

Section 5 – ADDENDUM

Maryland Uniform Consultant Referral Form

**School-Based Health Center Health Visit
Report Form *Updated 2015***

**Maryland Infants and Toddlers Program
Referral and Feedback Form *Updated 2015***

**Local Health Services Request
Form and Instructions *Updated 2014***

REM Referral Form *Updated 2015*

Maryland Uniform Consultation Referral Form

Date of Referral:	Carrier Information:	
Patient Information:	Name:	
Name: (Last, First, MI)	Address:	
Date of Birth: (MM/DD/YY)	Phone:	Phone Number: ()
	()	Facsimile/Data #: ()
Member #:		
Site #:		

Primary or Requesting Provider:

Name: (Last, First, MI)		Specialty:
Institution/Group Name:	Provider ID #: 1	Provider ID #: 2 (If Required)
Address: (Street #, City, State, Zip)		
Phone Number: ()	Facsimile/Data Number: ()	

Consultant/Facility Provider:

Name: (Last, First, MI)		Specialty:
Institution/Group Name:	Provider ID #: 1	Provider ID #: 2 (If Required)
Address: (Street #, City, State, Zip)		
Phone Number: ()	Facsimile/Data Number: ()	

Referral Information:

Reason for Referral:		
Brief History, Diagnosis, and Test Results: <i>(Include ICD-9)</i>		
Services Desired: Provide Care as indicated: <input type="checkbox"/> Initial Consultation Only: <input type="checkbox"/> Diagnostic Test: (specify) _____ <input type="checkbox"/> Consultation With Specific Procedures: (specify) _____ <input type="checkbox"/> Specific Treatment: _____ <input type="checkbox"/> Global OB Care & Delivery <input type="checkbox"/> Other: (Explain)	Place of Service: <input type="checkbox"/> Office <input type="checkbox"/> Outpatient Medical/Surgical Center * <input type="checkbox"/> Radiology <input type="checkbox"/> Laboratory <input type="checkbox"/> Inpatient Hospital * <input type="checkbox"/> Extended Care Facility * <input type="checkbox"/> Other: (Explain) * (Specific Facility Must be Named.)	
Number of Visits: _____ If Blank, 1 Visit is Assumed.	Authorization #: (If Required)	Referral is Valid Until: (Date) _____ (See Carrier Instructions)
Signature: (Individual Completing This Form)		Authorizing Signature: (If Required)

Referral certification is not a guarantee of payment. Payment of benefits is subject to a member's eligibility on the date that the service is rendered and to any other contractual provisions of the plan / carrier.

White: Carrier; Yellow: Primary or Requesting Provider; Pink: Consultant/Facility Provider; Goldenrod: Patient

See Carrier/Plan Manual for Specific Instructions.

SCHOOL-BASED HEALTH CENTER HEALTH VISIT REPORT FORM

Well child exam only (see attached physical exam form)

SBHC Name & Address: SBHC Provider Number: Contact Name: Telephone: Fax:	MCO Name & Address: Contact Name: Telephone: Fax: Date Faxed:																	
Student Name: DOB: MA Number: SS Number:	Date of Visit: Type of Visit: <input type="checkbox"/> Acute/Urgent <input type="checkbox"/> Follow Up <input type="checkbox"/> Health Maintenance	ICD-10 Codes CPT Codes																
Provider Name/Title:																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">T:</td> <td style="width: 33%;">Hgt:</td> <td style="width: 33%;">Rapid Strep Test: -</td> </tr> <tr> <td>P:</td> <td>Wgt:</td> <td>Hgb:</td> </tr> <tr> <td>RR:</td> <td>BMI:</td> <td>BGL:</td> </tr> <tr> <td>BP:</td> <td></td> <td>U/A:</td> </tr> <tr> <td>PF:</td> <td></td> <td></td> </tr> <tr> <td>PaO2:</td> <td></td> <td></td> </tr> </table>			T:	Hgt:	Rapid Strep Test: -	P:	Wgt:	Hgb:	RR:	BMI:	BGL:	BP:		U/A:	PF:			PaO2:
T:	Hgt:	Rapid Strep Test: -																
P:	Wgt:	Hgb:																
RR:	BMI:	BGL:																
BP:		U/A:																
PF:																		
PaO2:																		
		Drug Allergy: <input type="checkbox"/> NKDA																
		Current Medications:																
		Immunization review: <input type="checkbox"/> UTD Given today: Needs:																

Age: **Chief Complaint:**
HPI:

Past Medical History: Unremarkable See health history Pertinent:

Physical Findings:

General: Alert/NAD
 Pertinent:

Head: Normal
 Pertinent:

Ears: TMs: pearly, + landmarks, + light reflex
 Cerumen removed curette/lavage
 Pertinent:

Eyes: PERRLA, sclerae clear, no discharge/crusting
 Pertinent:

Nose: Turbinates: pink, without swelling
 Pertinent:

Mouth: Pharynx without erythema, swelling, or exudate
 Normal dentition without caries
 Pertinent:

Neck: Full ROM. No tenderness
 Pertinent:

Lymph Nodes: No lymphadenopathy
 Pertinent:

Cardiac: RRR, normal S1 S2, no murmur
 Pertinent:

Lungs: CTA bilaterally, no retractions, wheezes, rales, ronchi
 Pertinent:

Abdomen: Soft, non-tender, no HSM, no masses,
 Bowel sounds present
 Pertinent:

Genitalia: Normal female/normal male Tanner Stage
 Pertinent:

Extremities: FROM
 Pertinent:

Neurologic: Grossly intact
 Pertinent:

Skin: Intact, no rashes
 Pertinent:

ASSESSMENT:

PLAN:

Rx Ordered:

Labs Ordered:

Radiology Services Ordered:

Provider Signature: _____

PCP F/U Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
--

The Maryland Infants and Toddlers Program

Physician's Guide

For Referring Children with
Developmental Delays and
Disabilities To Maryland's System
of Early Intervention Services



The Maryland Infants and Toddlers Program is coordinated by State and local agencies and organizations. Maryland State Department of Education, Division of Special Education/Early Intervention Services is lead agency.

Through the Maryland Infants and Toddlers Program, young children with developmental disabilities may be eligible for early intervention—a statewide system of services and supports designed to enhance the potential for growth and development in children with developmental disabilities and the ability of families to meet the special needs of their children. A pediatrician, NICU doctor, family physician, or other health care provider is often a family's first link to early intervention. If you or the child's family has a concern about a child's development, please refer the child and family for early intervention.

Complete the **Maryland Infants and Toddlers Referral and Feedback Form** on page 2, then phone or fax the referral to the local Infants and Toddlers Program in the jurisdiction where the child and family live.

