



**Health Education or Childhood Obesity Prevention and Treatment Program (COPTP)
REQUEST FORM
For CalOptima Members**

Date: _____ Name of Health Network: _____

Check appropriate box: Medi-Cal Healthy Families Program Healthy Kids

HEALTH EDUCATION

Member Name: _____ CIN: _____ DOB: _____

Member Phone: _____ Member Address: _____

Language Preferred: English Spanish Vietnamese Farsi Other _____

DIAGNOSIS: _____ ICD9 Code: _____

Health Education Topic: _____

If referral is for Nutrition please specify type of nutrition education being requested:

Weight Management Diabetes Other (please specify) _____

What do you want the patient to learn? _____

REQUESTOR

REQUIRED Information: Physician Case Manager Other

Referring Provider:	Provider ID:
Provider Address:	Provider Phone:
City/Zip:	Provider Fax:
Office Contact Name:	Office Contact Phone #:

COPTP REFERRAL ONLY

ADDITIONAL REQUIRED Information for COPTP:

<input type="checkbox"/> Yes, Identified Comorbidities - enter ICD 9 Codes (ex. Diabetes, Sleep disorder, etc.)	<input type="checkbox"/> No Identified Comorbidities
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Date of BMI calculation: _____ BMI: _____ Weight (lb.) _____ Height (in.) _____

Member Diagnosis Based on BMI: (Check primary and secondary codes that apply)

Primary Diagnosis Code:

Secondary Diagnosis Code:

- | | |
|--|---|
| <input type="checkbox"/> 278.00 Obesity, Unspecified | <input type="checkbox"/> V85.53 BMI ≥ 85 th to < 94 th percentile |
| <input type="checkbox"/> 278.01 Morbid Obesity | <input type="checkbox"/> V85.54 BMI ≥ 95 th percentile |
| <input type="checkbox"/> 278.02 Overweight | |

Notes: _____

Physician Signature (Required): _____ Date: _____

SEND/FAX

Fax Referral Form To: 1-714-338-3127

E-MAIL: healthpromotions@caloptima.org

Call for questions: 1-714-347-3272

(Please note: All e-mails that include PHI must be sent in an encrypted method using a DHCS approved solution.)

Revised 7/10

ADDITIONAL REQUESTED INFORMATION
Childhood Obesity Prevention and Treatment Program (COPTP)
Provider Criteria for Referral Fax Form

Documentation Required: Please document the interventions and results of previous patient education and counseling. Per the current Clinical Care Recommendations for Overweight/Obese Children and Adolescents protocols, referral into CalOptima’s structured behavioral modification program will only be considered after documented unsuccessful efforts with Stages I and II of the staged approach for treatment.

⇒ **Stage I: Prevention Plus Protocol (Implementation by primary care physician)**

Patient and family counseling by physician to facilitate healthier eating with goal of weight maintenance and/or growth resulting in a decreasing BMI.

Counseling considers dietary behavior and physical activity:

- Eating a daily breakfast
- Five or more serving of fruits and vegetables per day
- Limiting meals outside of the home
- No sugar-sweetened beverages
- Family meals should occur 5-6 times per week
- Allow child to self-regulate his or her meals and avoid overly restrictive behaviors
- Two or fewer hours of screen time per day, and no television in the room where the child sleeps
- One or more hours of daily physical activity

Physician monitoring required:

- Monthly follow-up
- After 3-6 months without improvement in BMI/weight status, advance to Stage II based on patient/family readiness to change

Required documentation:

⇒ **Stage II: Structured Weight Management Protocol (Implementation by primary care physician)**

Dietary behavior and physical activity:

- Develop plan for utilization of a balance macronutrient diet containing low amounts of energy-dense foods
- Increased structured daily meals and snacks
- Supervised active play of at least 60 minutes per day
- Screen time of 1 hour or less per day
- Increased monitoring (e.g., screen time, physical activity, etc.) by provider, patient and/or family per day

Monitoring required:

- Monthly follow-up with goal of weight maintenance and/or growth resulting in a decreasing BMI; weight loss should not exceed 1 lb/month in children aged 2-11, or an average of 2 lb/wk in older overweight/obese children and adolescents
- After 3-6 months without improvement in BMI/weight status, advance to Stage III

Required Documentation:

⇒ **Stage III: Comprehensive Multidisciplinary Protocol**

Dietary behaviors and physical activity: goals same as Stage II

- Referral to Structured Behavioral Modification program
Interventions and results of previous patient education and counseling from Stage I and II have been conducted and documented. The member is now ready to be referred to a structured behavioral modification program.

Physician Signature (Required): _____

Date: _____

CalOptima COPTP

Phone: 1-714-347-3272

Fax: 1-714-338-3127