

APPENDIX B

Presumptive Approval - SSI-Related Medicaid Under Age 18

MUSCULOSKELETAL SYSTEM DISORDERS

This must be confirmed by a pediatrician or orthopedist with x-rays.

- Juvenile rheumatoid arthritis with joint inflammation, significant limitation of motion of two major joints or severe deformity of two major weight bearing joints
- Congenital deformities of the musculoskeletal system such as dislocation of the hip in which walking is possible only with crutches or a walker

DISORDERS OF THE SPINE

This must be confirmed with reports from an orthopedist or pediatrician.

- Fractured vertebra with spinal cord involvement, resulting in paralysis
- Scoliosis with spinal curve measuring 60 degrees or greater, established by physical examination and x-ray
- Chronic osteomyelitis, as confirmed by x-ray, with persistent drainage, despite treatment

RESPIRATORY IMPAIRMENTS

This must be confirmed by physical examination, x-ray and/or pulmonary function studies.

- Bronchial asthma with recurrent intense attacks, or persistent prolonged wheezing and x-ray findings of bronchial disease
- Cystic Fibrosis with poor response to treatment, diagnosed by specific laboratory tests

CARDIOVASCULAR IMPAIRMENTS

This includes congenital or acquired heart disease, involving the arteries, valves or cardiac muscles, as established by a cardiologist or pediatrician. Types of disabling cardiac conditions include the following:

- Chronic congestive heart failure with tachycardia and cardiac enlargement, or retention of pulmonary fluid and intolerance for exercise
- Cyanotic congenital heart disease requiring surgery, with symptoms of dizziness, bloody sputum and bluish discoloration of the skin
- Cardiac arrhythmia, such as persistent or recurrent heart block and symptoms, such as exercise intolerance or pulmonary hypertension
- Chronic rheumatic fever with heart enlargement and significant heart murmur

DISORDERS OF THE DIGESTIVE SYSTEM

These may interfere with nutrition and growth of the child and are disabling, if treatment may be expected to extend to a 12-month period

- Chronic liver disease with destruction of the liver, or coma
- Chronic bowel disease such as ulcerative colitis or regional enteritis

URINARY DISORDERS

This must be evaluated by a pediatrician or urologist.

Chronic renal disease resulting in the need for treatment over a 12-month period, or loss of one kidney and disease in the remaining kidney. Use of a dialysis machine or need for renal transplant

DISORDERS OF THE BLOOD

- Sickle cell disease with a severe, persistent anemia

- Coagulation defects such as hemophilia, documented by laboratory tests with spontaneous bleeding or bleeding deformity
- Acute leukemia as diagnosed by blood examination, bone marrow tests and lymph node biopsy.

GLANDULAR DISTURBANCES

These may result in growth impairments. Disability must be documented by laboratory tests and physical examination.

- Thyroid disorders requiring a treatment of twelve (12) months or longer, with impairment of growth
- Insufficiency of the adrenal gland with episodes of circulatory collapse
- Juvenile diabetes with poor response to insulin and difficulty with control, necessitating recent, recurrent hospitalization
- Pituitary dwarfism with hormone deficiency documented by laboratory tests

SEVERE CONGENITAL ABNORMALITIES IN NEWBORNS

These conditions may include severe mental and/or physical abnormalities which will necessitate total care for the life expectancy of the child.

NEUROLOGICAL DISORDERS

- Major motor seizures (grand mal epilepsy) with documented recurrent seizures, despite medical treatment
- Brain tumors which are either malignant or benign, with symptoms of motor dysfunction involving two extremities and difficulty with ambulation
- Cerebral Palsy with motor dysfunction involving two extremities and difficulty with ambulation

- Meningomyelocele (defect of the spinal column), resulting in motor dysfunction and urinary or fecal incontinence
- Hydrocephalus that has not been treated or has not responded well to treatment, and which interferes with mental or physical development

HEARING IMPAIRMENTS

Deafness with little or no response to a hearing aid and with associated speech defects

EMOTIONAL AND MENTAL DISORDERS

This must be diagnosed by a physical examination, psychological testing or psychiatric examination.

- Mental retardation with an I.Q. of 59 or less as documented by psychological testing using intelligence tests for children. If the I.Q. is above 59, disability must also include another physical or mental impairment.
- Children with Down's Syndrome as diagnosed by chromosome tests. These children are mentally retarded and may also have cardiac or pulmonary problems, along with growth retardation
- Childhood psychosis, such as schizophrenia, must be documented by psychiatric reports. Symptoms include withdrawal from reality, bizarre behavior, panic or severe anxiety

MALIGNANCIES

This must be diagnosed by physical examination, laboratory tests, x-rays and post-operative surgical reports, if the child has had recent surgery.

- A diagnosis of cancer requiring a combination of surgery, radiation and chemotherapy which will result in disability for the child from both the carcinoma and the side effects from the treatment

- A diagnosis of carcinoma that has spread from the primary site to another major organ of the body (metastasis)
- Cancer that has responded to treatment, but has since recurred and will require a new treatment plan

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

This must be documented by physical examination and laboratory findings.

HIV Positive and diagnosed by a physician as having AIDS based on the patient's having a disease indicative of AIDS or a T-helper/inducer lymphocyte (T-cell) count under 400.

Some common indicator diseases are: pneumocystis carinii, kaposi's sarcoma, bacterial infections, HIV encephalopathy, lymphoma of the brain.