pennsylvania
DEPARTMENT OF HUMAN SERVICES
OFFICE OF DEVELOPMENTAL PROGRAMS

Supplement to the Medical Evaluation

Level of Care Evaluation for Individuals with Complex Medical Conditions

INDIVIDUAL'S NAME:	DATE OF MEDICAL EXAM:
ADDRESS:	DATE OF BIRTH:

PRIMARY DIAGNOSIS:	ICD-10

List all Chronic Medical Conditions that individually or in combination require medically necessary interventions such as medications, treatments, therapies, or adaptive equipment or technologies. Include ICD-10 code and the organ systems that are impacted by the diagnosis (or applicable updates).

CHRONIC MEDICAL CONDITIONS	ICD-10 CODE	ORGAN SYSTEM
0. (Sample) Asthma	J44.9	H
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Please indicate on the above chart those organ systems impacted by entering the letter that corresponds to the organ system.

A. Cardiovascular	D. Integumentary	G. Reproductive	J. Urinary
B. Digestive	E. Muscular	H. Respiratory	
C. Endocrine	F. Nervous	I. Skeletal	

☐ YES ☐ NO Does the individual require medically necessary skilled nursing intervention to execute medical regimens to use technology for respiration, nutrition, medication administration or other bodily functions including but not limited to tracheostomies, ventilators, central lines, parenteral nutrition, gastrostomy, jejunostomy, enteral feedings, dialysis, routine blood work monitoring, mobility equipment, or wound care?

IF YES, LIST MEDICALLY NECESSARY INTERVENTIONS:

PHYSICIAN'S SIGNATURE:	LICENSE NUMBER:
PRINTED NAME OF PHYSICIAN:	DATE:
PHYSICIAN'S ADDRESS:	PHYSICIAN'S PHONE NUMBER: