Appendix B: Sample Assessment and Other Tools

South Carolina Medical Complexity Criteria – Assessment Tool

Medically Complex Children's Waiver **Signature**_____
Medical Complexity Criteria – Assessment Tool **Date**_____

SCORE _____

Applicant Name_____DOB_____

Medicaid/CLTC Number_____ Age_____

Primary Diagnosis_____

Secondary Diagnoses_____

Therapeutic Foster Care_____ DSS Case Worker_____

1. Medications in the child's plan of treatment are necessary throughout the day: This criterion is to be applied to the individual's need for medication administration and includes the frequency and clinical skill involved. The criteria specify the route of administration, frequency required and assessment for effectiveness.	
Score **3**	___Requires administration of multiple medications via tracheostomy, nasoenteric or lavage tube, G-tube or J-tube – administered 4 times per day or more often. or ___Requires scheduled (not PRN) nebulization treatments every 1-2 hours or more often to prevent exacerbation of the medical condition – requires frequent assessment of effectiveness of medications.
2	___Requires administration of multiple medications via tracheostomy, nasoenteric or gavage tube, G-tube or J-tube – administered 3 times per day. or ___Requires oral administration of multiple medications (6 or more scheduled, not PRN) that are administered 3 times per day or more often. or ___Requires scheduled (not PRN) nebulization treatments every 4-6 hours to prevent exacerbation of the medical condition.
1	___Requires administration of scheduled medications via tracheostomy, nasoenteric or gavage tube, G-tube or J-tube – administered 1-2 times per day. or ___Requires oral administration of multiple medications (6 or more scheduled) that are administered 1-2 times per day.
0	___Requires administration of oral meds (less than 6 scheduled) 1-2 times per day. or ___Requires medication administration on a PRN basis including nebulization treatments for an episodic event.
Scheduled Medications: **PRN Medications:** 1._____6._____11._	

2._____ 7._____ 12._____ 3._____ 8._____ 13._____ 4._____ 9._____ 14._____ 5._____ 10._____ 15._____	
2. There is a significant medical condition that requires hands on medical supervision and monitoring by a trained professional due to the high probability for health complications, or adverse reactions due to the complexity of the child's condition.	
3	___Frequent periods of acute exacerbation of the medically complex condition(s), which requires hospitalization 3 times per year or more often. or ___4 or more ER or 8 or more sick visits per year for acute exacerbation of the medically complex condition(s).
2	___Less frequent periods of acute exacerbation of the medically complex condition(s) that requires hospitalization 2 times per year. or ___3 ER or 6 sick visits per year for acute exacerbation of the medically complex condition(s).
1	___Occasional periods of acute exacerbation of the medically complex condition(s) that requires hospitalization 1 time per year through an ER visit. or ___2 ER or 4 sick visits per year for acute exacerbation of the medically complex condition(s).
0	___Rare periods of acute exacerbation of the medically complex condition(s), which has not required sick visits in the past year.
Dates:	
3. The child's condition requires complex and comprehensive hands on nursing care. The assumption is that the majority of care provided to the child is done by the trained parent/caregiver or Private Duty Nursing Services.	
3	___The child receives Total Parenteral Nutrition, requiring close monitoring of electrolytes. or ___The child receives tube feedings continuously; or intermittently 4 times per day or more. or ___The child's oral feedings take an hour or longer requiring positioning and suctioning. or ___The child requires frequent monitoring of respiratory status at least every 1-2 hours. or ___The child requires frequent neurological monitoring at least 3-4 times per day. or ___The child requires urinary catheterization or ostomy care 4 times per day or more. ___The child requires monitoring for skin integrity at least 2 times per day to prevent further