Allegany County	(PH) 301-689-0466	(Fax) 301-689-3834
Anne Arundel County	(PH) 410-222-6911	(Fax) 410-222-6916
Baltimore City	(PH) 410-396-1666	(Fax) 410-547-8292
Baltimore County	(PH) 410-887-2169	(Fax) 410-339-3946
Calvert County	(PH) 410-535-7380	(Fax) 410-535-7383
Caroline County	(PH) 410-479-3246	(Fax) 410-479-0108
Carroll County	(PH) 410-876-4437, x277	(Fax) 410-479-0108
Cecil County	(PH) 410-996-5444	(Fax) 410-996-5454
Charles County	(PH) 301-609-6808	(Fax) 301-609-6691
Dorchester County	(PH) 410-221-2111, x1023	(Fax) 410-221-5215
Frederick County	(PH) 301-600-1612	(Fax) 301-600-3280
Garrett County	(PH) 301-334-1189	(Fax) 301-334-1893
Harford County	(PH) 410-638-3823	(Fax) 410-638-3825
Howard County	(PH) 410-313-7017	(Fax) 410-313-7103
Kent County	(PH) 410-778-7919	(Fax) 410-778-6193
Montgomery County	(PH) 240-777-3997	(Fax) 240-777-3132
Prince George's County	(PH) 301-265-8415	(Fax) 301-883-3907
Queen Anne's County	(PH) 410-758-0720, x4456	(Fax) 410-827-4548
Somerset County	(PH) 410-651-1485	(Fax) 410-651-2931
St. Mary's County	(PH) 301-475-4393	(Fax) 301-475-4350
Talbot County	(PH) 410-820-0319	(Fax) 410-822-9508
Washington County	(PH) 301-766-8217	(Fax) 301-791-6716
Wicomico County	(PH) 410-677-5250	(Fax) 410-677-5817
Worcester County	(PH) 410-632-5033	(Fax) 410-632-3867

If you suspect developmental delay or atypical development in a child age birth to 3 years,

(see page 4 for examples of atypical development), or if the child has a high probability medical condition, refer the child to the Maryland Infants and Toddlers Program for early intervention services.

High probability medical conditions that necessitate referral include, but are not limited to:

- AIDS
- Birth weight <1,200 grams
- Chronic Lung Disease (CLD)
- Congenital Infection—Symptomatic
- Congenital Malformation—Severe
- Encephalopathy—Severe
- Epilepsy—Severe
- Fetal Alcohol Syndrome
- Hearing Impairment (Bilateral or Unilateral)
- Inborn Error of Metabolism
- Intraventricular Hemorrhage (IVH) Grades III/IV
- Lead Poisoning—Elevated Blood Lead Level $\geq 20 \mu\text{g/dL}$
- Necrotizing Enterocolitis (NEC)—Surgical
- Neonatal Abstinence Syndrome
- Neurodegenerative Disorder
- Periventricular Leukomalacia (PVL)
- Visual Impairment

Be the link—make the referral.

The earlier, the better.

Maryland Infants and Toddlers Program Referral and Feedback Form

SECTION 1 – To be completed by Physician/Health Care Provider/Referring Agency

Please complete this form for each child you refer for early intervention. Diagnosis of a specific condition or disorder is not necessary for referral.

Parent/Child Contact Information:

Child Name: _____
Date of Birth: _____/_____/_____ Child Age in Months: _____ Gender: M / F
Home Address: _____
City: _____ State: _____ Zip Code: _____
Parent/Guardian: _____ Relationship to Child: _____
Primary Language: _____ Home Phone: _____ Other Phone: _____

Reason(s) for Referral to Early Intervention: *Please check all that apply.*

- Identified condition or diagnosis (e.g., spina bifida, Down syndrome): _____
- Suspected developmental delay or concern (Please circle areas of concern):
Motor/Physical Cognitive Social/Emotional Speech/Language Behavior Other: _____
- Failed Standardized Developmental Screening Tool (Please indicate screen used and attach screen results):
 Ages and Stages PEDS Other: _____
- At Risk/High Probability Factor (Describe): _____
- Other (Describe): _____

Referral Source Contact Information:

Person Making Referral: _____ Date of Referral: _____/_____/_____
Address: _____ City/State: _____ Zip: _____
Office Phone: _____ Office Fax: _____ E-mail _____

SECTION 2 – To be completed by the Parent/Guardian

Parent/Guardian Consent to Release Information:

I, _____ (print name of parent or guardian), give my permission for my pediatric health care provider (listed above) and the Maryland Infants and Toddlers Program to share and communicate any and all pertinent information regarding my child (please print child's name): _____.

Parent/Guardian Signature: _____ **Date:** _____/_____/_____

SECTION 3 – To be completed by Local Early Intervention System (local Infants and Toddlers Program) and returned to the Referral Source (e.g., physician)

Date Referral Received: _____/_____/_____ Attempts to Contact Unsuccessful:
Name of Assigned Service Coordinator: _____
Office Phone: _____ Office Fax: _____ E-mail: _____

Eligible for Early Intervention Services? Yes No

Initial Results of IFSP, (Attach Part II, Section A of IFSP):

Areas of Development to be Addressed:
 Cognitive Expressive Language Receptive Language Social-Emotional
 Adaptive/Self-Help Gross Motor Fine Motor

Initial Services to be Provided:
 Special Instruction Speech/Language Therapy Occupational Therapy Physical Therapy
 _____ _____

As the central figure in a child's medical home, you can be the link between families and the early intervention process.



The Physician's Role in Early Intervention

Early identification is critical.

"Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home and an appropriate responsibility of all pediatric health care professionals... children who have positive screening results for developmental problems should be referred to early developmental intervention and early childhood services and scheduled for earlier return visits to increase developmental surveillance."

-Council on Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee and Medical Home Initiatives for Children With Special Needs Project Advisory Committee; PEDIATRICS Vol. 118 No. 1 July 2006.

Link Families to Early Intervention.

As a primary health care provider and a central figure in a child's medical home, you are often a family's first link to early intervention services. Parents may bring a developmental concern to your attention or you may identify a concern as part of a routine visit or developmental screening. You can help families engage in the early intervention process in five simple ways.

- 1. Screen** infants and toddlers for developmental delay, atypical development, and high probability medical conditions.
- 2. Refer** infants and toddlers ages birth to 3 to their local Infants and Toddlers Program as soon as you or the family becomes concerned about the child's development. When making a referral, provide as many details as possible about the child's developmental and health status, and include essential information requested on the **Maryland Infants and Toddlers Referral and Feedback Form** (page 2). This information will help the local Infants and Toddlers Program prepare for an initial evaluation of the child, and develop an Individualized Family Service Plan (IFSP) if the child is determined eligible.
- 3. Arrange** for appropriate medical etiologic diagnostic evaluations and share the findings with the child's family. With the parent's permission, also share the findings with the local Infants and Toddlers Program so that relevant information can be shared with early intervention service providers and the child's IFSP can be modified, if needed.
- 4. Review** the child's initial and annual assessment results and routinely speak with the family about the child's progress towards meeting goals addressed on the IFSP. With the parent's permission, the local Infants and Toddlers Program will provide you with initial and annual assessment results, as well as ongoing information about the child's early intervention services.
- 5. Provide** medical updates, offer recommendations, and share your concerns about the child's development with the local Infants and Toddlers Program staff. As a vital member of the child's early intervention team, your input is extremely valuable.

Together, physicians and early intervention personnel can help parents make a difference in the lives of their children with disabilities.



After The Physician Makes the Referral

Eligibility is Determined.

After you phone or fax referral information to the appropriate number, the local Infants and Toddlers Program contacts the family to describe the program. If the family consents, a multidisciplinary eligibility evaluation is scheduled to determine whether the child is eligible for early intervention. See side bar at right for eligibility criteria. A multidisciplinary eligibility evaluation includes at least two professionals from different disciplines. As the child's primary care physician, you can be one of those professionals. The child's adaptive, cognitive, language, motor, and social-emotional development are assessed as part of this process, as are the child's hearing, vision, and general health status.

Individualized Family Service Plans Are Developed.

If the child is determined eligible for early intervention, the local Infants and Toddlers Program develops an Individualized Family Service Plan (IFSP) with the family, within 45 days of your referral. The IFSP is the working document that identifies services and supports (including frequency and duration) to meet specific early intervention outcomes for the child, based on the unique needs of the child and family. In most cases, early intervention services listed on the IFSP begin within 30 days of the date of the parent's signature on the plan. The IFSP is reviewed on an ongoing basis and modifications are made as appropriate. The IFSP is re-written annually, or more often if necessary.

