

**CCS SYNAGIS REFERRAL
2008-2009**

**Ventura County
California Children's Services
Fax: 981-5280 Phone: 981-5281**

Today's Date:		Referred By:	
Phone #:		Fax#:	
Patient Name:		SSN:	
Parent/Caretaker Name:		CCS #:	
Address:		Other Insurance:	
City/State/Zip:		Policy #:	
Phone:		Ins. Phone #:	
DOB:		Mothers SSN#:	
		Mother DOB:	

Your patient must have a CCS eligible medical condition AND be 24 months or younger at start of RSV season for CCS to authorize Synagis. Prematurity, in and of itself, is not a CCS eligible condition. Infants born prematurely needing Synagis who do not have a CCS eligible condition should be referred to either Medi-Cal or the appropriate Healthy Families insurance plan.

A. CCS ELIGIBLE MEDICAL CONDITION: (Fax medical record documentation if not previously sent)

- 770.7 CLD of Infancy requiring treatment (supplemental O2, bronchodilators, diuretics, steroids)
- 416.0 Pulmonary Hypertension
- 746.9 Congenital Heart Disease
- Congenital Anomalies of Respiratory System ICD-9:
- 279.3 Immune Deficiency
- 343.9 Cerebral Palsy
- 335.10 Spinal Muscular Atrophy
- Other CCS eligible medical condition with ICD-9:

CHECK APPROPRIATE GESTATIONAL AGE:

- 765.0 Gestational Age less than 28 weeks, less than 1 year of age at onset of RSV season
- 765.1 Gestational Age 29-32 weeks, less than 6 months of age at onset of RSV season
- 765.1 Gestational Age 32-35 weeks, with two of the below risk factors at onset of RSV season:
 - Child care attendance
 - School-aged siblings
 - Exposure to environmental air pollutants (tobacco smoke, wood-burning stove, etc)

B. CCS Paneled Physician Administering Synagis:

SYNAGIS PRESCRIPTION

Rx: SYNAGIS 15mg per Kg IM. Give Q25-30 days X months
Current Weight: **Kg** **Date of Current Weight:**

Requesting CCS Paneled Physician:		Physician Phone #:	
Address:			
Physician DEA#		CA Lic. #	
CCS Paneled Specialist Signature:		Date:	

PRESCRIPTION MUST BE SIGNED BY CCS PANELED PHYSICIAN