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