The Child Receives Early Intervention Services Until Age 3 (if needed).

Children who are eligible for early intervention due to a $\geq 25\%$ delay and/or atypical development will continue to receive early intervention services until the delay or atypical development resolves. If the concerns are resolved, the local Infants and Toddlers Program will help the child and family transition into other community resources as appropriate. If concerns persist to age 3 (the age at which early intervention services end), the local Infants and Toddlers Program will transition the child and family to community and/or school services under an Individualized Education Program (IEP). On the other hand, children who are eligible for early intervention due to a high probability condition are eligible to participate in early intervention until age 3; at which time the local program will transition the child and family to community and/or school resources under an IEP.

Eligibility Criteria:

Children, ages birth to 3 years, may be eligible if they meet one of the following criteria:

1. $\geq 25\%$ delay in one or more of the following domains:
 - adaptive
 - language (expressive or receptive)
 - motor (fine or gross)
 - social-emotional
 - cognitive
2. Diagnosed condition that has a high probability of resulting in delayed or atypical development
3. Atypical development* in one or more of the above domains

*Atypical development refers to quality of performance. A child may demonstrate skills that are age appropriate but that are of atypical quality.

Examples of Atypical Development:

-Adaptive: refusal to take foods of certain texture

-Language: perseverative repetition of words

-Motor: hypertonicity and arching that results in early rolling (gross motor) or tremulousness and overshooting when reaching for objects (fine motor)

-Social-emotional: decreased initiation of communication for social purposes

-Cognitive: repetitive and stereotyped patterns of play with objects

Research shows that interventions are most effective when they are family-centered and goals are individualized.



More about Early Intervention in Maryland

The **Maryland Infants and Toddlers Program (MITP)** provides family-centered early intervention services and supports to help families enhance their children's developmental potential. In 2008, the MITP provided early intervention services to more than **13,800** children and their families through 24 local Infants and Toddlers Programs. The MITP provides early intervention services at no direct cost to families.

Research and best practices demonstrate that infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts. The MITP bases its early intervention practices on best available research and evidence-based practice, while adhering to relevant laws and regulations under Part C of the Individuals with Disabilities Education Act (IDEA).

Acknowledging the primary role of the family in the early intervention process, Maryland's early intervention system has evolved from a traditional child-centered "clinical model" to a family-centered developmental model where service providers work with the family in planning and providing services to help foster the development of their child. The family participates as a member of the Individualized Family Service Plan (IFSP) team that decides which services are best for that individual child and family. Outcomes are generated by the IFSP team based on the unique needs, interests, and resources of that child and family.

Since each family has its own aspiration for its child and family, individualized early intervention outcomes are likely to differ from one child to another despite the fact that children may have the same disability. Similarly, the frequency, duration, and types of services may differ for children who share the same disability. Factors such as severity of the disability, the child's age and temperament, and the family needs and resources, contribute to decisions regarding the type and amount of early intervention services provided.

For more information on Maryland's early intervention system and other early childhood initiatives, call 410-767-0261 or visit www.MDECGATEWAY.org.

Family-Centered Services

"Research demonstrates that interventions are most effective when they are family-centered; goals are individualized to meet the specific needs, interests, and resources of the children and families served; and strategies and activities target everyday childhood experiences."

-Shonkoff, JP and Phillips, DA (Eds.) (2000). *From Neurons to Neighborhoods. The Science of Early Child Development*. Washington, D.C.: National Academy Press.

The Maryland Infants and Toddlers Program provides family-centered services by:

- Treating families with dignity and respect.
- Providing choices to meet individual family priorities and concerns.
- Sharing all available information so that families can make informed decisions.
- Providing support that empowers families and enhances parental competence.

The ***Maryland Infants and Toddlers Physician's Guide*** is a publication of the Maryland Infants and Toddlers Program—a statewide program of services and supports coordinated by State and local agency and organizations. The Maryland State Department of Education, Division of Special Education/Early Intervention Services is lead agency.

Revision Date: 02/09

For more information call or write:

Marcella Franczkowski, Program Director
Maryland Infants and Toddlers Program
Maryland State Department of Education
Division of Special Education/Early Intervention Services
Early Childhood Intervention and Education Branch
200 West Baltimore Street, 9th Floor
Baltimore, Maryland 21201
Phone: 410-767-0261
Toll Free: 1-800-535-0182
Fax: 410-333-8165

Or visit the Maryland Early Childhood Gateway:

www.mdecgateway.org

The Maryland Early Childhood Gateway is an online resource for providers and families of young children with disabilities, birth through 5, developed and maintained through a partnership between the Maryland State Department of Education, Division of Special Education/Early Intervention Services and the Johns Hopkins University Center for Technology in Education.



Nancy S. Grasmick, State Superintendent of Schools

Carol Ann Heath, Assistant State Superintendent
Division of Special Education/Early Intervention Services

James H. DeGraffenreidt, Jr., President, State Board of Education

Martin O'Malley, Governor

The Maryland State Department of Education does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, or sexual orientation in matters affecting employment or in providing access to programs. For inquiries related to Department policy, please contact: Equity Assurance and Compliance Branch, Office of the Deputy State Superintendent for Administration, Maryland State Department of Education, 200 West Baltimore Street, 6th Floor, Baltimore, Maryland 21201-2595, Voice 410-767-0433, Fax 410-767-0431, TTY/TDD 410-333-6442, www.marylandpublicschools.org.

Date: / /
 To:
 Attention:
 Address:
 City/State/Zip:
 Phone:

HealthChoice LOCAL HEALTH SERVICES REQUEST FORM

Client Information	
Client Name: Address: City/State/Zip: Phone: County: DOB: / / SS#: - - Sex: <input type="checkbox"/> M <input type="checkbox"/> F Hispanic: <input type="checkbox"/> Y <input type="checkbox"/> N MA#: Private Ins.: <input type="checkbox"/> No <input type="checkbox"/> Yes Martial Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Unknown If Interpreter is needed specific language:	Race: <input type="checkbox"/> African-American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one race <input type="checkbox"/> Unknown Caregiver/Emergency Contact: Relationship: Phone:
FOLLOW-UP FOR: (Check all that apply) <input type="checkbox"/> Child under 2 years of age <input type="checkbox"/> Child 2 – 21 years of age <input type="checkbox"/> Child with special health care needs <input type="checkbox"/> Pregnant EDD: ____ / ____ / ____ <input type="checkbox"/> Adults with disability(mental, physical, or developmental) <input type="checkbox"/> Substance use care needed <input type="checkbox"/> Homeless (at-risk)	RELATED TO: (Check all that apply) <input type="checkbox"/> Missed appointments: ____ #missed <input type="checkbox"/> Adherence to plan of care <input type="checkbox"/> Immunization delay <input type="checkbox"/> Preventable hospitalization <input type="checkbox"/> Transportation <input type="checkbox"/> Other:
Diagnosis:	
Comments:	

MCO:	Date Received: / /
Document Outreach: # Letter(s) _____ # Phone Call(s) _____ # Face to Face _____	<input type="checkbox"/> Unable to Locate <input type="checkbox"/> Contact Date: / / <input type="checkbox"/> Advised <input type="checkbox"/> Refused
Comments:	
Contact Person: Phone: Fax:	Provider Name: Provider Phone:

Local Health Department (County)	Date Received: / /
Document Outreach: # Letter(s) _____ # Phone Call(s) _____ # Face to Face _____	<input type="checkbox"/> No Action (returned) Reason for return:
Contact Person: Contact Phone:	Disposition: <input type="checkbox"/> Contact Complete: Date: / / <input type="checkbox"/> Unable to Locate: Date: / / <input type="checkbox"/> Referred to: Date: / /
Comments:	

LOCAL HEALTH SERVICES REQUEST FORM

INSTRUCTIONS FOR USE:

- 1.) **Purpose:** This form is to be used by PMP/MCO to refer clients in need of outreach and health-related services to the LHD-ACCU.
- 2.) **To:** Fill in the appropriate local health department based on the client's county of residence.
- 3.) **From:** Indicate the referral source including, mailing address, contact name, phone number, and fax number.
- 4.) **Client Name:** Provide demographic information, MA number, last known address and phone number.
- 5.) **Follow-up:** Indicate the population category (FOR) and the reason for the request (Related To) Please add additional information or comments, that may assist the LHD to outreach member.

