

2024-2025 RSV PREVENTION CLINIC REFERRAL**In order to process this referral, we must have:**

1. Hospital Discharge Summary (from Infant's Birth) & Recent Outpatient Notes
AND
2. This referral form completed entirely (may include patient's face sheet)

Child's name		DOB	Today's Date
Address		Telephone Number	
Father's Name		Alternative number	
Mother's Name		Mother's work number	
Primary Care Provider/phone number		<u>Referral Source/phone #</u> (if different than PCP)	
Primary Insurance Company		Insurance Co Phone #	IPA or Medical Group (if HMO insurance)
Policy #		Group #	Insured Name

Weeks gestation _____ Current age: _____

Last Synagis or Beyfortus Dose given: _____ Date _____ CPT Codes = 99245 (consult) 90378 (Synagis) 96373 (injection)

Note: All Children < 8 months of age are eligible for Beyfortus but RSV prevention clinic can only accommodate high risk children and those seen in CHOC specialty clinics.

MEDICAL CRITERIA FOR REFERRAL TO THE RSV CLINIC (MUST MEET ONE).

- ☐ **Preterm:** Infants born \leq 28 weeks 6 days gestation and **less than 8 months of age (Beyfortus) or less than 12 months of age (Synagis)** as of 1 Oct 2024
- ☐ **Chronic Lung Disease:** Preterm infants with CLD of prematurity born at less than 32 weeks gestation and **less than 8 months of age (Beyfortus) or less than 12 months of age (Synagis)** as of 1 Oct 2024.
- ☐ **Infants with CLD of prematurity and continue to require medical support** (e.g., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the past 6 months and **less than 19 months of age (Beyfortus) or less than 24 months of age (Synagis)** as of 1 Oct 2024
- ☐ **Congenital Heart Disease:** Infants **less than 8 months of age (Beyfortus) or less than 12 months of age (Synagis)** as of 1 Oct 2024 with hemodynamically significant CHD (includes those infants with acyanotic heart disease who are receiving medication to control congestive heart failure and will require cardiac surgical procedures and infants with moderate to severe pulmonary hypertension).
- ☐ **Cardiac Transplantation:** Children **less than 8 months of age (Beyfortus) and less than 24 months of age** as of 1 Oct 2024 who undergo cardiac transplantation during the RSV season.
- ☐ **Pulmonary Abnormality or Neuromuscular Disorder:** Infants, **less than 8 months of age (Beyfortus) and less than 12 months of age (Synagis)** as of 1 Oct 2024 with neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway because of ineffective cough.
- ☐ **Severe Immunocompromise:** Children less than 19 months of age (Beyfortus) or **less than 24 months of age (Synagis)** as of 1 Oct 2024 who are profoundly immunocompromised during the RSV season.
- ☐ **American Indian and Alaska Native Childre:** **children less than 19 months of age (Beyfortus)** as of 1 Oct 2024
- ☐ **Cystic Fibrosis:** Infants **less than 19 months of age** who have manifestation of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persistent when stable) or weight-for length <10 percentile (Beyfortus)

Print Referring Provider's Name_____
Provider's Signature indicating authorization for referral

Fax Referral to CHOC in Orange at 1-855-CHOCFAX (1-855-246-2329)
For scheduling call (714) 509-7983. For authorizations call (714) 930-1711.
To reach the clinical team call (714) 509-4107

99178 (Rev.09/2024)