

# **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  
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.**

**Packet revised 7/1/2017**

# 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  
Maryland Department of Health (MDH)  
201 W. Preston Street, Room 210  
Baltimore, Maryland 21201

Referral Source: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (     )

Fax (     )

### MDH USE ONLY

CM Agency: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

Screener/Date \_\_\_\_\_

County \_\_\_\_\_

Date File Complete: \_\_\_\_\_

Incomplete

Complete

Date Received: \_\_\_\_\_

Approved

Denied

Decision Date: \_\_\_\_\_

### PATIENT INFORMATION

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

<b>MCO</b>	Contact Person
	Phone (     )

<b>Patient Contact</b>		Contact Phone (     )	
Address		Relationship to Patient	
Apt. #	City	State	Zip Code

<b>Referring Physician</b>		<b>Signature:</b>	Date:
Name		Phone (     )	
Specialty		License #	

<b>PCP</b>	
Name	Phone (     )
Specialty	License #

<b>Consulting Physician</b>	
Name	Phone (     )
Specialty	License #

## REM Intake & Referral Form

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

CLINICAL INFORMATION			
REM Qualifying Diagnosis		Additional Diagnosis	
ICD-10 Code		ICD-10 Code	
	1		1
	2		2
	3		3
	4		4

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

# **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:**

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

<b>ICD10</b>	<b>ICD 10 DESCRIPTION</b>	<b>AGE LIMIT</b>	<b>GUIDELINES*</b>
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**

<b>ICD10</b>	<b>ICD 10 DESCRIPTION</b>	<b>AGE LIMIT</b>	<b>GUIDELINES*</b>
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**

<b>ICD10</b>	<b>ICD 10 DESCRIPTION</b>	<b>AGE LIMIT</b>	<b>GUIDELINES*</b>
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**

<b>ICD10</b>	<b>ICD 10 DESCRIPTION</b>	<b>AGE LIMIT</b>	<b>GUIDELINES*</b>
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**

<b>ICD10</b>	<b>ICD 10 DESCRIPTION</b>	<b>AGE LIMIT</b>	<b>GUIDELINES*</b>
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**

<b>ICD10</b>	<b>ICD 10 DESCRIPTION</b>	<b>AGE LIMIT</b>	<b>GUIDELINES*</b>
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**

<b>ICD10</b>	<b>ICD 10 DESCRIPTION</b>	<b>AGE LIMIT</b>	<b>GUIDELINES*</b>
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**

<b>ICD10</b>	<b>ICD 10 DESCRIPTION</b>	<b>AGE LIMIT</b>	<b>GUIDELINES*</b>
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