



CMS MEDICAL PANEL REVIEW FOR CLINICAL ELIGIBILITY DETERMINATION

Patient Name: _____ DOB: _____ Medicaid and/or KidCare ID: _____

Parent/Legal Guardian Name: _____ Phone number: _____

Child's Physician: _____ Phone number: _____

Physician's Practice Location: _____

Specify the ICD 10 Diagnosis with the Alphabetic Code and up to 5 digits: _____

Add Additional Diagnoses, if appropriate: _____

Medical Panel Review Member Composition:

Summary of child's condition:

Description of child's condition meeting the definition of "children with special healthcare needs", as defined by 391.021(2):

CMS Clinical Eligibility: Yes ____ No ____

Completed By: _____ **Date:** _____