Molina Healthcare of Puerto Rico - Special Coverage Registration Form
Phone Number: (877-335-3305
Fax Number: (855)378-3641

The Special Coverage Benefit is designed to provide services to members with special health care needs caused by serious illness.

To register a Molina Member in the Special Coverage benefits, please complete and submit the following to Molina:
- **Registration form**
- **Special Coverage Attachment**
- **All required information listed in the Special coverage Attachment for the condition**

MEMBER INFORMATION			
Member Name:		**Date of birth:**	/ /
Member ID#:		**Phone:**	( ) -

PROVIDER INFORMATION	
Requesting Provider Name:	
Contact's name:	
Phone Number: ( )	**Fax Number:** ( )

Member Medical History:

Date the condition was diagnosed:

Condition:	Supporting Clinical Information:
☐ Anemia	Hematological Assessment including, • neutrophil count all < 500/mm3, • Platelet <20,000/mm3, • reticulocyte <1% Aspiration and/or biopsy of bone marrow results Certification of diagnosis by hematology oncology
☐ Rheumatoid Arthritis	Certification of diagnosis by Rheumatologist and at least 4 of the following: • Morning numbness periarticular (over 1 hour) for over 6 weeks; • Swelling of soft tissue in > 3 joints for more than 6 weeks; • Swelling of joints in proximal phalanx or metacarpal for more than 6 weeks; • Symmetric arthritis for at least 6 weeks; • Subcutaneous nodules; • Positive Rheumatoid Factor test Laboratory Test – ESR, ANA Test, CRP, RA Factor Evidence of Treatment with DMARDS medicine
☐ Autism	Certification of diagnosis from a Neurologist and Psychiatrist Evidence of Tests – M-CHAT and "Ages and Stages"
☐ Cancer	Certification of diagnosis with staging by Hematologist/oncologist Treatment plan including start and completion dates. Biopsy results Diagnostic Studies (CT, MRI, PET scan, etc.)
☐ Skin Cancer Carcinoma IN SITU	Positive Biopsy
☐ Skin Cancer as	Melanoma invasive or squamous cell carcinoma with evidence of Metastasis Positive Pathology or biopsy Diagnostic Studies (CT, MRI, PET scan, etc.) Certification by dermatologist or medical oncologist/hematologist
☐ Chronic Renal Disease	Glomerular filtration (GFR) • Level 1 - > 90 GFR • Level 2 - 60-89 GFR • Level 3 - 30-59 GFR • Level 4 - 15-29 GFR • Level 5 - < 15 GFR

☐ Scleroderma	Evidence of ANA Test Positive ≥ 1:80 Positive Skin biopsy Certification of diagnosis by Rheumatologist Must meet at least Major or Minor Criteria • Major criteria: Proximal Scleroderma Loss of elasticity of the skin Hyperpigmentation and Hypopigmentation of the skin in "salt and pepper" pattern • Minor criteria: Sclerodactyly Loss of substance of finger pad Pulmonary fibrosis in both bases
☐ Multiple Sclerosis and Amyotrophic Lateral Sclerosis	Two (2) different episodes of verified neurological symptoms by neurologist Symptoms that indicate damage or injury in more than one region of the Central Nervous System Absence of another illness or condition that may cause symptoms or lab findings
☐ Cystic Fibrosis	Sweat test Evidence of treatment Certification of diagnosis by Pulmonologist
☐ Hemophilia	Hematology Assessment: • Severe – Factor VIII level < 1% • Moderate – Factor VIII level < 1-5% • Slight – Factor VIII level 5-25% with manifestations of severe bleeding Results for levels of coagulation Certification of diagnosis by Hematology or Hemophilia Clinic
☐ Leprosy	Skin biopsy results Culture results Certification of diagnosis by infectious disease specialist
☐ Systemic Lupus	Certification of diagnosis by Rheumatologist Lab results – ANA Test, DS-DNA, Anti-Sm, and Anti Phospholipids
☐ Children with Special Healthcare Needs	Medical evidence Lab results Diagnostic certifications
☐ Obstetrics	Certification of pregnancy by OB-GYN
☐ Tuberculosis	Tuberculin test results Chest x-rays Lab and Culture results Biopsy results HIV test results
☐ HIV/AIDS	Certification of registration CD 4 test Positive IFA Evidence of opportunistic disease(s) (e.g. Candidiasis, Herpes Simplex, lymphoma, Pneumonia, Septicemia, Wasting Syndrome, etc.)