INSTRUCTIONS FOR COMPLETION OF REM INTAKE/REFERRAL FORM

Page 1 PLEASE COMPLETE ALL REQUESTED INFORMATION IN INK.

Referral Source:

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

Patient Information:

Patient's last name, first name, and M.I.
Patient's complete address, including apartment number, if applicable.
Patient's telephone numbers, Medical Assistance number, Social Security Number
Managed Care Organization (MCO) information. This should include the name of the MCO, the name of a contact person and phone number at the MCO.
Patient contact is the responsible party, next of kin, guardian, or significant other.
Please include the contact's complete address, phone number, and relation to the patient.

Attending Physicians:

Provide the name of the referring physician. Include the physician's specialty, license number, and phone number. The referring physician's signature is **required**. Include any consulting physicians with their specialties, phone numbers, and license numbers.

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-9 codes. These are necessary to verify eligibility for REM enrollment.

Supporting Information:

This section will require specific information pertaining to each REM diagnosis. The Medical Intake and Authorization Unit will indicate what information is needed to determine eligibility. Please refer to the diagnostic guidelines as a reference, or call REM for assistance at (**1-800-565-8190**). Copies of this requested information **must** be sent in order to review this application.

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 Medical Intake and Authorization Unit at **410-333-5426**.

Or mail to:

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

For questions, please call the Medical Intake and Authorization 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

DHMH USE ONLY	
CM Agency:	
Date Assigned:	☐ Incomplete ☐ Complete
Screener/Date	Date Received:
County	
Date File Complete:	☐ Approved ☐ Denied Decision Date:

Referral Source:		
Address:		
City:	State:	Zip:
Phone:	Fax:	

PATIENT INFORMATION

Patient Name:			MA #:
Address:		Apt. #:	DOB:
City:	State:	Zip:	Sex: **Male** **Female**
Home Phone:	Work Phone:		SS#:

MCO:			Contact Person:
Address:			Phone:
City:	State:	Zip:	Fax:

Patient Contact:			Contact Phone:
Address:		Apt.#:	Relationship to Patient:
City:	State:	Zip:	

Referring Physician:	**Signature:**	Date:
Address:		Phone:
Specialty		License#:
PCP:		Phone:
Specialty		License#:
Consulting Physician:		Phone:
Specialty		License #

REM Intake & Referral Form

Patient Name: _____ **DOB:** _____

CLINICAL INFORMATION			
Primary Diagnosis		**Secondary Diagnosis**	
ICD-9 Code		ICD-9 Code	
	1		1
	2		2
	3		3
	4		4

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

MD Signature	**Date**

Revised: 12/2007

Attachment A

Rare and Expensive Disease List as of February 2, 2004

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 studies supporting diagnosis. Subspecialist consultation note may be required.
270.3	Disturbances of branched-chain amino-acid metabolism	0-20	
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.

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Rare and Expensive Disease List as of February 2, 2004

ICD-9 Code	Disease	Age Group	Guidelines
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. Sub specialist consultation note may be required.
271.1	Galactosemia	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Sub specialist consultation note may be required.
271.2	Hereditary fructose intolerance	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Sub specialist consultation note may be required.
272.7	Lipidoses	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Sub specialist consultation note may be required.
277.00	Cystic fibrosis without ileus.	0-64	Clinical history and physical exam; laboratory studies supporting diagnosis. Sub specialist consultation note may be required.
277.01	Cystic fibrosis with ileus.	0-64	Clinical history and physical exam; laboratory studies supporting diagnosis. Sub specialist consultation note may be required.
277.02	Cystic fibrosis with pulmonary manifestations	0-64	Clinical history and physical exam; laboratory studies supporting diagnosis. Sub specialist consultation note may be required.
277.03	Cystic fibrosis with gastrointestinal manifestations	0-64	Clinical history and physical exam; laboratory studies supporting diagnosis. Sub specialist consultation note may be required.