MCO Section:

Indicate type and number of outreach attempts; forward top copy to LHD-ACCU. Please indicate provider name and phone number. Please add additional information/comments that may assist the LHD to outreach member.

LHD Section:

Indicate action taken and return the appropriate copy to the MCO/Provider.

SEND REFERRALS TO:

Allegany Co. Hlth. Dept.- ACCU

12501 Willowbrook Rd. S.E. (301) 759-5094
Cumberland, MD 21502 (fax) 301-777-2401

Anne Arundel Co. Hlth. Dept. - ACCU

3 Harry S. Truman Pkwy. HD #8 (410) 222-7541
Annapolis, MD 21401 (fax) 410-222-4150

Baltimore Co. Hlth. Dept. - ACCU

6401 York Rd (410) 887-8741
Baltimore, MD 21212 (fax) 410-828-8346

Calvert Co. Hlth. Dept. - ACCU

975 Solomons Island Rd. North, (410) 535-5400
Prince Frederick, MD 20678 (fax) 410-535-1955

Caroline Co. Hlth. Dept. - ACCU

403 S. Seventh Street (410) 479-8023
Denton, MD 21629 (fax) 410-479-4871

Carroll Co. Hlth. Dept. - ACCU

290 S. Center Street (410) 876-4941
Westminster, MD 21157 (fax) 410-876-4959

Cecil Co. Hlth. Dept. - ACCU

401 Bow Street (410) 996-5145
Elkton, MD 21921 (fax) 410-996-0072

Charles Co. Hlth. Dept. - ACCU

4545 Crain Hwy. (301) 609-6803
White Plains, MD 20695 (fax) 301-934-7048

Dorchester Co. Hlth. Dept. - ACCU

3 Cedar Street (410) 228-3223
Cambridge, MD 21613 (fax) 410-228-8976

Frederick Co. Hlth. Dept. - ACCU

350 Montevue Lane (301) 600-3341
Frederick, MD 21702 (fax) 301-600-3302

Garrett Co. Hlth. Dept. - ACCU

1025 Memorial Dr. (301) 334-7692
Oakland, MD 21550 (fax) 301-334-7771

Harford Co. Hlth. Dept. - ACCU

Aberdeen Health Ctr. (410) 273-5626
34 North Philadelphia Blvd. (fax) 410-272-5467
Aberdeen, MD 21001

Howard Co. Hlth. Dept. - ACCU

8930 Stanford Blvd (410) 313-7323
Columbia, MD 21045 (fax) 410-313-5838

Kent Co. Hlth. Dept. - ACCU

125 S. Lynchburg St. (410) 778-7035
Chestertown, MD 21620 (fax) 410-778-7019

Montgomery Co. Hlth. Dept - ACCU

1335 Piccard Drive, 2nd Floor (240) 777-1648
Rockville, MD 20850 (fax) 240-777-4645

Prince Georges' Co. Hlth. Dept.- ACCU

9314 Piscataway Road 301-856-9550
Clinton, MD 20735 (fax) 301-856-9628

Queen Anne's Co. Hlth. Dept.- ACCU

206 N. Commerce Street (443) 262-4481
Centreville, MD 21617 (fax) 443-262-9357

St. Mary's Co. Hlth. Dept.- ACCU

21580 Peabody Street (301) 475-4951
Leonardtown, MD 20650-0316 (fax) 301-475-4350

Somerset Co. Hlth. Dept.- ACCU

7920 Crisfield Hwy. (443) 523-1740
Westover, MD 21871 (fax) 410-651-2572

Talbot Co. Hlth. Dept.- ACCU

100 S. Hanson Street (410) 819-5600
Easton, MD 21601-0480 (fax) 410-819-5683

Washington Co. Hlth. Dept. - ACCU

1302 Pennsylvania Avenue (240) 313-3229
Hagerstown, MD 21742 (fax) 240-313-3222

Wicomico Co. Hlth. Dept.- ACCU

108 E. Main Street (410) 543-6942
Salisbury, MD 21801 (fax) 410-543-6568

Worcester Co. Hlth. Dept.-ACCU

9730 Healthway Dr (410) 629-0164
Berlin, MD 21811 (fax) 410-629-0185

Healthcare Access Maryland

201 E. Baltimore Street #1000 (410) 649-0500
Baltimore, MD 21202 (fax) 410-649-0532

INSTRUCTIONS FOR COMPLETING THE REM INTAKE/REFERRAL FORM

PLEASE COMPLETE ALL REQUESTED INFORMATION

Page 1 –

Referral Source:

Referral source name, address, telephone number and fax number.

Patient Information:

Patient's first name, middle initial and last name. Patient's Medical Assistance (MA) number.

Patient's complete address, including apartment number, if applicable.

Patient's date of birth, telephone number(s), Sex, and Social Security Number.

Managed Care Organization (MCO) Information. This should include the name of the MCO, the name of a contact person and telephone number at the MCO, if known.

Patient Contact Information:

The person identified may be the patient (if an adult), the parent, guardian, caregiver, significant other etc. Please include the contact person's complete address, telephone number(s) and their relationship to the patient.

Referring Provider (Physicians, Nurse Practitioner, Physician Assistant) Information:

Provide the name of the referring provider. Include the provider's specialty, license number, and telephone number. The referring provider's signature is **required**. Include information about any consulting physicians with their specialties, telephone numbers, and license numbers, if known.

PAGE 2 – Complete patient's name and date of birth at the top of page 2.

Clinical Information:

Provide the primary and secondary diagnoses including the ICD-10 codes. These are necessary to verify eligibility for REM enrollment.

Supporting Information:

This section will require specific information pertaining to each REM diagnosis. The history and physical sections should be completed. Please refer to the guidelines listed on the REM disease list for the recommended medical documentation for each REM eligible diagnosis. Please contact the REM Intake Unit at 1-800-565-8190 if you have any questions.

PLEASE NOTE:

A physician's signature is required at the bottom of page 2. Please fax this completed form and all supporting clinical information to the REM Intake Unit at 410-333-5426.

Or mail to:

Maryland Department of Health & Mental Hygiene
REM Intake Unit
201 W. Preston Street, Room 210
Baltimore, Maryland 21201-2399

For questions, please call the REM Intake Unit at 1-800-565-8190.

