



## Criteria for Twelve-Month Authorization

Authorization may be for up to twelve months when:

- The child is over 36 months of age
- The family has demonstrated motivation and adherence to child’s treatment plan, and has one of the following conditions
  - Metabolic disorder requiring specialized formula
  - Renal failure on dialysis needing low phosphorus formula
  - Inflammatory bowel disease on elemental diet
  - Short bowel syndrome on elemental formula
  - Client is NPO and completely gastrostomy tube dependent except for tiny amount by mouth for oral gratification
  - Intractable seizures on ketogenic formula

Authorizations will be for up to six months for all clients that do not meet the criteria above.

### Commonly Used Diagnoses and Diagnosis Codes

ANOMALY - UNSPEC - CONGENITAL	Q89.9	GASTROSTOMY	Z93.1
ATROPHY - SPINAL MUSCULAR	G12.9	HIRSHSPRUNGS DISEASE	Q43.1
AUTISTIC DISORDER	F84.0	HYDROCEPHALUS, UNSPEC	G91.1
BRAIN DAMAGE - ANOXIC	G93.1	HYDROCEPHALUS, CONGENITAL	Q03.0
BRAIN DEFORMITIES REDUCTION	Q04.0	HYPOPLASTIC LEFT HEART SYNDROME	Q23.4
BRAIN INJURY W/O LOSS OF CONSC	S06.2X0A	HYPOXIC-ISCHEMIC ENCEPHAL UNSP	P91.60
BRAIN INJURY WO MNTN OPEN WOUND	S06.890A	INTELLECTUAL DISABILITIES UNSP	F79
BRONCHO - PULMONARY DYSPLASIA	P27.1	LUNG DISEASE, INTERSTITIAL	J98.2
CEREBRAL PALSY	G80.8	MENTAL RETARDATION - MILD	F70
CEREBRAL PALSY (INFANTILE)	G80.9	MENTAL RETARDATION - MODERATE	F71
CHROMOSOMAL ANOMALIES	Q99.8	MENTAL RETARDATION - PROFOUND	F73
CLEFT PALATE	Q35.1	MENTAL RETARDATION - SEVERE	F72
CLEFT PALATE W/CLEFT LIP	Q37.9	MICROCEPHALY	Q02
CONGENITAL HEART DISEASE	Q23.8	MUSCULAR DYSTROPHY	G71.0
CYSTIC FIBROSIS NOS	E84.9	NEUROGENIC BLADDER NOS	N31.9
DEVELOPMENTALLY DELAYED	F81.9	OTHER CONGENITAL ANOMALIES NEC	Q87.89
DOWN'S SYNDROME	Q90.9	QUADRIPLEGIA, UNSPEC	G82.50
DYSPHAGIA, UNSPEC	R13.10	RESPIRATORY DISTRESS DIS - RDS	P22.0
END STAGE RENAL DISEASE	N18.6	RETT'S SYNDROME/LEIGH'S ENCEPH	F84.2
ENDOCARDIAL CUSHION DEFECT	Q21.2	SHORT BOWEL SYNDROME	K91.2
EPILEPSY SEIZURES GENERALIZED	G40.A09	SPASTIC QUAD	G80.0
FAILURE TO THRIVE IN NEWBORN	P92.6	SPINAL MUSCULAR ATROPHY OTHER	G12.8
FAILURE TO THRIVE, CHILDHOOD	R62.51	TETRALOGY OF FALLOT	Q21.3
FEEDING DIFFICULTIES	R63.3	VENTRICULAR SEPTAL DEFECT	Q21.0
GASTROESOPHAGEAL REFLUX	K21.9	WKS OF GESTATION OF PREG NOS	Z3A.00

To place an order, fax the completed form and all required documentation to:

Shield HealthCare CCS Team

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