	skin breakdown of an existing wound.
2	___The child has impaired oral motor function and requires monitoring for weekly episodes of gagging, choking, vomiting, or aspiration; or takes between 30 minutes to 1 hour to feed requiring hands on assistance. or ___The child receives tube feedings intermittently 3 times per day or less. or ___The child requires frequent monitoring of respiratory status every 3-4 hours. or ___The child requires neurological monitoring at least one time per day. or ___The child exhibits seizure activity at least 2 or more times a month while on optimal anticonvulsant therapy. or ___The child requires urinary catheterization or ostomy care 3 times per day. or ___The child requires daily monitoring of skin integrity to prevent skin breakdown. **Notes:**
1	___The child has impaired oral motor function resulting in monthly episodes of gagging, choking, vomiting, or aspiration. or ___Oral feedings take less than 30 minutes to complete, but require hands on assistance to accomplish age appropriate eating skills, or which may require oral stimulation to swallow. or ___The child requires some daily respiratory monitoring which may include periodic CPAP ventilation. or ___The child needs some neurological monitoring or has exhibited seizure activity one time in the last 6 months. or ___The child requires urinary catheterization or ostomy care 2 times per day or less. or ___The child requires daily blood glucose monitoring. **Notes:**
0	___The child has a history of impaired oral motor function and/or is able to eat with occasional episodes of gagging, and / or vomiting, but otherwise has oral feedings that are age appropriate. or ___The child requires PRN respiratory monitoring or may require oxygen for an episodic event. or ___The child is oxygen dependent with stable oxygen needs during the past 6 months requiring minimal intervention.

	or ___The child has no seizure activity during the past 6 months. or ___The child does **not** require hands on nursing care.
4. There are significant and complex medical conditions that require comprehensive medical supervision and coordination of multiple e medical providers (i.e., primary and specialty care physicians) due to multiple diagnoses, complexity of health conditions and high probability for health complications, due to the complexity and intensity of the child's conditions.	
3	___Coordination and monitoring by primary care physician of 6 or more specialty care providers.
2	___Coordination and monitoring by primary care physician of 4 –5 or more specialty care providers.
1	___Coordination and monitoring by primary care physician of 2-3 specialty care providers.
0	___Coordination and monitoring by primary care physician and 1 specialty care provider.

List Current Specialists:

1._____ 5._____

2._____ 6._____

3._____ 7._____

4._____ 8._____

1. The child's daily routine is substantially altered by the need to complete specialized, and time-consuming treatments or the need for two or more types of prescribed therapeutic therapies provided by a licensed professional. This refers to medically appropriate and medically focused PT, OT, and Speech Therapies. It does not include recreational or behavioral therapies.	
3	___The child receives multiple prescribed therapies by a licensed professional according to his/her treatment plan with a combined total greater than 5 times per week.
2	___The child receives multiple therapies according to his/her treatment plan with a combined total of 4-5 times per week.
1	___The child receives multiple therapies with a combined total of 2-3 times per week.
0	___The child receives a therapy according to his plan of care less than 2 times per week.

Notes:

medical therapies	school based therapies
PT	PT
OT	OT
ST	ST

Maryland REM Level of Care Guidelines

LOC 1 Acutely Ill	LOC 2 Unstable	LOC 3 Stable
Case Management level of intervention: The emergent change in the REM participant's medical condition or service utilization requires intensive case management intervention and follow-up. **Examples** REM participant has history (within past 6 mos.) of frequent hospitalizations and ER visits. Unstable clinical condition, an exacerbation of chronic illness or a newly diagnosed condition. Unstable psychosocial issues that have a significant negative impact on the health of the participant. History of highest service utilization. Participant receives new or on-going nursing services requiring intense CM assessment of the need for services.	**Case Management level of intervention:** The instability in the REM participant's medical condition or service utilization requires Case Management intervention on an ongoing basis to attain stable service/treatment plans. **Examples** REM participant has a history of exacerbations of medical issues requiring case management assessment of stability. Recently diagnosed with a new condition and that condition is stabilizing. Demonstrating understanding of condition but requires CM follow up to maintain level of understanding. Continues with high utilization of services, but appropriateness has been determined by CM and participant and participant/caregiver is demonstrating some level of independence in managing services. Participant sees multiple specialists. CM assistance is required with coordination of care between multiple specialists. Attendance at some of the appointments by the CM is required. Receives on-going nursing services not requiring intensive CM assessment of the need for services. (Includes those requiring the nursing assessment form every 12 months for participants receiving ongoing private duty nursing or SHHA services.) Has presented with obstacles to accessing services requiring CM intervention and coordination.	**Case Management level of intervention:** Case management intervention is required on an ongoing basis to monitor participant's stable service/treatment plans. **Examples** REM participant has a stable service/treatment plan. Requires ongoing monitoring of ability to access services. Requires on-going assessment of clinical stability. Receives on-going monitoring of routine specialty and primary care. Utilization of services is moderate, and appropriateness has been determined by CM. Participant/caregiver is demonstrating independence in managing services.

