

Pre-approval Form

This is a pre-requisite form provided for Sepsis

Kindly fill in all the requested information given below. This is a mandatory step to proceed further. Failure to provide information relevant to approval will delay the processing of the applicant's request. The provider will be contacted in case further clarifications are required.

| GE | NERAL INFORMATION |
|-------------------|---|
| - | Member's Name: |
| | ☐ New ☐ Established |
| - | Member Card #: |
| - | Policy: |
| - | Age: |
| - | Gender: Female Male |
| - | Date: / / |
| DD | OVIDER INFORMATION |
| - PR | Provider's Name: |
| _ | Ordering Clinician (ID # & Name): |
| _ | Performing Provider Name: |
| _ | Performing Clinician Speciality (ID # & Name): |
| _ | Referring Physician (ID # & Name): |
| | |
| | |
| SE | RVICE REQUESTED |
| SEI | Principal/ Primary Diagnosis: |
| - - | Principal/ Primary Diagnosis: ICD-10: |
| - - - | Principal/ Primary Diagnosis: |
| - - | Principal/ Primary Diagnosis: ICD-10: |
| - | Principal/ Primary Diagnosis: ICD-10: Requested Procedural Code & Description (CPT): |
| - - - | Principal/ Primary Diagnosis: ICD-10: |
| - - - | Principal/ Primary Diagnosis: ICD-10: Requested Procedural Code & Description (CPT): INICAL ASSESSMENT & SEVERITY |
| - - CL: | Principal/ Primary Diagnosis: ICD-10: Requested Procedural Code & Description (CPT): INICAL ASSESSMENT & SEVERITY |
| - - - SC | Principal/ Primary Diagnosis: ICD-10: Requested Procedural Code & Description (CPT): INICAL ASSESSMENT & SEVERITY ORING |
| CL! SC | Principal/ Primary Diagnosis: ICD-10: Requested Procedural Code & Description (CPT): INICAL ASSESSMENT & SEVERITY ORING OFA Score (Quick Sequential Organ Failure Assessment) |



Note: Score ≥ 2 indicates high risk for poor outcomes Phoenix Sepsis Score (Pediatric Patients <18 years) Instructions: Assess organ dysfunction Respiratory System: ☐ PaO2/FiO2 ratio dysfunction (_____ points) ☐ Mechanical ventilation required (______ points) Cardiovascular System: ☐ MAP dysfunction for age (_____ points) ☐ Vasoactive medication required (_____ points) ☐ Lactate > 5 mmol/L (_____ points) Coagulation System: ☐ Platelet dysfunction (_____ points) ☐ INR dysfunction (_____ points) Neurological System: ☐ GCS dysfunction for age (_____ points) Total Phoenix Score: _____ points Note: Score ≥ 2 indicates sepsis; Score ≥ 2 + cardiovascular points indicate septic shock SOFA Score (Sequential Organ Failure Assessment-If performed) Total SOFA Score: _____ / 24 points Note: Score ≥ 2 indicates organ dysfunction; Higher scores correlate with increased mortality **APACHE II Score (Adult ICU Patients-If performed)** Total APACHE II Score: _____ / 71 points Note: Higher scores indicate greater severity and mortality risk

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| MONITORING REQUIREMENTS |
|--|
| Please check vital signs monitoring performed (if any) |
| □ Continuous cardiac monitoring □ Blood pressure monitoring (arterial line if shock) □ Pulse oximetry □ Temperature monitoring □ Urine output monitoring (goal >0.5 mL/kg/hr adults, >1 mL/kg/hr paediatric) |
| Please check the laboratory monitoring performed (if any) |
| □ Lactate levels □ Blood gases □ CBC daily □ Comprehensive metabolic panel daily □ Procalcitonin |
| LENGTH OF STAY |
| Estimated Length of Stay: ICU Days: Total Hospital Days: """ |
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