

NC Health Choice Program for Children  
Physician Certification: Children with Special Health Care Needs

Children with special health care needs may be eligible for benefits above the core services in the NC Health Choice Program. In order for these services to be reimbursed, you MUST document eligibility by the criteria listed below. For more information call 1-800 367-2229 or 1-800-737-3028 (Monday-Friday 8:00 am to 5:00 pm).

|                           |                       |
|---------------------------|-----------------------|
| Physician's Name:         | Parent/Guardian Name: |
| Physician's Phone Number: | Address:              |
| Physician's Fax Number:   |                       |
| Child's Name:             |                       |
| Child's ID # (SSN):       | Date of Birth:        |

***Please confirm that this child meets the special needs definition by completing this form. Return by fax to Medical Review Department at 919-765-4890 or mail to Medical Review Department, PO Box 30111, Durham, NC 27702-3111.***

| CRITERIA                                                                                                                                                                                                                  |     |                                                         |        |                                               |        |                                                                                  |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------|--------|-----------------------------------------------|--------|----------------------------------------------------------------------------------|--------|
| Check all Conditions listed below that apply to this child.<br>A                                                                                                                                                          |     | Condition is likely to continue at least one year.<br>B |        | Condition interferes with daily routine?<br>C |        | Condition requires extensive medical intervention ** and family management?<br>D |        |
|                                                                                                                                                                                                                           | ( ) | Yes ( )                                                 | No ( ) | Yes ( )                                       | No ( ) | Yes ( )                                                                          | No ( ) |
| Birth Defect, including genetic or congenital                                                                                                                                                                             | ( ) | Yes ( )                                                 | No ( ) | Yes ( )                                       | No ( ) | Yes ( )                                                                          | No ( ) |
| Mental or behavioral disorder                                                                                                                                                                                             | ( ) | Yes ( )                                                 | No ( ) | Yes ( )                                       | No ( ) | Yes ( )                                                                          | No ( ) |
| Chronic and complex illness                                                                                                                                                                                               | ( ) | Yes ( )                                                 | No ( ) | Yes ( )                                       | No ( ) | Yes ( )                                                                          | No ( ) |
| Acquired Disorder                                                                                                                                                                                                         | ( ) | Yes ( )                                                 | No ( ) | Yes ( )                                       | No ( ) | Yes ( )                                                                          | No ( ) |
| Developmental Disability (defined below) *                                                                                                                                                                                | ( ) | Yes ( )                                                 | No ( ) | Yes ( )                                       | No ( ) | Yes ( )                                                                          | No ( ) |
| There must be at least one diagnosed condition, indicated above in Column A, that in the opinion of the physician meets all three criteria in columns B,C and D. <b>See criteria definitions included with this form.</b> |     |                                                         |        |                                               |        |                                                                                  |        |

**\*Developmental Disability (Reference G.S. 122C-3): A severe chronic disability of a person which:**

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22 and is likely to continue indefinitely;
- c. Results in substantial functional limits in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; and
- d. Reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated.

**\*\* Medical intervention includes developmental services such as physical, speech and occupation therapies. See criteria definitions for additional clarification.**

**Physician's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_