IMPERIAL HEALTH PLAN OF CALIFORNIA

Provider Attestation of Patient Diagnosis for SSBCI Eligibility

Please complete this Provider Attestation of Patient Diagnosis for SSBCI Eligibility by attesting that the patient meets the below criteria and documenting the qualifying conditions the patient has been diagnosed with in the past 12 months. Then, fax the completed form to **626-380-9066** or mail it to:

Imperial Health Plan of California, Inc. Attn: Enrollment Department
PO BOX 60874 Pasadena, CA 91116

Important Note

- Existing members with documented critical condition diagnosis code in our claims system will automatically get the benefit 1/1/26, no form is needed.
- New members who have a critical condition diagnosis code received from CMS will automatically get the benefit 1/1/26, no form is needed.
- Imperial Senior Value (HMO C-SNP) 005 members will automatically get the benefit 1/1/26, no form is needed.

BENEFICIARY INFORMATION		
Last Name:	First Name:	Initial
Date of Birth:	Medicare ID:	
Imperial Member ID:	Phone Number:	
Address:	Email:	

DIAGNOSIS	
ICD code:	Dx Description:
ICD code:	Dx Description:

PROVIDER ATTESATION	
I hereby attest that the diagnosis code(s) and the information provided above are accurate and documented in the patient's medical record.	
Provider Name:	Provider NPI#
Phone Number	Fax Number:
Provider Signature	
Date of Service::	Provider Address:

REFERENCE QUALIFY DIAGNOSIS	
Diabetes & Metabolic Disorders	
E08–E13 E66.xx, E88.81	• Diabetes mellitus • Overweight, obesity, and metabolic syndrome
Behavioral Health & Substance Use	
F10.xx, F11.xx, F12.xx, F14.xx, F15.xx, F19.xx F20.xx, F25.xx, F31.xx, F33.xx	• Chronic alcohol use disorder • Other substance use disorders (SUDs) • Chronic and disabling mental health conditions
Autoimmune & Immunologic Disorders	
Z94.xx D80–D84, Z79.52, Z79.899 M32.xx, M05.xx, M06.xx, K50.xx, K51.xx, E10.xx	• Post-organ transplantation • Immunodeficiency and immunosuppressive disorders • Autoimmune disorders
Cardiovascular Disorders & Infectious Disease	
I20–I25, I70.xx I50.xx I63.xx, I69.xx B20, Z21	• Cardiovascular disorders • Chronic heart failure • Stroke • HIV/AIDS
Cancer & Hematologic Disorders	
C00–C97 D00–D09, D57.xx, D59.xx, D61.xx, D66–D68	• Cancer • Severe hematologic disorders
Neurologic & Cognitive Disorders	
F01.xx, F03.xx, G30.xx, G31.84, F01-F03 G20, G35, G40.xx	• Dementia • Conditions associated with cognitive impairment • Neurologic disorders
Organ-Specific Chronic Conditions	
K50.xx, K51.xx, K74.xx, K86.1 N18.3–N18.6, Z99.2, N18.9 J44.xx, J45.xx, J47.xx	• Chronic gastrointestinal disease • Chronic kidney disease (CKD) • Chronic lung disorders
Sensory, Functional & Therapy-Dependent Conditions	
H54.xx, H91.xx, M48.0x, M62.81, R26.xx Z79.xx, Z91.81	• Conditions with functional challenges • Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell • Conditions requiring continued therapy services to maintain or retain functioning