

____/____/____
(Date Completed)

State of Florida Department of Health (DOH) Children's Medical Services (CMS)
Regionalized Perinatal Intensive Care Centers (RPICC)
University of Florida RPICC Data System
Neonatal Component

RPICC Unique Number _____ Mother's Soc. Sec. No. _____ Mother's Hospital Number _____ Mother's Name (last, first) _____
Child's Hospital Number _____ Child's Name (last, first) _____

NEONATAL ADMITTING DATA

Child's Status Code _____ Birth County Number _____ Child's Hospital Admission Date _____ Birth Hospital Code _____
HM -HMO Eligible
EL - Eligible
IE - Insurance Eligible
UF -Unfunded
NN - Non-Eligible

NEONATAL DISCHARGE DATA

Discharge Weight (Grams) _____ Date of Discharge from Level 3 NICU _____ Date of Discharge from RPICC _____

NEONATAL RESPIRATORY ASSISTANCE AND SURGERY CODES

Respiratory and Surgery Codes: _____ Y / N (*Required if 14 or 16 used)
14-Assisted Ventilation* _____ Ventilation >48 hours
15-Oxygen >4 Hours
16-Continuous Positive Airway Pressure (CPAP)*
18-Surgery, Major *(If 18-Surgery, Major is indicated, then a surgical procedure code must be entered below)
19-Extracorporeal Membrane Oxygenation (ECMO)

NEONATAL DISCHARGE DIAGNOSIS PROCEDURES

Diagnostic Codes :

A _____ B _____ C _____ D _____ E _____ F _____
G _____ H _____ I _____ J _____ K _____ L _____

*Use 779.9 for Infant Mortality

*If 18-Surgery, Major is indicated above, then a surgical ICD-9 procedure code must be entered below)

Procedure Codes: _____

BILLING INFORMATION

Billing Status _____ Date Paid _____ \$ Amount Paid _____ Transfers: Y / N First RPICC? Y / N Last RPICC?
P- Paid (payment received) (leave both blank if no transfer occurred)
R-Ready to Bill

Form Completed by _____

____/____/____
Date Entered in System