



CMS CLINICAL ELIGIBILITY ATTESTATION

Patient Name: _____ DOB: _____ Medicaid and/or KidCare ID: _____

Parent/Legal Guardian Name: _____ Phone number: _____

Please note: This form must be completed and attested to by a physician, as defined in Chapter 458 or 459, Florida Statutes. The physician must initial by each applicable ICD10 code. If the code falls within an approved, listed range, the physician must initial and list the specific ICD10 code and descriptor.

Initial all that Apply:

| Initials | ICD 10 | Descriptor |
|----------|---------------|--|
| | | B Codes- Viral infections with skin and mucous membrane lesions |
| | B20 | Human immunodeficiency virus (HIV) disease |
| | | C and D Codes- Neoplastic lesions |
| | C00-D48 | All malignancies (except those in remission greater than five years), (list specific ICD10 code and descriptor) _____ |
| | | D Codes ≥ 50- Diseases of the blood and blood-forming organs |
| | D57.00- D57.1 | Hb-SS disease, (list specific ICD10 code and descriptor) _____ |
| | D66 | Hereditary factor VIII deficiency |
| | D81.0- D81.4 | Severe combined immunodeficiency [SCID], (list specific ICD10 code and descriptor) _____ |
| | D82.1 | Digeorge's syndrome |
| | | E Codes- Endocrine, nutritional and metabolic |
| | E03.1 | Congenital Hypothyroidism |
| | E10.10-E10.9 | Type 1 diabetes mellitus, (list specific ICD10 code and descriptor) _____ |
| | E11.00- E11.9 | Type 2 diabetes mellitus, (list specific ICD10 code and descriptor) _____ |
| | E25.0 | Congenital adrenal hyperplasia |
| | E70.0 | Classical phenylketonuria |
| | E70.21 | Tyrosinemia |
| | E71.0 | Maple Syrup Urine Disease |
| | E71.110 | Isovaleric acidemia |
| | E71.111 | 3-methylglutaconic aciduria |
| | E71.120 | Methylmalonic acidemia |
| | E71.121 | Propionic acidemia |
| | E71.310 | LCAD/LCHAD/VLCAD Fatty acid oxidation disorders and ketogenesis disorders |
| | E71.311 | MCAD Fatty acid oxidation disorders and ketogenesis disorders |
| | E71.312 | SCAD Fatty acid oxidation disorders and ketogenesis disorders |
| | E71.313 | Organic Acidurias (glutaric aciduria, Canavan) |
| | E72.11 | Homocystinuria |
| | E72.21 | Argininemia Urea Cycle Disorder |

| Initials | ICD 10 | Descriptor |
|----------|---------------------|---|
| | E72.22 | Arginosuccinic aciduria |
| | E72.23 | Citrulinemia |
| | E72.4 | Ornithine Transcarbamylase Deficiency Urea Cycle Disorder |
| | E72.51 | Non-ketotic Hyperglycinemia |
| | E74.09 | Glycogen storage disease |
| | E74.21 | Galactosemia |
| | E75.23 | Krabbe disease |
| | E75.240- E75.249 | Niemann-Pick disease, (list specific ICD10 code and descriptor) _____ |
| | E75.25 | Metachromatic leukodystrophy |
| | E76.01 | Hurler's syndrome |
| | E76.1 | Mucopolysaccharidosis, type II |
| | E76.22 | Sanfilippo mucopolysaccharidoses |
| | E84.0-84.9 | Cystic fibrosis, (list specific ICD10 code and descriptor) _____ |
| | | F Codes- Mental, behavioral and neurodevelopmental disorders |
| | F20.0- F20.9 | Schizophrenia (list specific ICD10 code and descriptor) _____ |
| | F25.9 | Schizoaffective disorder |
| | F30.13 | Manic episode, severe, without psychotic symptoms |
| | F30.2 | Manic episode, severe with psychotic symptoms |
| | F31.13 | Bipolar disorder, current episode manic without psychotic features, severe |
| | F31.2 | Bipolar disorder, current episode manic severe with psychotic features |
| | F31.4 | Bipolar disorder, current episode depressed, severe, without psychotic features |
| | F31.5 | Bipolar disorder, current episode depressed, severe, with psychotic features |
| | F31.63 | Bipolar disorder, current episode mixed, severe, without psychotic features |
| | F31.64 | Bipolar disorder, current episode mixed, severe, with psychotic features |
| | F31.81 | Bipolar disorder II |
| | F33.2 | Major depressive disorder, recurrent severe without psychotic features |
| | F33.3 | Major depressive disorder, recurrent, severe with psychotic symptoms |
| | | G Codes- Diseases of the nervous system |
| | G31.81 | Alpers disease |
| | G31.82 | Leigh's disease |
| | G40.001- G40.B19 | Epilepsy, (list specific ICD10 code and descriptor) _____ |
| | G71.11 | Myotonic muscular dystrophy |
| | G80.0 | Spastic quadriplegia cerebral palsy |
| | G80.1 | Spastic diplegic cerebral palsy |
| | G80.2 | Spastic hemiplegic cerebral palsy |
| | G82.50- G82.54 | Quadriplegia, (list specific ICD10 code and descriptor) _____ |
| | G91.0 | Communicating hydrocephalus |
| | G91.1 | Obstructive hydrocephalus |
| | G93.1 | Anoxic brain damage, not elsewhere classified |

