<b>Shield</b>				for filling out	
HealthCare					/GHPP Programs
REQUEST FOR ENT	ERAL NUTRI	TION PROI	DUCT(S) for	r CCS/GHPP I	PROGRAMS
Health Care Pr this form with requ date) must accom	· · · · ·	endor. The follow	ing 4 documents	ests for enteral nutriti (dated within 6 month	on products. FAX of the request
	d documents.	cription or signati orts/records for p NT plan with requ	atient	on per N.L. 04-C <sup>+</sup>	
Pharmacy Vendor:			s/lengths and weig		2
Note: Authorization for enteral nutritie thorization requested for one yes DOB: CCS/( Check here if patient for 12-month authority)	on products and/or equ ear because client – – – nt qualifies – fo orization – 2	ipment and supplie Please indicate rmula and mL 24-hr for daily	s will be limited to si	ix months unless [da da eredICD Co nulas,ICD Cod	Documents must be ited within 6 months of request. de: e:
(See reverse for c	riteria).	month			
Full Product Name Including caloric concentration and fiber (when applicable)	11 Digit Product Code*	Delivery Route**	Liquid (ml)	Powder (g)	Duration (Max = 6 or 12 mo.)
			24 hr: 1 mo:	24 hr: 1 mo:	
			24 hr:	24 hr:	+
			1 mo:	1 mo:	5
			24 hr: 1 mo:	24 hr: 1 mo:	J
*11 Digit Product Code: use current N	/ Iedi-Cal Provider Manua	**Deliverv Rout	e: OR = Oral. TF = To		se indicate whether
*11 Digit Product Code: use current N Check here if patient is only request Equipment and Supplies: (I Full Product Name	lesting formula	Check here if patie	e: OR = Oral, TF = To ent is only requestin et <u>c.)</u>	6 or 12 ng supplies (Se	e month authorization. e reverse criteria).
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Medical Supplies For Care At Home Since 1957

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## shieldhealthcare.com



## **Criteria for Twelve-Month Authorization**

Authorization may be for up to twelve months when:

- The child is over 36 months of age
- The family has demonstrated motivation and adherence to child's treatment plan, and has one of the following conditions
  - Metabolic disorder requiring specialized formula
  - Renal failure on dialysis needing low phosphorus formula
  - Inflammatory bowel disease on elemental diet
  - Short bowel syndrome on elemental formula
  - Client is NPO and completely gastrostomy tube dependent except for tiny amount by mouth for oral gratification
  - Intractable seizures on ketogenic formula

Authorizations will be for up to six months for all clients that do not meet the criteria above.

Commonly Used Diagnoses and Diagnosis Codes						
ANOMALY - UNSPEC - CONGENTIAL	Q89.9	GASTROSTOMY	Z93.1			
ATROPHY - SPINAL MUSCULAR	G12.9	HIRSHSPRUNGS DISEASE	Q43.1			
AUTISTIC DISORDER	F84.0	HYDROCEPHALUS, UNSPEC	G91.1			
BRAIN DAMAGE - ANOXIC	G93.1	HYDROCEPHALUS, CONGENITAL	Q03.0			
BRAIN DEFORMITIES REDUCTION	Q04.0	HYPOPLASTIC LEFT HEART SYNDROME	Q23.4			
BRAIN INJURY W/O LOSS OF CONSC	S06.2X0A	HYPOXIC-ISCHEMIC ENCEPHAL UNSP	P91.60			
BRAIN INJURY WO MNTN OPEN WOUND	S06.890A	INTELLECTUAL DISABILITIES UNSP	F79			
BRONCHO - PULMONARY DYSPLASIA	P27.1	LUNG DISEASE, INTERSTITIAL	J98.2			
CEREBRAL PALSY	G80.8	MENTAL RETARDATION - MILD	F70			
CEREBRAL PALSY (INFANTILE)	G80.9	MENTAL RETARDATION - MODERATE	F71			
CHROMOSOMAL ANOMALIES	Q99.8	MENTAL RETARDATION - PROFOUND	F73			
CLEFT PALATE	Q35.1	MENTAL RETARDATION - SEVERE	F72			
CLEFT PALATE W/CLEFT LIP	Q37.9	MICROCEPHALY	Q02			
CONGENITAL HEART DISEASE	Q23.8	MUSCULAR DYSTROPHY	G71.0			
CYSTIC FIBROSIS NOS	E84.9	NEUROGENIC BLADDER NOS	N31.9			
DEVELOPMENTALLY DELAYED	F81.9	OTHER CONGENITAL ANOMALIES NEC	Q87.89			
DOWN'S SYNDROME	Q90.9	QUADRIPLEGIA, UNSPEC	G82.50			
DYSPHAGIA, UNSPEC	R13.10	RESPIRATORY DISTRESS DIS - RDS	P22.0			
END STAGE RENAL DISEASE	N18.6	RETT'S SYNDROME/LEIGH'S ENCEPH	F84.2			
ENDOCARDIAL CUSHION DEFECT	Q21.2	SHORT BOWEL SYNDROME	K91.2			
EPILEPSY SEIZURES GENERALIZED	G40.A09	SPASTIC QUAD	G80.0			
FAILURE TO THRIVE IN NEWBORN	P92.6	SPINAL MUSCULAR ATROPHY OTHER	G12.8			
FAILURE TO THRIVE, CHILDHOOD	R62.51	TETRALOGY OF FALLOT	Q21.3			
FEEDING DIFFICULTIES	R63.3	VENTRICULAR SEPTAL DEFECT	Q21.0			
GASTROESOPHAGEAL REFLUX	K21.9	WKS OF GESTATION OF PREG NOS	Z3A.00			

To place an order, fax the completed form and all required documentation to:



Shield HealthCare CCS Team Fax 661.678.1605 | Phone 866.582.6472