Intake & Referral Form

Rare and Expensive Case Management

Questions - Call 1-800-565-8190

Fax (410) 333-5426

Mail or Fax To:

REM Intake Unit
Department of Health & Mental Hygiene (DHMH)
201 W. Preston Street, Room 210
Baltimore, Maryland 21201

Referral Source: _____

Address: _____

Phone ()

Fax ()

DHMH USE ONLY

CM Agency: _____

Date Assigned: _____

Screener/Date _____

County _____

Date File Complete: _____

Incomplete

Complete

Date Received: _____

Approved

Denied

Decision Date: _____

PATIENT INFORMATION

Patient Name				MA #:	
Address				Home Phone ()	
Apt. #		DOB:		Work Phone ()	
City	State	Zip	Sex: M F	SSN:	

MCO	Contact Person
	Phone ()

Patient Contact		Contact Phone ()	
Address		Relationship to Patient	
Apt. #	City	State	Zip Code

Referring Physician		Signature:	Date:
Name		Phone ()	
Specialty		License #	

PCP	
Name	Phone ()
Specialty	License #

Consulting Physician	
Name	Phone ()
Specialty	License #

REM Intake & Referral Form

Patient Name: _____

DOB: _____

CLINICAL INFORMATION			
Primary Diagnosis		Secondary Diagnosis	
ICD-10 Code		ICD-10 Code	
	1		1
	2		2
	3		3
	4		4

SUPPORTING INFORMATION (ATTACH COPIES)	
History	
Physical	
Laboratory/Pathology	
Radiology	
Consultations	
Comments	
MD Signature	Date

RARE AND EXPENSIVE DISEASE LIST

OCTOBER 1, 2015

*****USE WITH REVISED REM ICD 10 DISEASE LIST TO IDENTIFY THE GUIDELINES
REQUIRED TO CONFIRM A REM DIAGNOSIS**

**Submit supporting documentation as required in the Guidelines box for the selected REM qualifying
ICD 10 code (s).**

#1 History and Physical completed within the past 12 months

#2 Specialist Consult note or report confirming diagnosis:

- | | |
|---|---------------------------|
| A. Cardiology | J. Ophthalmology |
| B. Ears, Nose, Throat | K. Orthopedics |
| C. Endocrinology | L. Physiatrist/PMR |
| D. Gastroenterology | M. Plastic Surgery |
| E. Genetics | N. Pulmonologist |
| F. Hematology | O. Surgery |
| G. Pediatric Nephrology/Adult Nephrology | P. Urology |
| H. Neurology/Neurosurgery | |
| I. Nutrition | |

#3 Laboratory values confirming REM qualifying diagnosis

#4 Imaging Studies confirming diagnosis, for example:

- A.** CT Scan
- B.** MRI/MRA
- C.** Ultra-sound
- D.** X-rays

REM Disease List
October 2, 2015 Revision

ICD10	ICD 10 DESCRIPTION	AGE LIMIT	GUIDELINES*
B20	Human immunodeficiency virus [HIV] disease	0-20	1, 2, 3
C96.0	Multifocal and multisystemic Langerhans-cell histiocytosis	0-64	1, 2, 3, 4
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis	0-64	1, 2, 3, 4
C96.6	Unifocal Langerhans-cell histiocytosis	0-64	1, 2, 3, 4
D61.01	Constitutional (pure) red blood cell aplasia	0-20	1, 2-F, 3
D61.09	Other constitutional aplastic anemia	0-20	1, 2-F, 3
D66	Hereditary factor VIII deficiency	0-64	1, 2-F, 3
D67	Hereditary factor IX deficiency	0-64	1, 2-F, 3
D68.0	Von Willebrand's disease	0-64	1, 2-F, 3
D68.1	Hereditary factor XI deficiency	0-64	1, 2-F, 3
D68.2	Hereditary deficiency of other clotting factors	0-64	1, 2-F, 3
E70.0	Classical phenylketonuria	0-20	1, 2E, 3
E70.1	Other hyperphenylalaninemias	0-20	1, 2E, 3
E70.20	Disorder of tyrosine metabolism, unspecified	0-20	1, 2E, 3
E70.21	Tyrosinemia	0-20	1, 2E, 3
E70.29	Other disorders of tyrosine metabolism	0-20	1, 2E, 3
E70.30	Albinism, unspecified	0-20	1, 2E/ or J, 3
E70.40	Disorders of histidine metabolism, unspecified	0-20	1, 2E, 3
E70.41	Histidinemia	0-20	1, 2E, 3
E70.49	Other disorders of histidine metabolism	0-20	1, 2E, 3
E70.5	Disorders of tryptophan metabolism	0-20	1, 2E, 3
E70.8	Other disorders of aromatic amino-acid metabolism	0-20	1, 2E, 3
E71.0	Maple-syrup-urine disease	0-20	1, 2E, 3
E71.110	Isovaleric acidemia	0-20	1, 2E, 3
E71.111	3-methylglutaconic aciduria	0-20	1, 2E, 3
E71.118	Other branched-chain organic acidurias	0-20	1, 2E, 3
E71.120	Methylmalonic acidemia	0-20	1, 2E, 3
E71.121	Propionic acidemia	0-20	1, 2E, 3
E71.128	Other disorders of propionate metabolism	0-20	1, 2E, 3
E71.19	Other disorders of branched-chain amino-acid metabolism	0-20	1, 2E, 3
E71.2	Disorder of branched-chain amino-acid metabolism, unspecified	0-20	1, 2E, 3
E71.310	Long chain/or very long chain acyl CoA dehydrogenase deficiency	0-64	1, 2E, 3
E71.311	Medium chain acyl CoA dehydrogenase deficiency	0-64	1, 2E, 3
E71.312	Short chain acyl CoA dehydrogenase deficiency	0-64	1, 2E, 3
E71.313	Glutaric aciduria type II	0-64	1, 2E, 3
E71.314	Muscle carnitine palmitoyltransferase deficiency	0-64	1, 2E, 3
E71.318	Other disorders of fatty-acid oxidation	0-64	1, 2E, 3
E71.32	Disorders of ketone metabolism	0-64	1, 2E, 3