Maryland REM Case Manager Minimum Contact and Reporting Requirements

Participant Level of Care	General Criteria	Documentation	Reporting Schedule (Minimum if no change in level of care)	Participant Contact	PCP Contact	Cost and Utilization Data Review
Assessment	New to REM	Assessment Form Interdisciplinary plan of care (IPOC) CM Plan Emergency Information Form	Initial assessment report completed within 30 calendar days of date referral sent to CM Agency **and** updated once every 12 months.	1. Phone contact within 24 hours 2. Face to face visit within 10 calendar days of receipt of referral.	Prior to first report	N/A
Level of Care 1	Acutely ill and/or history of highest service utilization requiring intensive CM assessment and coordination.	IPOC and CM Plan Assessment Report	Reviewed/updated and completed at least every 3 months from date of previous report. Once every 12 months	1. Phone contact every month. 2. Face to face visit every 3 months	Once every 3 months	Every 3 months
Level of Care 2	Unstable service and treatment plans requiring on-going CM assessment and coordination.	IPOC and CM Plan Assessment Report	Reviewed/updated and completed at least every 6 months from date of previous report. Once every 12 months	1. Phone contact every month. 2. Face to face visit every 6 months	Once every 6 months	Every 3 months
Level of Care 3	Stable service and treatment plans requiring periodic CM assessment and coordination	IPOC and CM Plan Assessment Report	Reviewed/updated and completed at least every 6 months from date of previous report. Once every 12 months	1. Phone contact every month. 2. Face to face visit once per 12 months.	Once every 6 months	Every 3 months

Maryland REM Rare and Expensive Disease List

ICD-9 Code	Disease	Age Group	Guidelines
042.	Symptomatic HIV disease/AIDS (pediatric)	0-20	(A) A child <18 mos. who is known to be HIV seropositive or born to an HIV-infected mother **and:** * Has positive results on two separate specimens (excluding cord blood) from any of the following HIV detection tests: --HIV culture (2 separate cultures) --HIV polymerase chain reaction (PCR) --HIV antigen (p24) N.B. Repeated testing in first 6 mos. of life; optimal timing is age 1 month and age 4-6 mos. **or** * Meets criteria for Acquired Immunodeficiency Syndrome (AIDS) diagnosis based on the 1987 AIDS surveillance case definition
V08	Asymptomatic HIV status (pediatric)	0-20	(B) A child >18 mos. born to an HIV-infected mother or any child infected by blood, blood products, or other known modes of transmission (e.g., sexual contact) who: * Is HIV-antibody positive by confirmatory Western blot or immunofluorescense assay (IFA) **or** * Meets any of the criteria in (A) above
795.71	Infant with inconclusive HIV result	0-12 months	(E) A child who does not meet the criteria above who: * Is HIV seropositive by ELISA and confirmatory Western blot or IFA and is 18 mos. or less in age at the time of the test **or** * Has unknown antibody status, but was born to a mother known to be infected with HIV
270.0	Disturbances of amino-acid transport Cystinosis Cystinuria Hartnup disease	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
270.1	Phenylketonuria - PKU	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required. Lab test: high plasma phenylalanine and normal/low tyrosine
270.2	Other disturbances of aromatic- acid metabolism	0-20	Clinical history and physical exam; laboratory
270.3	Disturbances of branched-chain amino-	0-20	

ICD-9 Code	Disease	Age Group	Guidelines
	acid metabolism		studies supporting diagnosis. Subspecialist consultation note may be required.
270.4	Disturbances of sulphur-bearing amino-acid metabolism	0-20	
270.5	Disturbances of histidine metabolism Carnosinemia Histidinemia Hyperhistidinemia Imidazole aminoaciduria	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
270.6	Disorders of urea cycle metabolism	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
270.7	Other disturbances of straight- chain amino-acid Glucoglycinuria Glycinemia (with methylmalonic acidemia) Hyperglycinemia Hyperlysinemia Pipecolic acidemia Saccharopinuria Other disturbances of metabolism of glycine, threonine, serine, glutamine, and lysine	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
270.8	Other specified disorders of amino-acid metabolism Alaninemia Ethanolaminuria Glycoprolinuria Hydroxyprolinemia Hyperprolinemia Iminoacidopathy Prolinemia Prolinuria Sarcosinemia	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
271.0	Glycogenosis	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
271.1	Galactosemia	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
271.2	Hereditary fructose intolerance	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
272.7	Lipidoses	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
277.00	Cystic fibrosis without ileus.	0-64	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
277.01	Cystic fibrosis with ileus.	0-64	Clinical history and physical exam; laboratory

