD: ☐ Moderate to severe pulmonary hypertension Date CHD medications were last received: ☐ Cyanotic CHD 3.Indicate applicable risk factors : ☐ Pre-school or school-aged sibling(s) ☐ (<5 years of age) Child Care Attendance	(Specific Diagnosis Code:)					
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Physician Signature: Date: Physician Information Physician's Name: Office Contact: Hospital / Clinic: Phone: Address: Fax: City / State / Zip DEA# NPI # Medicaid # Synagis™ is a trademark of Medimmune, Inc.	Rx: Synagis™, (Palivizumab)					
Physician Information Physician's Name: Office Contact: Hospital / Clinic: Phone: Address: Fax: City / State / Zip DEA# NPI # Medicaid # Synagis™ is a trademark of Medimmune, Inc.						
Physician's Name: Office Contact: Hospital / Clinic: Phone: Address: Fax: City / State / Zip DEA# NPI # Medicaid # Synagis™ is a trademark of Medimmune, Inc.						
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	NPI #		Medicaid #			
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