REM Disease List
October 2, 2015 Revision

ICD10	ICD 10 DESCRIPTION	AGE LIMIT	GUIDELINES*
E71.39	Other disorders of fatty-acid metabolism	0-64	1, 2E, 3
E71.41	Primary carnitine deficiency	0-64	1, 2E, 3
E71.42	Carnitine deficiency due to inborn errors of metabolism	0-64	1, 2E, 3
E71.50	Peroxisomal disorder, unspecified	0-64	1, 2E, 3
E71.510	Zellweger syndrome	0-64	1, 2E, 3
E71.511	Neonatal adrenoleukodystrophy	0-64	1, 2E, 3
E71.518	Other disorders of peroxisome biogenesis	0-64	1, 2E, 3
E71.520	Childhood cerebral X-linked adrenoleukodystrophy	0-64	1, 2E, 3
E71.521	Adolescent X-linked adrenoleukodystrophy	0-64	1, 2E, 3
E71.522	Adrenomyeloneuropathy	0-64	1, 2E, 3
E71.528	Other X-linked adrenoleukodystrophy	0-64	1, 2E, 3
E71.529	X-linked adrenoleukodystrophy, unspecified type	0-64	1, 2E, 3
E71.53	Other group 2 peroxisomal disorders	0-64	1, 2E, 3
E71.540	Rhizomelic chondrodysplasia punctata	0-64	1, 2E, 3
E71.541	Zellweger-like syndrome	0-64	1, 2E, 3
E71.542	Other group 3 peroxisomal disorders	0-64	1, 2E, 3
E71.548	Other peroxisomal disorders	0-64	1, 2E, 3
E72.01	Cystinuria	0-20	1, 2E, 3
E72.02	Hartnup's disease	0-20	1, 2E, 3
E72.03	Lowe's syndrome	0-20	1, 2E, 3
E72.04	Cystinosis	0-20	1, 2E, 3
E72.09	Other disorders of amino-acid transport	0-20	1, 2E, 3
E72.11	Homocystinuria	0-20	1, 2E, 3
E72.12	Methylenetetrahydrofolate reductase deficiency	0-20	1, 2E, 3
E72.19	Other disorders of sulfur-bearing amino-acid metabolism	0-20	1, 2E, 3
E72.20	Disorder of urea cycle metabolism, unspecified	0-20	1, 2E, 3
E72.21	Argininemia	0-20	1, 2E, 3
E72.22	Arginosuccinic aciduria	0-20	1, 2E, 3
E72.23	Citrullinemia	0-20	1, 2E, 3
E72.29	Other disorders of urea cycle metabolism	0-20	1, 2E, 3
E72.3	Disorders of lysine and hydroxylysine metabolism	0-20	1, 2E, 3
E72.4	Disorders of ornithine metabolism	0-20	1, 2E, 3
E72.51	Non-ketotic hyperglycinemia	0-20	1, 2E, 3
E72.52	Trimethylaminuria	0-20	1, 2E, 3
E72.53	Hyperoxaluria	0-20	1, 2E, 3
E72.59	Other disorders of glycine metabolism	0-20	1, 2E, 3
E72.8	Other specified disorders of amino-acid metabolism	0-20	1, 2E, 3
E74.00	Glycogen storage disease, unspecified	0-20	1, 2E, 3
E74.01	von Gierke disease	0-20	1, 2E, 3
E74.02	Pompe disease	0-20	1, 2E, 3
E74.03	Cori disease	0-20	1, 2E, 3

REM Disease List
October 2, 2015 Revision

ICD10	ICD 10 DESCRIPTION	AGE LIMIT	GUIDELINES*
E74.04	McArdle disease	0-20	1, 2E, 3
E74.09	Other glycogen storage disease	0-20	1, 2E, 3
E74.12	Hereditary fructose intolerance	0-20	1, 2E, 3
E74.19	Other disorders of fructose metabolism	0-20	1, 2E, 3
E74.21	Galactosemia	0-20	1, 2E, 3
E74.29	Other disorders of galactose metabolism	0-20	1, 2E, 3
E74.4	Disorders of pyruvate metabolism and gluconeogenesis	0-20	1, 2E, 3
E75.00	GM2 gangliosidosis, unspecified	0-20	1, 2E, 3, 4
E75.01	Sandhoff disease	0-20	1, 2E, 3, 4
E75.02	Tay-Sachs disease	0-20	1, 2E, 3, 4
E75.09	Other GM2 gangliosidosis	0-20	1, 2E, 3, 4
E75.10	Unspecified gangliosidosis	0-20	1, 2E, 3, 4
E75.11	Mucopolipidosis IV	0-20	1, 2E, 3, 4
E75.19	Other gangliosidosis	0-20	1, 2E, 3, 4
E75.21	Fabry (-Anderson) disease	0-20	1, 2E, 3
E75.22	Gaucher disease	0-20	1, 2E, 3
E75.23	Krabbe disease	0-20	1, 2E, 3, 4
E75.240	Niemann-Pick disease type A	0-20	1, 2E, 3
E75.241	Niemann-Pick disease type B	0-20	1, 2E, 3
E75.242	Niemann-Pick disease type C	0-20	1, 2E, 3
E75.243	Niemann-Pick disease type D	0-20	1, 2E, 3
E75.248	Other Niemann-Pick disease	0-20	1, 2E, 3
E75.25	Metachromatic leukodystrophy	0-20	1, 2E, 3, 4
E75.29	Other sphingolipidosis	0-20	1, 2E, 3
E75.3	Sphingolipidosis, unspecified	0-20	1, 2E, 3
E75.4	Neuronal ceroid lipofuscinosis	0-20	1, 2E, 3, 4
E75.5	Other lipid storage disorders	0-20	1, 2E, 3
E76.01	Hurler's syndrome	0-64	1, 2E, 3, 4
E76.02	Hurler-Scheie syndrome	0-64	1, 2E, 3, 4
E76.03	Scheie's syndrome	0-64	1, 2E, 3, 4
E76.1	Mucopolysaccharidosis, type II	0-64	1, 2E, 3
E76.210	Morquio A mucopolysaccharidoses	0-64	1, 2E, 3
E76.211	Morquio B mucopolysaccharidoses	0-64	1, 2E, 3
E76.219	Morquio mucopolysaccharidoses, unspecified	0-64	1, 2E, 3
E76.22	Sanfilippo mucopolysaccharidoses	0-64	1, 2E, 3
E76.29	Other mucopolysaccharidoses	0-64	1, 2E, 3
E76.3	Mucopolysaccharidosis, unspecified	0-64	1, 2E, 3
E76.8	Other disorders of glucosaminoglycan metabolism	0-64	1, 2E, 3
E77.0	Defects in post-translational mod of lysosomal enzymes	0-20	1, 2E, 3
E77.1	Defects in glycoprotein degradation	0-20	1, 2E, 3
E77.8	Other disorders of glycoprotein metabolism	0-20	1, 2E, 3
E79.1	Lesch-Nyhan syndrome	0-64	1, 2E, 3
E79.2	Myoadenylate deaminase deficiency	0-64	1, 2E, 3
E79.8	Other disorders of purine and pyrimidine metabolism	0-64	1, 2E, 3

REM Disease List
October 2, 2015 Revision

ICD10	ICD 10 DESCRIPTION	AGE LIMIT	GUIDELINES*
E79.9	Disorder of purine and pyrimidine metabolism, unspecified	0-64	1, 2E, 3
E80.3	Defects of catalase and peroxidase	0-64	1, 2E, 3
E84.0	Cystic fibrosis with pulmonary manifestations	0-64	1, 2N, 3
E84.11	Meconium ileus in cystic fibrosis	0-64	1, 2N, 3
E84.19	Cystic fibrosis with other intestinal manifestations	0-64	1, 2N, 3
E84.8	Cystic fibrosis with other manifestations	0-64	1, 2N, 3
E84.9	Cystic fibrosis, unspecified	0-64	1, 2N, 3
E88.40	Mitochondrial metabolism disorder, unspecified	0-64	1, 2E, 3
E88.41	MELAS syndrome	0-64	1, 2E, 3
E88.42	MERRF syndrome	0-64	1, 2E, 3
E88.49	Other mitochondrial metabolism disorders	0-64	1, 2E, 3
E88.89	Other specified metabolic disorders	0-64	1, 2E, 3
F84.2	Rett's syndrome	0-20	1, 2E/or H, 3, 4
G11.0	Congenital nonprogressive ataxia	0-20	1, 2E/or H, 4
G11.1	Early-onset cerebellar ataxia	0-20	1, 2E/or H, 4
G11.2	Late-onset cerebellar ataxia	0-20	1, 2E/or H, 4
G11.3	Cerebellar ataxia with defective DNA repair	0-20	1, 2E/or H, 4
G11.4	Hereditary spastic paraplegia	0-20	1, 2E/or H, 4
G11.8	Other hereditary ataxias	0-20	1, 2E/or H, 4
G11.9	Hereditary ataxia, unspecified	0-20	1, 2E/or H, 4
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]	0-20	1, 2E/or H, 3, 4
G12.1	Other inherited spinal muscular atrophy	0-20	1, 2E/or H, 3, 4
G12.21	Amyotrophic lateral sclerosis	0-20	1, 2E/or H, 3, 4
G12.22	Progressive bulbar palsy	0-20	1, 2E/or H, 3, 4
G12.29	Other motor neuron disease	0-20	1, 2E/or H, 3, 4
G12.8	Other spinal muscular atrophies and related syndromes	0-20	1, 2E/or H, 3, 4
G12.9	Spinal muscular atrophy, unspecified	0-20	1, 2E/or H, 3, 4
G24.1	Genetic torsion dystonia	0-64	1, 2E/or H, 3, 4
G24.8	Other dystonia	0-64	1, 2E/or H, 3, 4
G25.3	Myoclonus	0-5	1, 2E/or H, 3, 4
G25.9	Extrapyramidal and movement disorder, unspecified	0-20	1, 2E/or H
G31.81	Alpers disease	0-20	1, 2E, 3
G31.82	Leigh's disease	0-20	1, 2E, 3
G31.9	Degenerative disease of nervous system, unspecified	0-20	1, 2H, 4
G32.81	Cerebellar ataxia in diseases classified elsewhere	0-20	1, 2H, 4
G37.0	Diffuse sclerosis of central nervous system	0-64	1, 2H, 4
G37.5	Concentric sclerosis [Balo] of central nervous system	0-64	1, 2H, 4
G71.0	Muscular dystrophy	0-64	1, 2E/or H, 3
G71.11	Myotonic muscular dystrophy	0-64	1, 2E/or H, 3