ICD-9 Code	Disease	Age Group	Guidelines
			studies supporting diagnosis. Subspecialist consultation note may be required.
277.02	Cystic fibrosis with pulmonary manifestations	0-64	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
277.03	Cystic fibrosis with gastrointestinal manifestations	0-64	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
277.09	Cystic fibrosis with other manifestations	0-64	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
277.2	Other disorders of purine and pyrimidine metabolism	0-64	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required. Demonstration of deficient enzyme such as: alpha-L-Idurondase, Iduronosulfate sulfatase, Heparan sulfate sulfatase, N-Acetyl-alpha-D-glucosaminidase, Arylsulfatase B, Beta-Glucuronidase, Beta-Galactosidase, N-Aacetylhexosaminidase-6-SO4 sulfatase.
277.5	Mucopolysaccharidosis	0-64	
277.81	Primary Carnitine deficiency	0-64	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
277.82	Carnitine deficiency due to inborn errors of metabolism	0-64	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
277.89	Other specified disorders of metabolism	0-64	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
284.01	Constitutional red blood cell asplasia	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
284.09	Other constitutional aplastic anemia	0-20	
286.0	Congenital factor VIII disorder	0-64	
286.1	Congenital factor IX disorder	0-64	
286.2	Congenital factor XI deficiency	0-64	
286.3	Congenital deficiency of other clotting factors	0-64	
286.4	von Willebrand's disease	0-64	
330.0	Leukodystrophy	0-20	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
330.1	Cerebral lipidoses	0-20	
330.2	Cerebral degenerations in generalized lipidoses	0-20	
330.3	Cerebral degeneration of childhood in other diseases classified	0-20	
330.8	Other specified cerebral degeneration	0-20	

ICD-9 Code	Disease	Age Group	Guidelines
	in childhood		
330.9	Unspecified cerebral degeneration in childhood	0-20	
331.3	Communicating hydrocephalus	0-20	Clinical history and physical exam; imaging studies supporting diagnosis. Sub specialist consultation note may be required.
331.4	Obstructive hydrocephalus	0-20	
333.2	Myoclonus	0-5	Clinical history and physical exam. Subspecialist consultation note may be required.
333.6	Idiopathic torsion dystonia	0-64	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
333.7	Symptomatic torsion dystonia	0-64	
333.90	Unspecified extrapyramidal disease and abnormal movement disorder	0-20	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
334.0	Friedreich's ataxia	0-20	Clinical history and physical exam. Neurology consultation note.
334.1	Hereditary spastic paraplegia	0-20	
334.2	Primary cerebellar degeneration	0-20	
334.3	Cerebellar ataxia NOS	0-20	
334.4	Cerebellar ataxia in other diseases	0-20	
334.8	Other spinocerebellar diseases NEC	0-20	
334.9	Spinocerebellar disease NOS	0-20	
335.0	Werdnig-Hoffmann disease	0-20	Clinical history and physical exam. Neurology consultation note.
335.10	Spinal muscular atrophy unspecified	0-20	
335.11	Kugelberg-Welander disease	0-20	
335.19	Spinal muscular atrophy NEC	0-20	
335.20	Amyotrophic lateral sclerosis	0-20	
335.21	Progressive muscular atrophy	0-20	
335.22	Progressive bulbar palsy	0-20	
335.23	Pseudobulbar palsy	0-20	
335.24	Primary lateral sclerosis	0-20	
335.29	Motor neuron disease NEC	0-20	
335.8	Anterior horn disease NEC	0-20	
335.9	Anterior horn disease NOS	0-20	
341.1	Schilder's disease	0-64	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
343.0	Diplegic infantile cerebral palsy	0-20	Clinical history and physical exam. Neurology consultation note may be required.
343.2	Quadriplegic infantile cerebral palsy	0-64	(See next page for Guideline description)
344.00	Quadriplegia, unspecified	0-64	
344.01	Quadriplegia, C1-C4, complete	0-64	
344.02	Quadriplegia, C1-C4, incomplete	0-64	

