PICC Line Order Form

EAST VALLEY ER & HOSPITAL
5656 S Power Rd Gilbert AZ 85295
(602) 830-4911

EAST VALLEY ER - CHANDLER
3050 S Dobson Rd Chandler AZ 85248
(480) 284-5867

Today's Date

PATIENT INFORMATION DOB Phone #

Last Name First Name

Important: Please include as much information as possible. Include any additional diagnoses or comorbidities that may increase patient risk of illness, complication, or death if patient does not receive the following order.
All diagnostic codes, supporting documentation, and reasons for placement are vital for insurance approval and prompt PICC line placement.

Placement Priority
☐ STAT

Duration of treatment

_____

Clinical Hx/DX for PICC Line (include ICD 10 codes)

_____

_____

PICC Line Order

- ☐ New Placement
- ☐ Replacement
  - ☐Catheter Malfunction
    - ☐ Leaking
    - ☐Not Drawing
    - ☐Not Flushing
  - ☐Catheter Infection

Medical Conditions Warranting PICC Line Placement

- ☐ Sepsis
- ☐ Risk of Malnutrition
- ☐ Current Malnutrition
- ☐ Loss of Limb
- ☐ Risk of Dehydration
- ☐ Current Dehydration
- ☐ Other _____

Items Required for Insurance Authorization

- ☐ Patient Demographics (include copy of front of Drivers License or ID Card)
- ☐ Insurance information (include copy of front and back of insurance card)
- ☐ Clinical documentation supporting medical necessity
  - ☐History of failed IV attempts (if applicable)
  - ☐Documentation of contraindications to peripheral IV access (if applicable)
  - ☐For replacements: documentation of complications with previous line
- ☐ Relevant diagnostic test results (blood work, imaging studies etc.)
- ☐ Treatment plan indicating need for long term vascular access (antibiotic presciption, recurrent lab orders etc.)

REFERRAL PHYSICIAN INFORMATION Email

Name Signature

Phone # NPI#

Submit Order via FAX to (602) 830-4912 or via EMAIL to RegFax@EastValleyHospital.com