REM Disease List
October 2, 2015 Revision

ICD10	ICD 10 DESCRIPTION	AGE LIMIT	GUIDELINES*
G71.2	Congenital myopathies	0-64	1, 2E/or H, 3, 4
G80.0	Spastic quadriplegic cerebral palsy	0-64	1, 2H/or K/or L
G80.1	Spastic diplegic cerebral palsy	0-20	1, 2H/or K/or L
G80.3	Athetoid cerebral palsy	0-64	1, 2H/or K/or L
G82.50	Quadriplegia, unspecified	0-64	1, 2H/or K/or L,
G82.51	Quadriplegia, C1-C4 complete	0-64	1, 2H/or K/or L, 4
G82.52	Quadriplegia, C1-C4 incomplete	0-64	1, 2H/or K/or L, 4
G82.53	Quadriplegia, C5-C7 complete	0-64	1, 2H/or K/or L, 4
G82.54	Quadriplegia, C5-C7 incomplete	0-64	1, 2H/or K/or L, 4
G91.0	Communicating hydrocephalus	0-20	1, 2H/or O, 4
G91.1	Obstructive hydrocephalus	0-20	1, 2H/or O, 4
I67.5	Moyamoya disease	0-64	1, 2H, 4
K91.2	Postsurgical malabsorption, not elsewhere classified	0-20	1, 2D/or I/or O, 3
N03.1	Chronic neph syndrome w focal and seg glomerular lesions	0-20	1, 2G, 3, 4
N03.2	Chronic nephritic syndrome w diffuse membranous glomrlneph	0-20	1, 2G, 3, 4
N03.3	Chronic neph syndrome w diffuse mesangial prolif glomrlneph	0-20	1, 2G, 3, 4
N03.4	Chronic neph syndrome w diffuse endocapry prolif glomrlneph	0-20	1, 2G, 3, 4
N03.5	Chronic nephritic syndrome w diffuse mesangiocap glomrlneph	0-20	1, 2G, 3, 4
N03.6	Chronic nephritic syndrome with dense deposit disease	0-20	1, 2G, 3, 4
N03.7	Chronic nephritic syndrome w diffuse crescentic glomrlneph	0-20	1, 2G, 3, 4
N03.8	Chronic nephritic syndrome with other morphologic changes	0-20	1, 2G, 3, 4
N03.9	Chronic nephritic syndrome with unsp morphologic changes	0-20	1, 2G, 3, 4
N08	Glomerular disorders in diseases classified elsewhere	0-20	1, 2G, 3, 4
N18.1	Chronic kidney disease, stage 1	0-20	1, 2G, 3, 4
N18.2	Chronic kidney disease, stage 2 (mild)	0-20	1, 2G, 3, 4
N18.3	Chronic kidney disease, stage 3 (moderate)	0-20	1, 2G, 3, 4
N18.4	Chronic kidney disease, stage 4 (severe)	0-20	1, 2G, 3, 4
N18.5	Chronic kidney disease, stage 5	0-20	1, 2G, 3, 4
N18.6	End stage renal disease	0-20	1, 2G, 3, 4
N18.9	Chronic kidney disease, unspecified	0-20	1, 2G, 3, 4
Q01.9	Encephalocele, unspecified	0-20	1, 2O, 4
Q02	Microcephaly	0-20	1, 2H, 4 (Head Circumference X 3)
Q03.0	Malformations of aqueduct of Sylvius	0-20	1, 2H, 4
Q03.1	Atresia of foramina of Magendie and Luschka	0-20	1, 2H, 4
Q03.8	Other congenital hydrocephalus	0-20	1, 2H, 4
Q03.9	Congenital hydrocephalus, unspecified	0-20	1, 2H, 4
Q04.5	Megalencephaly	0-20	1, 2H, 4

REM Disease List
October 2, 2015 Revision

ICD10	ICD 10 DESCRIPTION	AGE LIMIT	GUIDELINES*
Q04.6	Congenital cerebral cysts	0-20	1, 2H, 4
Q04.8	Other specified congenital malformations of brain	0-20	1, 2H, 4
Q05.0	Cervical spina bifida with hydrocephalus	0-64	1, 2H, 4
Q05.1	Thoracic spina bifida with hydrocephalus	0-64	1, 2H, 4
Q05.2	Lumbar spina bifida with hydrocephalus	0-64	1, 2H, 4
Q05.3	Sacral spina bifida with hydrocephalus	0-64	1, 2H, 4
Q05.4	Unspecified spina bifida with hydrocephalus	0-64	1, 2H, 4
Q05.5	Cervical spina bifida without hydrocephalus	0-64	1, 2H, 4
Q05.6	Thoracic spina bifida without hydrocephalus	0-64	1, 2H, 4
Q05.7	Lumbar spina bifida without hydrocephalus	0-64	1, 2H, 4
Q05.8	Sacral spina bifida without hydrocephalus	0-64	1, 2H, 4
Q05.9	Spina bifida, unspecified	0-64	1, 2H, 4
Q06.0	Amyelia	0-64	1, 2H, 4
Q06.1	Hypoplasia and dysplasia of spinal cord	0-64	1, 2H, 4
Q06.2	Diastematomyelia	0-64	1, 2H, 4
Q06.3	Other congenital cauda equina malformations	0-64	1, 2H, 4
Q06.4	Hydromyelia	0-64	1, 2H, 4
Q06.8	Other specified congenital malformations of spinal cord	0-64	1, 2H, 4
Q07.01	Arnold-Chiari syndrome with spina bifida	0-64	1, 2H, 4
Q07.02	Arnold-Chiari syndrome with hydrocephalus	0-64	1, 2H, 4
Q07.03	Arnold-Chiari syndrome with spina bifida and hydrocephalus	0-64	1, 2H, 4
Q30.1	Agenesis and underdevelopment of nose, cleft or absent nose only	0-5	1, 2B/or M, 4
Q30.2	Fissured, notched and cleft nose, cleft or absent nose only	0-5	1, 2M/or B, 4
Q31.0	Web of larynx	0-20	1, 2B/or O, 4
Q31.8	Other congenital malformations of larynx, atresia or agenesis of larynx only	0-20	1, 2B/or O, 4
Q32.1	Other congenital malformations of trachea, atresia or agenesis of trachea only	0-20	1, 2B/or O, 4
Q32.4	Other congenital malformations of bronchus, atresia or agenesis of bronchus only	0-20	1, 2B/or O, 4
Q33.0	Congenital cystic lung	0-20	1, 2N, 4
Q33.2	Sequestration of lung	0-20	1, 2N, 4
Q33.3	Agenesis of lung	0-20	1, 2N, 4
Q33.6	Congenital hypoplasia and dysplasia of lung	0-20	1, 2N, 4
Q35.1	Cleft hard palate	0-20	1, 2B/or M
Q35.3	Cleft soft palate	0-20	1, 2B/or M
Q35.5	Cleft hard palate with cleft soft palate	0-20	1, 2B/or M
Q35.9	Cleft palate, unspecified	0-20	1, 2B/or M
Q37.0	Cleft hard palate with bilateral cleft lip	0-20	1, 2B/or M
Q37.1	Cleft hard palate with unilateral cleft lip	0-20	1, 2B/or M
Q37.2	Cleft soft palate with bilateral cleft lip	0-20	1, 2B/or M
Q37.3	Cleft soft palate with unilateral cleft lip	0-20	1, 2B/or M
Q37.4	Cleft hard and soft palate with bilateral cleft lip	0-20	1, 2B/or M