| Initials | ICD 10 | Descriptor |
|----------|---------------------|---|
| | | H Codes- H00 to H59 eye and adnexa and H60 to H95 ear and mastoid |
| | H35.051- H35.059 | Retinal neovascularization, (list specific ICD10 code and descriptor) _____ |
| | H35.171- H35.179 | Retrolental fibroplasia, (list specific ICD10 code and descriptor) _____ |
| | H54.0 | Blindness, binocular |
| | H90.3 | Sensorineural hearing loss, bilateral |
| | H91.9 | Hearing Loss |
| | | I Codes- Diseases of the circulatory system |
| | I34.0- I34.2 | Nonrheumatic mitral (valve), (list specific ICD10 code and descriptor) _____ |
| | I35.0- I35.2 | Nonrheumatic aortic (valve), (list specific ICD10 code and descriptor) _____ |
| | I36.1- I36.2 | Nonrheumatic tricuspid (valve), (list specific ICD10 code and descriptor) _____ |
| | I50.1-I50.9 | All heart failure, (list specific ICD10 code and descriptor) _____ |
| | | J Codes- Diseases of the respiratory system |
| | J45.50- J45.52 | Severe persistent asthma, (list specific ICD10 code and descriptor) _____ |
| | | K Codes- Diseases of the digestive system |
| | K72.10 | Chronic hepatic failure without coma |
| | K72.11 | Chronic hepatic failure with coma |
| | K91.2 | Short gut syndrome, aka Postsurgical malabsorption |
| | | M Codes- Diseases of the musculoskeletal system and connective tissue |
| | M08.00- M08.48 | Juvenile rheumatoid arthritis, (list specific ICD10 code and descriptor) _____ |
| | M32.0-M32.9 | Systemic lupus erythematosus |
| | M91.11 | Juvenile osteochondrosis of head of femur [Legg-Calve-Perthes], right leg |
| | M91.12 | Juvenile osteochondrosis of head of femur [Legg-Calve-Perthes], left leg |
| | | N Codes- Diseases of the genitourinary system |
| | N18.4 | Chronic kidney disease stage IV (severe) |
| | N18.5 | Chronic kidney disease stage V |
| | N18.6 | End stage renal disease |
| | | P Codes- Conditions originating in the perinatal period |
| | P27.0 | Wilson-Mikity syndrome |
| | P27.1 | Bronchopulmonary dysplasia originating in the perinatal period |
| | P52.21 | Intraventricular (nontraumatic) hemorrhage, grade 3, of newborn |
| | P52.22 | Intraventricular (nontraumatic) hemorrhage, grade 4, of newborn |
| | P78.81 | Congenital cirrhosis (of liver) |
| | P96.0 | Congenital renal failure |
| | | Q Codes- Congenital malformations, deformations, and chromosomal abnormalities |
| | Q00.0 | Anencephaly |
| | Q00.1 | Craniorachischisis |
| | Q00.2 | Iniiencephaly |
| | Q01.0 | Frontal encephalocele |