ICD-9 Code	Disease	Age Group	Guidelines
344.03	Quadriplegia, C5-C7, complete	0-64	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
344.04	Quadriplegia, C5-C7, incomplete	0-64	
344.09	Quadriplegia, Other	0-64	
359.0	Congenital hereditary muscular dystrophy	0-64	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
359.1	Hereditary progressive muscular dystrophy	0-64	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
359.21	Myotonic muscular dystrophy (Steinert's only)	0-64	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
437.5	Moyamoya disease	0-64	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
579.3	Short gut syndrome	0-20	Clinical history and imaging studies supporting diagnosis. Gastrointestinal subspecialist consultation note may be required.
582.0	Chronic glomerulonephritis with lesion of proliferative glomerulonephritis	0-20	
582.1	Chronic glomerulonephritis with lesion of membranous glomerulonephritis	0-20	
582.2	Chronic glomerulonephritis with lesion of membranoproliferative glomerulonephritis	0-20	Clinical history, laboratory evidence of renal disease. Nephrology subspecialist consultation note may be required.
582.4	Chronic glomerulonephritis with lesion of rapidly progressive glomerulonephritis	0-20	
582.81	Chronic glomerulonephritis in diseases classified elsewhere	0-20	
582.89	Other Chronic glomerulonephritis with lesion of exudative nephritis interstitial (diffuse) (focal) nephritis	0-20	
582.9	With unspecified pathological lesion in kidney Glomerulonephritis: NOS specified as chronic hemorrhagic	0-20	

ICD-9 Code	Disease	Age Group	Guidelines
	specified as chronic Nephritis specified as chronic Nephropathy specified as chronic		Clinical history, laboratory evidence of renal disease. Nephrology subspecialist consultation note may be required.
585.1	Chronic kidney disease, Stage I (diagnosed by a pediatric nephrologists)	0-20	
585.2	Chronic kidney disease, Stage II (mild) (diagnosed by a pediatric nephrologists)	0-20	
585.3	Chronic kidney disease, Stage III (moderate) (diagnosed by a pediatric nephrologists)	0-20	
585.4	Chronic kidney disease, Stage IV (severe) (diagnosed by a pediatric nephrologists)	0-20	
585.5	Chronic kidney disease, Stage V (diagnosed by a pediatric nephrologists)	0-20	
585.6	End stage renal disease (diagnosed by a pediatric nephrologists)	0-20	
585.9	Chronic kidney disease, unspecified (diagnosed by a pediatric nephrologists)	0-20	
585.6, V45.11	Chronic kidney disease with dialysis	21-64	Clinical history, laboratory, evidence of renal disease. Nephrology subspecialist consultation note may be required.
741.00	Spina bifida with hydrocephalus NOS	0-64	Clinical history and physical exam, imaging studies supporting diagnosis. Subspecialist consultation may be required.
741.01	Spina bifida with hydrocephalus cervical region	0-64	
741.02	Spina bifida with hydrocephalus dorsal region	0-64	
741.03	Spina bifida with hydrocephalus lumbar region	0-64	
741.90	Spina bifida unspecified region	0-64	
741.91	Spina bifida cervical region	0-64	
741.92	Spina bifida dorsal region	0-64	
741.93	Spina bifida lumbar region	0-64	
742.0	Encephalocele Encephalocystocele Encephalomyelocele Hydroencephalocele Hydromeningocele, cranial Meningocele, cerebral Menigoencephalocele	0-20	Clinical history and physical examination, radiographic or other neuroimaging studies. Neurology or neurosurgery consultation note may be required.
742.1	Microcephalus Hydromicrocephaly Micrencephaly	0-20	Clinical history and physical examination, radiographic or other neuroimaging studies. Neurology or neurosurgery consultation note
742.3	Congenital hydrocephalus	0-20	

