

# Medicaid Disability Manual

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Fatigue or exercise intolerance in an infant may be manifested by prolonged feeding time, often associated with excessive respiratory effort and sweating.

(ii) During infancy, other manifestations of chronic heart failure may include repeated lower respiratory tract infections.

(iii) Signs of congestion may include hepatomegaly, ascites, increased jugular venous distention or pressure, rales, peripheral edema, rapid shallow breathing (tachypnea), or rapid weight gain. However, these signs need not be found on all examinations because fluid retention may be controlled by prescribed treatment.

### 3. How do we evaluate growth failure due to CHF?

a. To evaluate growth failure due to CHF, we require documentation of the clinical findings of CHF described in 104.00C2 and the growth measurements in 104.02C within the same consecutive 12-month period. The dates of clinical findings may be different from the dates of growth measurements.

b. Under 104.02C, we use the appropriate table(s) under 105.08B in the digestive system to determine whether a child's growth is less than the third percentile.

(i) For Children from birth to attainment of age 2, we use the weight-for-length table corresponding to the child's gender (Table I or Table II).

(ii) For children age 2 to attainment of age 18, we use the body mass index (BMI)-for-age table corresponding to the child's gender (Table III or Table IV).

(iii) BMI is the ratio of a child's weight to the square of his or her height. We calculate BMI using the formulas in the digestive disorders body system (105.00).

### D. Evaluating Congenital Heart Disease

**1. What is congenital heart disease?** Congenital heart disease is any abnormality of the heart or the major blood vessels that is present at birth. Examples include:

a. **Abnormalities of cardiac septation**, including ventricular septal defect or atrioventricular canal;

b. **Abnormalities resulting in cyanotic heart disease**, including tetralogy of Fallot or transposition of the great arteries;

c. **Valvular defects or obstructions to ventricular outflow**, including pulmonary or aortic stenosis or coarctation of the aorta; and

d. **Major abnormalities of ventricular development**, including hypoplastic left heart syndrome or pulmonary tricuspid atresia with hypoplastic right ventricle.