| Initials | ICD 10 | Descriptor |
|----------|-------------------------------------|--|
| | Q01.1 | Nasofrontal encephalocele |
| | Q01.2 | Occipital encephalocele |
| | Q02 | Microcephaly |
| | Q03.0 | Malformations of aqueduct of Sylvius |
| | Q03.1 | Atresia of foramina of Magendie and Luschka |
| | Q04.2 | Holoprosencephaly |
| | Q04.4 | Septo-optic dysplasia of brain |
| | Q04.5 | Megalencephaly |
| | Q05.0- Q05.3 and Q05.5- Q05.8 | Spina bifida, (list specific ICD10 code and descriptor) _____ |
| | Q06.0 | Amyelia |
| | Q06.1 | Hypoplasia and dysplasia of spinal cord |
| | Q07.00- Q07.03 | Arnold-Chiari syndrome, (list specific ICD10 code and descriptor) _____ |
| | Q20.0 to Q26.9 | Congenital Malformations of the Circulatory System except Peripheral Vascular System Specify Specific ICD-10 Code _____ |
| | Q33.3 | Agenesis of lung |
| | Q33.6 | Congenital hypoplasia and dysplasia of lung |
| | Q35.1 | Cleft hard palate |
| | Q35.3 | Cleft soft palate |
| | Q35.5 | Cleft hard palate with cleft soft palate |
| | Q35.9 | Cleft palate, unspecified |
| | Q36.0 | Cleft lip, bilateral |
| | Q36.1 | Cleft lip, median |
| | Q36.9 | Cleft lip, unilateral |
| | Q37.0 | Cleft hard palate with bilateral cleft lip |
| | Q37.1 | Cleft hard palate with unilateral cleft lip |
| | Q37.2 | Cleft soft palate with bilateral cleft lip |
| | Q37.3 | Cleft soft palate with unilateral cleft lip |
| | Q37.4 | Cleft hard and soft palate with bilateral cleft lip |
| | Q37.5 | Cleft hard and soft palate with unilateral cleft lip |
| | Q37.8 | Unspecified cleft palate with bilateral cleft lip |
| | Q37.9 | Unspecified cleft palate with unilateral cleft lip |
| | Q39.1 | Atresia of esophagus with tracheo-esophageal fistula |
| | Q43.1 | Hirschsprung's disease |
| | Q44.3 | Congenital stenosis and stricture of bile ducts |
| | Q60.1 | Renal agenesis, bilateral |
| | Q75.0 | Craniosynostosis |
| | Q75.1 | Craniofacial dysostosis (Crouzan Syndrome) |
| | Q75.4 | Mandibulofacial dysostosis (Treacher Collins) |
| | Q75.5 | Oculomandibular dysostosis (Hallermann-Streif syndrome) |
| | Q76.1 | Klippel-Feil syndrome |
| | Q78.0 | Osteogenesis imperfecta |
| | Q81.2 | Epidermolysis bullosa dystrophica |
| | Q91.0- Q91.2 | Trisomy 18, nonmosaicism, (list specific ICD10 code and descriptor) _____ |

| Initials | ICD 10 | Descriptor |
|----------|-----------------------|---|
| | Q91.4-Q91.6 | Trisomy 13, (list specific ICD10 code and descriptor) _____ |
| | | R Codes- Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified |
| | R40.3 | Persistent vegetative state |
| | R75 | Inconclusive laboratory evidence of human immunodeficiency virus (HIV) |
| | | T Codes- Injury, poisoning and certain other consequences of external causes |
| | T74.1____ | Physical abuse, confirmed, (list specific ICD10 code and descriptor) _____ |
| | T74.3____ | Psychological abuse, confirmed, (list specific ICD10 code and descriptor) _____ |
| | T74.4XXA- T74.4XXS | Shaken infant syndrome, (list specific ICD10 code and descriptor) _____ |
| | | Z Codes- Factors influencing health status |
| | Z21 | Asymptomatic human immunodeficiency virus [HIV] infection status |
| | Z76.82 | Awaiting organ transplant status |
| | Z94.0 | Kidney transplant status |
| | Z94.1 | Heart transplant status |
| | Z94.2 | Lung transplant status |
| | Z94.3 | Heart and lungs transplant status |
| | Z94.4 | Liver transplant status |
| | Z94.81 | Bone marrow transplant status |

*** If you are unable to identify the correct ICD 10 CM diagnosis for your patient that represents a condition that is both chronic and serious with functional limitation, at your option as the patient's physician you may request a Medical Panel Review by providing the following additional information for review after obtaining and including consent from the responsible parent or guardian:

1. Specify the ICD 10 Diagnosis with the Alphabetic Code and up to 5 digits _____

Add Additional Diagnoses, if appropriate _____

2. Include the most recent specialty consultant summary or hospital discharge summary or a summary of the consideration and description of current condition not to exceed three pages together with the following attestations and Florida licensed physician signature

I certify that the child identified above is actively under my care for the management of the chronic and serious condition(s) identified on this form by my initials.

I certify that my patient is under 21 years of age with a chronic physical, developmental, behavioral, or emotional condition, and also requires health care and related services of a type or amount beyond that which is generally required by children.

I certify my patient has functional limits related to his or her ability to do the things most children of the same age can do.

Patient Name: _____ DOB: _____

I understand this certification will be used to establish my patient's clinical eligibility for the CMS Managed Care Plan based on the qualifying diagnoses.

Signed: _____

Print Name: _____

Physician Medicaid #: _____

Physician Medical License #: _____

Date: _____

Office/Practice/Facility Name: _____

Office/Practice/Facility Address: _____

Office/Practice/Facility Phone Number: _____

Office/Practice/Facility Facsimile Number: _____

Office/Practice/Facility Contact Person: _____

INSTRUCTIONS: AFTER COMPLETION OF FORM, RETURN TO FLORIDA DEPARTMENT OF HEALTH, OFFICE OF THE CMS MANAGED CARE PLAN VIA EMAIL AT: (CMS.ClinicalEligibilityScreening@flhealth.gov); FACSIMILE (850.488-3813); OR MAIL (Attention: Clinical Eligibility, 4052 Bald Cypress Way, Bin A-06, Tallahassee, Florida, 32399). Parent or guardian acknowledges that emailing is an unsecured method of communication which may result in the unauthorized access of protected health information by third parties.