

INFORMATION FOR CERTIFICATION REQUEST

DATE	AUR CERTIFICATION NUMBER
DEPT. REVIEWER	

- PSR DRG
 1st REQUEST ADD. INFO SETTING CHANGE EXTENSION REQUEST

RECIPIENT/PROVIDER INFORMATION

1. RECIPIENT NUMBER	2. RECIPIENT NAME	3. BIRTHDATE
4. FACILITY PA PROMISe™ PROVIDER NUMBER (13 digits)	5. FACILITY NAME	
6. PRACTITIONER PA PROMISe™ PROVIDER NUMBER (13 digits)	7. PRACTITIONER NAME	
8. LATE PICKUP ELIG. DATE	9. DATE FACILITY FIRST NOTIFIED OF ELIG. AND HOW NOTIFIED	10. PRACTITIONER LICENSE #
11. PERSON MAKING REQUEST	12. TELEPHONE NUMBER OF PERSON MAKING REQUEST	

ADMISSION INFORMATION

13. A. ADMISSION DATE	13. B. ADMISSION CLASS (EMERGENCY OR URGENT) / ADMITTED TO WHAT FLOOR OR UNIT?	
14. ADMITTING DIAGNOSIS CODES A. B.	ICD-CM CODE DESCRIPTIONS A. B.	
15. SECONDARY DIAGNOSIS CODES C. D.	ICD-CM CODE DESCRIPTIONS C. D.	
16. ASC/SPU ONLY - HCPCS PROCEDURE CODE (5 digits)	17. INPATIENT ONLY - ICD PROCEDURE CODE	
18. PROCEDURE PERFORMED		
19. NUMBER OF EXTENDED TREATMENTS REQUESTED (ASC/SPU ONLY - MAXIMUM OF 10)		
20. WHAT ARE THE INDICATIONS FOR SURGERY/TREATMENT? DESCRIBE ANY PATHOLOGY AND JUSTIFICATION FOR SETTING		
21. DESCRIBE ANY ATTEMPTS THAT HAVE BEEN MADE TO TREAT THIS CONDITION ON AN OUTPATIENT BASIS		
22. ER DATE AND TIME	23. ADMISSION DATE	24. DISCHARGE DATE IF APPLICABLE

PRIOR ADMISSION INFORMATION

25. PRIOR ADMISSION DATE / PA # WITH OUTCOME	26. PRIOR ADMISSION DISCHARGE DATE
27. TRANSFER INFORMATION / PROMISe™ FACILITY NUMBER OF TRANSFERRING FACILITY	