

Medical Eligibility Determination (MED) group progress report

Submitted to Robert Dimand, MD, CCS Chief Medical Officer for use by the Eligibility/Health Conditions Technical Work Group.

3/25/15

MED group activities

Ten physicians - five from the CRISS Medical Eligibility Work Group (MEWG) and five from the Southern Regional Pediatric Action Committee (SRPAC) - meet by phone for two hours approximately every 4 -8 weeks, in order to develop statewide consensus positions concerning medical eligibility, generally starting with medical eligibility consensus positions accepted by MEWG and/or SRPAC. A more detailed description of the MED group's work goals and process can be found in the attached documents ("MED Group Purpose, Goals and Procedures" and "MED Group Workflow Algorithm").

Current status of the MED group Consensus Decisions Database

As of 2/26/15, the MED group Consensus Decisions database consists of 67 consensus positions on medical eligibility, which have been fully vetted by the medical advisory committee (MAC) and the CCS chief medical officer, Dr. Robert Dimand. Specific definitions and medical conditions, on which consensus has been reached, include the following:

General Definitions

- Anomaly
- Complex medical care
- Congenital

Medical Conditions

- Acetaminophen ingestion
- Achalasia
- Achondroplasia
- Alport Syndrome
- Apnea of prematurity
- Bartter Syndrome
- Bifid uvula
- Boxer's fracture
- Branchial cleft cyst
- Breast disorders
- Carpal fractures
- Central auditory processing disorder

- Central hypoventilation syndrome
- Choanal atresia
- Cholelithiasis
- Chordee
- Condylar fractures
- Crohn's disease
- Developmental dysplasia of the jaw
- Diabetes mellitus type II
- Epicondylar fracture
- Fibromyalgia
- Galeazzi fractures
- Gestational diabetes mellitus
- Giant hairy nevus
- Gynecomastia
- Heart murmurs
- Hemolytic Uremic Syndrome
- Histiocytosis
- Hyphema
- Hypospadias
- Idiopathic intracranial hypertension (pseudotumor cerebri)
- Infant botulism
- Infantile spasms
- Intestinal failure
- Kawasaki disease
- Kawasaki disease, incomplete or atypical
- Keratoconus
- Mandibular/maxillary hypo/hyperplasia, acquired
- Mandibular/maxillary hypoplasia, congenital
- Metabolic Syndrome
- Metacarpal and metatarsal fractures
- Monteggia fractures
- Necrotizing enterocolitis (NEC), neonatal
- Nonunion of previous fractures
- Optic nerve hypoplasia
- Osgood-Schlatter disease
- Penile torsion
- Periventricular leukomalacia
- Phalangeal fractures

- Positional plagiocephaly
- Post-malignancy monitoring
- Pre-diabetes
- Pseudotumor cerebri (idiopathic intracranial hypertension)
- Pyloric stenosis
- Retinitis pigmentosa
- Submucous cleft palate
- Supracondylar fracture
- Testicular torsion, congenital
- Thyroglossal duct cyst
- Trigger finger/trigger thumb
- Ulcerative colitis
- Velopharyngeal insufficiency
- Vocal cord paralysis

The detailed MAC/MED group Consensus Decisions database is posted on a password-protected webpage for reference by all county CCS Medical Directors and Medical Consultants. The document includes the following disclaimer, as approved by the Medical Advisory Committee:

This document summarizes the consensus reached by the members of the State CCS Medical Eligibility Determination Group regarding interpretation of state CCS law, regulation, policy and procedure for the implementation of medical eligibility decisions within California. It is intended that this document will be updated periodically as necessary.

This document is not intended to make state policy or to supersede California state law, regulation, policy or procedure. This document also is not intended for sharing beyond the California County CCS Medical Directors and Medical Consultants unless specifically authorized by the CCS Statewide Medical Consultant Organization

The County Medical Consultant/director, after considering the unique factors of an individual case, may make exceptions to these medical eligibility consensus guidelines when medically necessary.