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Rare and Expensive Disease List as of February 2, 2004

ICD-9 Code	Disease	Age Group	Guidelines
277.09	Cystic fibrosis with other manifestations	0-64	Clinical history and physical exam; laboratory studies supporting diagnosis. Sub specialist 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. Sub specialist 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. Sub specialist 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. Sub specialist 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. Sub specialist consultation note may be required.
284.0	Constitutional aplastic anemia	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Sub specialist consultation note may be required.
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 in childhood	0-20	
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. Sub specialist consultation note may be required.
333.6	Idiopathic torsion dystonia	0-64	Clinical history and physical exam; laboratory or

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Rare and Expensive Disease List as of February 2, 2004

ICD-9 Code	Disease	Age Group	Guidelines
333.7	Symptomatic torsion dystonia	0-64	imaging studies supporting diagnosis. Sub specialist consultation note may be required.
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	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
344.00	Quadriplegia, unspecified	0-64	
344.01	Quadriplegia, C1-C4, complete	0-64	
344.02	Quadriplegia, C1-C4, incomplete	0-64	
344.03	Quadriplegia, C5-C7, complete	0-64	

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Rare and Expensive Disease List as of February 2, 2004

ICD-9 Code	Disease	Age Group	Guidelines
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.
359.2	Congenital myotonic 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 sub-specialist consultation note may be required.
582.0	Chronic glomerulonephritis with lesion of proliferative glomerulonephritis	0-20	Clinical history, laboratory evidence of renal disease. Nephrology sub-specialist consultation note may be required.
582.1	Chronic glomerulonephritis with lesion of membranous glomerulonephritis	0-20	
582.2	Chronic glomerulonephritis with lesion of membranoproliferative glomerulonephritis	0-20	
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 specified as chronic Nephritis specified as chronic Nephropathy specified as chronic	0-20	
585	Chronic renal failure A) Diagnosed by a pediatric nephrologist	0-20	Clinical history, laboratory evidence of renal disease. Pediatric nephrology sub-specialist consultation note may be required.
585, V45.1	B) With dialysis	21-64	Clinical history, laboratory, evidence of renal disease. Nephrology sub-specialist consultation note may be required.
741.00	Spina bifida with hydrocephalus NOS	0-64	Clinical history and physical exam, imaging studies supporting diagnosis. Sub-specialist consultation may be required.
741.01	Spina bifida with hydrocephalus cervical region	0-64	

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ICD-9 Code	Disease	Age Group	Guidelines
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 may be required.
742.3	Congenital hydrocephalus	0-20	
742.4	Other specified anomalies of brain	0-20	
742.51	Other specified anomalies of the spinal cord Diastematomyelia	0-64	
742.53	Other specified anomalies of the spinal cord Hydromyelia	0-64	
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	Clinical history and physical examination. Radiographic or other imaging studies and specialist consultation note (ENT, plastic surgery) may be required.
748.2	Web of larynx	0-20	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Sub-specialist consultation note may be required.
748.3	Laryngotracheal anomaly NEC-Atresia or agenesis of larynx, bronchus, trachea, only	0-20	
748.4	Congenital cystic lung	0-20	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Sub-specialist consultation note may be required.
748.5	Agenesis, hypoplasia and dysplasia of lung	0-20	
749.00	Cleft palate NOS	0-20	Clinical history and physical examination. Supporting consultation note from ENT/plastic surgery may be required.
749.01	Unilateral cleft palate complete	0-20	
749.02	Unilateral cleft palate incomplete	0-20	
749.03	Bilateral cleft palate complete	0-20	

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Rare and Expensive Disease List as of February 2, 2004

ICD-9 Code	Disease	Age Group	Guidelines
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	
750.3	Congenital tracheoesophageal fistula, esophageal atresia and stenosis	0-3	Clinical history and physical exam; imaging studies supporting diagnosis. Sub-specialist consultation note may be required.
751.2	Atresia large intestine	0-5	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Sub-specialist 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	
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. Sub-specialist 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	

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Rare and Expensive Disease List as of February 2, 2004

ICD-9 Code	Disease	Age Group	Guidelines
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. Sub-specialist 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. Sub-specialist consultation note may be required
756.52	Osteopetrosis	0-1	Clinical history, physical examination, imaging studies supporting diagnosis. Sub-specialist 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	
756.79	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. Sub-specialist consultation note may be required.
V46.1	Dependence on respirator	1-64	Clinical history and physical exam. Sub-specialist consultation note required.
V46.9	Machine dependence NOS	1-64	