REM Disease List
October 2, 2015 Revision

ICD10	ICD 10 DESCRIPTION	AGE LIMIT	GUIDELINES*
Q37.5	Cleft hard and soft palate with unilateral cleft lip	0-20	1, 2B/or M
Q37.8	Unspecified cleft palate with bilateral cleft lip	0-20	1, 2B/or M
Q37.9	Unspecified cleft palate with unilateral cleft lip	0-20	1, 2B/or M
Q39.0	Atresia of esophagus without fistula	0-3	1, 2B/or O, 4
Q39.1	Atresia of esophagus with tracheo-esophageal fistula	0-3	1, 2B/or O, 4
Q39.2	Congenital tracheo-esophageal fistula without atresia	0-3	1, 2B/or O, 4
Q39.3	Congenital stenosis and stricture of esophagus	0-3	1, 2B/or O, 4
Q39.4	Esophageal web	0-3	1, 2B/or O, 4
Q42.0	Congenital absence, atresia and stenosis of rectum with fistula	0-5	1, 2O, 4
Q42.1	Congen absence, atresia and stenosis of rectum without fistula	0-5	1, 2O, 4
Q42.2	Congenital absence, atresia and stenosis of anus with fistula	0-5	1, 2O, 4
Q42.3	Congenital absence, atresia and stenosis of anus without fistula	0-5	1, 2O, 4
Q42.8	Congenital absence, atresia and stenosis of prt lg int	0-5	1, 2O, 4
Q42.9	Congen absence, atresia and stenosis of lg int, part unspecified	0-5	1, 2O, 4
Q43.1	Hirschsprung's disease	0-15	1, 2D/or O, 3, 4
Q44.2	Atresia of bile ducts	0-20	1, 2D/or O, 3, 4
Q44.3	Congenital stenosis and stricture of bile ducts	0-20	1, 2D/or O, 3, 4
Q44.6	Cystic disease of liver	0-20	1, 2D/or O, 3, 4
Q45.0	Agenesis, aplasia and hypoplasia of pancreas	0-5	1, 2D, 3, 4
Q45.1	Annular pancreas	0-5	1, 2D, 3, 4
Q45.3	Other congenital malformations of pancreas and pancreatic duct	0-5	1, 2D, 3, 4
Q45.8	Other specified congenital malformations of digestive system	0-10	1, 2D, 3, 4
Q60.1	Renal agenesis, bilateral	0-20	1, 2G, 3, 4
Q60.4	Renal hypoplasia, bilateral	0-20	1, 2G, 3, 4
Q60.6	Potter's syndrome, with bilateral renal agenesis only	0-20	1, 2G, 3, 4
Q61.02	Congenital multiple renal cysts, bilateral only	0-20	1, 2G, 3, 4
Q61.19	Other polycystic kidney, infantile type, bilateral only	0-20	1, 2G, 3, 4
Q61.2	Polycystic kidney, adult type, bilateral only	0-20	1, 2G, 3, 4
Q61.3	Polycystic kidney, unspecified, bilateral only	0-20	1, 2G, 3, 4
Q61.4	Renal dysplasia, bilateral only	0-20	1, 2G, 3, 4
Q61.5	Medullary cystic kidney, bilateral only	0-20	1, 2G, 3, 4
Q61.9	Cystic kidney disease, unspecified, bilateral only	0-20	1, 2G, 3, 4
Q64.10	Exstrophy of urinary bladder, unspecified	0-20	1, 2O/or P, 4

REM Disease List
October 2, 2015 Revision

ICD10	ICD 10 DESCRIPTION	AGE LIMIT	GUIDELINES*
Q64.12	Cloacal extrophy of urinary bladder	0-20	1, 2O/or P, 4
Q64.19	Other exstrophy of urinary bladder	0-20	1, 2O/or P, 4
Q75.0	Craniosynostosis	0-20	1, 2O, 4
Q75.1	Craniofacial dysostosis	0-20	1, 2O, 4
Q75.2	Hypertelorism	0-20	1, 2O, 4
Q75.4	Mandibulofacial dysostosis	0-20	1, 2, 4
Q75.5	Oculomandibular dysostosis	0-20	1, 2, 4
Q75.8	Other congenital malformations of skull and face bones	0-20	1, 2, 4
Q77.4	Achondroplasia	0-1	1, 2, 4
Q77.6	Chondroectodermal dysplasia	0-1	1, 2, 4
Q77.8	Other osteochondrdys w defect of growth of tublr bones and spine	0-1	1, 2, 4
Q78.0	Osteogenesis imperfecta	0-20	1, 2E, 4
Q78.1	Polyostotic fibrous dysplasia	0-1	1, 2, 4
Q78.2	Osteopetrosis	0-1	1, 2, 4
Q78.3	Progressive diaphyseal dysplasia	0-1	1, 2, 4
Q78.4	Enchondromatosis	0-1	1, 2, 4
Q78.6	Multiple congenital exostoses	0-1	1, 2K, 4
Q78.8	Other specified osteochondrodysplasias	0-1	1, 2K, 4
Q78.9	Osteochondrodysplasia, unspecified	0-1	1, 2K, 4
Q79.0	Congenital diaphragmatic hernia	0-1	1, 2N, 4
Q79.1	Other congenital malformations of diaphragm	0-1	1, 2N, 4
Q79.2	Exomphalos	0-1	1, 2D/or O, 4
Q79.3	Gastroschisis	0-1	1, 2D/or O, 4
Q79.4	Prune belly syndrome	0-1	1, 2D/or O, 4
Q79.59	Other congenital malformations of abdominal wall	0-1	1, 2D/or O, 4
Q89.7	Multiple congenital malformations, not elsewhere classified	0-10	1,2,3,4
R75	Inconclusive laboratory evidence of HIV	0-12 months	1, 3
Z21	Asymptomatic human immunodeficiency virus infection status	0-20	1, 2, 3
Z99.11	Dependence on respirator [ventilator] status	1-64	1, 2N (Vent. Settings documented)
Z99.2	Dependence on renal dialysis (ESRD)	21-64	1, 2G, 3, (3 sets of Dialysis Flow Sheets)

*See Guideline Key