ICD-9 Code	Disease	Age Group	Guidelines
742.4	Other specified anomalies of brain	0-20	may be required.
742.51	Other specified anomalies of the spinal cord Diastematomyelia	0-64	Clinical history and physical examination, radiographic or other neuroimaging studies.
742.53	Other specified anomalies of the spinal cord Hydromyelia	0-64	Neurology or neurosurgery consultation note may be required
742.59	Other specified anomalies of spinal cord Amyelia Congenital anomaly of spinal meninges Myelodysplasia Hypoplasia of spinal cord	0-64	
748.1	Nose anomaly - cleft or absent nose ONLY	0-5	
748.2	Web of larynx	0-20	Clinical history and physical examination. Radiographic or other imaging studies and specialist consultation note (ENT, plastic surgery) may be required.
748.3	Laryngotracheal anomaly NEC- Atresia or agenesis of larynx, bronchus, trachea, only	0-20	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
748.4	Congenital cystic lung	0-20	
748.5	Agenesis, hypoplasia and dysplasia of lung	0-20	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
749.00	Cleft palate NOS	0-20	
749.01	Unilateral cleft palate complete	0-20	Clinical history and physical examination. Supporting consultation note from ENT/plastic surgery may be required.
749.02	Unilateral cleft palate incomplete	0-20	
749.03	Bilateral cleft palate complete	0-20	
749.04	Bilateral cleft palate incomplete	0-20	
749.20	Cleft palate and cleft lip NOS	0-20	
749.21	Unilateral cleft palate with cleft lip complete	0-20	
749.22	Unilateral cleft palate with cleft lip incomplete	0-20	
749.23	Bilateral cleft palate with cleft lip complete	0-20	
749.24	Bilateral cleft palate with cleft lip incomplete	0-20	
749.25	Cleft palate with cleft lip NEC	0-20	

ICD-9 Code	Disease	Age Group	Guidelines
750.3	Congenital tracheoesophageal fistula, esophageal atresia and stenosis	0-3	Clinical history and physical exam; imaging studies supporting diagnosis. Subspecialist consultation note may be required.
751.2	Atresia large intestine	0-5	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
751.3	Hirschsprung's disease	0-15	
751.61	Biliary atresia	0-20	
751.62	Congenital cystic liver disease	0-20	
751.7	Pancreas anomalies	0-5	
751.8	Other specified anomalies of digestive system NOS	0-10	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
753.0	Renal agenesis and dysgenesis, **bilateral only** Atrophy of kidney: congenital infantile Congenital absence of kidney(s) Hypoplasia of kidney(s)	0-20	Clinical history, physical examination, radiographic or other imaging studies. Subspecialist consultation note may be required.
753.10	Cystic kidney disease, **bilateral only**	0-20	
753.12	Polycystic kidney, unspecified type, **bilateral only**	0-20	
753.13	Polycystic kidney, autosomal dominant, **bilateral only**	0-20	
753.14	Polycystic kidney, autosomal recessive, **bilateral only**	0-20	
753.15	Renal dysplasia, **bilateral only**	0-20	
753.16	Medullary cystic kidney, **bilateral only**	0-20	
753.17	Medullary sponge kidney, **bilateral only**	0-20	
753.5	Exstrophy of urinary bladder	0-20	
756.0	Musculoskeletal--skull and face bones Absence of skull bones Acrocephaly Congenital deformity of forehead Craniosynostosis Crouzon's disease Hypertelorism Imperfect fusion of skull Oxycephaly Platybasia Premature closure of cranial sutures Tower skull Trigonocephaly	0-20	Clinical history, physical examination, radiographic or other imaging studies supporting diagnosis. Subspecialist consultation note may be required.
756.4	Chondrodystrophy	0-1	
756.50	Osteodystrophy NOS	0-1	
756.51	Osteogenesis imperfecta	0-20	Clinical history, physical exam; imaging studies supporting diagnosis. Subspecialist consultation note may be required

ICD-9 Code	Disease	Age Group	Guidelines
756.52	Osteopetrosis	0-1	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
756.53	Osteopoikilosis	0-1	
756.54	Polyostotic fibrous dysplasia of bone	0-1	
756.55	Chondroectodermal dysplasia	0-1	
756.56	Multiple epiphyseal dysplasia	0-1	
756.59	Osteodystrophy NEC	0-1	
756.6	Anomalies of diaphragm	0-1	
756.70	Anomaly of abdominal wall	0-1	
756.71	Prune belly syndrome	0-1	
756.72	Omphalocele	0-1	Clinical history, physical examination, imaging studies supporting diagnosis. Subspecialist consultation note may be required.
756.73	Gastrochisis	0-1	
756.79	Other congenital anomalies of abdominal wall	0-1	
759.7	Multiple congenital anomalies NOS	0-10	Clinical history, physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
V46.1	Dependence on respirator	1-64	Clinical history and physical exam. Subspecialist consultation note required.