

LEVEL OF CARE		PRE-CERT CASE #	
RECIPIENT ID NUMBER		RECIPIENT LAST NAME FIRST MI	
EXTENSION OF HOSPITALIZATION ICD-9-CM diagnosis code with description to maximum specificity.		SURGICAL PROCEDURE (ICD-9-CM hospital procedure code)	
SURGERY DATE		REQUEST TYPE	
1		Extension	
2		Resubmittal	
3		Reconsideration	
		Update	
Date:**		IV Medications/IV Fluids/TPN: Include route, rate, frequency, and/or titration	
Temp BP R P			
Pulse oximetry { }Yes { }No			
O2 sat range: On Room Air			
At Baseline			
Diet status:			
Pediatric weight in kilograms			
Labwork: Include the date cultures were obtained		Treatments: Include routes and frequency; po meds that meet criteria	
Comments:			
Actual discharge date:			

Revised 7/3/12 PCF-02