

# Medicaid Disability Manual

## PART B

The following sections apply to individuals under age 18. If the criteria in Part B do not apply, Part A criteria may be used when those criteria give appropriate consideration to the effects of the impairment(s) in children.

### Section

- 100.00 Impairment
- 101.00 Musculoskeletal System
- 102.00 Special Senses and Speech
- 103.00 Respiratory System
- 104.00 Cardiovascular System
- 105.00 Digestive System
- 106.00 Genito-Urinary System
- 107.00 Hematological Disorders
- 108.00 Skin Disorders
- 109.00 Endocrine System
- 110.00 Multiple Body Systems
- 111.00 Neurological
- 112.00 Mental Disorders
- 113.00 Malignant Neoplastic Diseases
- 114.00 Immune System

### **100.00 Growth Impairment**

A. *Impairment of growth* may be disabling in itself or it may be an indicator of the severity of the impairment due to a specific disease process. Determinations of growth impairment should be based upon the comparison of current height with at least three previous determinations, including length at birth, if available. Heights (or lengths) should be plotted on a standard growth chart, such as derived from the National Center for Health Statistics: NCHS Growth Charts. Height should be measured without shoes. Body weight corresponding to the ages represented by the heights should be furnished. The adult heights of the child's natural parents and the heights and ages of siblings should also be furnished. This will provide a basis upon which to identify those children whose short stature represents a familial characteristic rather than a result of disease. This is particularly true for adjudication under 100.02B.

B. *Bone age determinations* should include a full descriptive report of medically acceptable imaging specifically obtained to determine bone age and must cite the standardization method used. Where appropriate medically acceptable imaging must be obtained currently as a basis for adjudication under 100.03, views or scans of the left hand and wrist should be ordered. In addition, appropriate medically acceptable imaging of the knee and ankle should be obtained when cessation of growth is being evaluated in an older child at, or past, puberty. Medically acceptable imaging includes, but is not limited to, x-ray imaging, computerized axial tomography (CAT scan) or magnetic resonance imaging (MRI), with or without contrast material, myelography, and radionuclear bone scans. "Appropriate" means that the technique used is the proper one to support the evaluation and diagnosis of the impairment.

C. The criteria in this section are applicable until closure of the major epiphyses. The cessation of significant increase in height at that point would prevent the application of these criteria.