

Instructions for Physician's Attestation of Qualifying Diagnosis for Enrollment in Florida Medicaid's Children's Medical Services Plan

Children with chronic and serious conditions may choose to enroll in the Children's Medical Services specialty plan (CMS plan). To qualify for enrollment in the CMS plan, the child's physician must submit a letter to the Agency for Health Care Administration attesting that the child's current diagnosis is one of the qualifying chronic and serious conditions listed in these instructions. This is a time-limited process that will end once the Department of Health promulgates a rule specifying how children can qualify for the CMS plan. The letter must meet each of the following requirements.

1. The letter must be printed on the physician's or organization's letterhead.
2. The letter must be dated.
3. The letter must provide the following contact information:
 - Physician's Name
 - Physician Office/Group/Practice Name
 - Office Address
 - City, ST, ZIP
 - Area Code – Phone #
4. The letter must address only one child. If the physician has more than one patient wishing to qualify for the CMS plan, the physician must submit a separate letter for each child.
5. The letter must include the following paragraph with information for the specific child entered:

This letter serves to notify Florida Medicaid that my patient, <<enter the child's first, middle, and last name>>, Medicaid ID Number <<enter the number>>, or Social Security Number <<enter the number>> and DOB <<enter month, day and year>>, is actively under my care for the management of a chronic and serious condition(s) identified below: <<enter one or more of the ICD-10 diagnosis codes found in these instructions>>.
6. The letter must be hand signed by the physician, and below that signature must be the physician's printed name.
7. The letter must be submitted by one of the following routes:
 - FAX
 - Medicaid Special Populations Unit
 - Attention: Ms. Damaris Garcia
 - Fax number: (305) 718-5931

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SURFACE MAIL

Agency for Health Care Administration
Attn: Ms. Damaris Garcia
8333 NW 53rd Street, Suite 200
Doral, FL 33166

SCAN LETTER AND ATTACH TO ENCRYPTED EMAIL

Damaris.Garcia@ahca.myflorida.com

Medicaid staff will check that the letter contains all required elements. If information is missing, Medicaid staff will contact the physician's office to obtain the additional information.

If the submission is complete, and the child has a qualifying diagnosis, Medicaid will add the CMS "special condition indicator" to the child's file in the Medicaid choice counseling system. Staff will then contact the child's parent/legal guardian to confirm that they want the child to enroll in the CMS plan. If yes, then staff will process the child's enrollment into the plan, which would be effective on the next regular enrollment cycle.

If staff cannot reach the parent/legal guardian to confirm that they wish to select the CMS plan, the child will not be enrolled in the CMS plan. The special condition indicator, however, will be added to the child's record so that the parent/legal guardian could choose the plan in the future.

If the diagnosis listed is not one of the qualifying diagnoses listed below, Medicaid will send a letter to the child's family informing them that the child does not qualify for the CMS plan.

There will be no notification to the physician that the clinical eligibility has been processed. All communication about eligibility and enrollment will be with the child's family. The special condition indicator typically can be added in less than three weeks if the family can be reached, after which the enrollment into the CMS plan will take place during the normal enrollment cycle.

If you have questions about this process, please call (305) 593-3024.

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Chronic and Severe Conditions that Qualify a Child for Clinical Eligibility for the Children's Medical Services Plan

ICD 10	ICD 9	Descriptor
C91.00, C91.02	204.00 204.02	Acute Lymphoid Leukemia
C91.10, C91.12	204.10 204.12	Chronic Lymphoid Leukemia
C92.00, C92.40, C92.50, C92.02, C92.42, C92.52	205.00 205.02	Acute Myeloid Leukemia
C92.10, C92.12	205.10 205.12	Chronic Myeloid Leukemia
G80.8	343.3	Congenital Quadriplegia
G80.1	343.0	Congenital Diplegia
G80.2	343.1	Congenital Hemiplegia
Q05.4, Q07.01, Q07.02, Q07.03, Q05.0, Q05.1, Q05.2, Q05.8, Q05.5, Q05.6, Q05.7	741.00- 741.93	Spina Bifida
C15.3, C15.4, C15.5, C15.8, C15.9	150.0- 150.9	Malignant Neoplasm of Esophagus
C16.0, C16.4, C16.3, C16.1, C16.2, C16.5, C16.6, C16.8, C16.9	151.0- 151.9	Malignant Neoplasm of the Stomach
C17.0, C17.1, C17.2, C17.3, C17.8, C17.9	152.0- 152.9	Malignant Neoplasm of Small Intestine
C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9	157.0- 157.9	Malignant Neoplasm of Pancreas
B20	042	Human Immunodeficiency Virus (HIV) Disease
C64.9	189.0	Malignant Neoplasm of Kidney
C56.9	183.0	Malignant Neoplasm of Ovary
G82.50, G82.51, G82.52, G82.53, G82.54, G82.50	344.00- 344.09	Quadriplegia
R40.3	780.03	Persistent Vegetative State
C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9	191.0- 191.9	Malignant Neoplasm of Brain
C72.50, C70.0, C70.9, C72.0, C72.1, C70.1, C72.9	192.0- 192.9	Malignant Neoplasm of Unspecified Parts of Nervous System
C34.10, C34.2, C34.30, C34.80, C34.90	162.3- 162.9	Malignant Neoplasm of the Lung
E84.9, E84.11, E84.0, E84.19, E84.8	277.00- 277.09	Cystic Fibrosis
I50.9, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.9	428.0- 428.9	Heart Failure
N18.4, N18.5	585.4- 585.5	Chronic Kidney Disease Stage IV and V
N18.6	585.6	End Stage Renal Disease
F20.0, F20.1, F20.2, F20.3, F20.5, F20.89, F20.9	295.00- 295.35	Schizophrenia

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ICD 10	ICD 9	Descriptor
	295.50- 295.65 295.80- 295.95	
F33.2, F33.3	296.20- 296.36	Major Depressive Disorder, Recurrent, Severe with and without Psychotic Features
F31.13, F31.2, F31.4, F31.5, F31.63, F31.64	296.40- 296.80	Bipolar I Disorder (all severe)
F50.00-F50.02	307.1	Anorexia Nervosa
F50.2	307.51	Bulimia Nervosa
F63.1	312.33	Pyromania
F63.81	312.34	Intermittent Explosive Disorder
F91.3	313.81	Oppositional Defiant Disorder
R62.51	783.41	Failure to Thrive-Child
G40.901 or G40.909	345.90	Epilepsy, Unspecified, without Mention of Intractable Epilepsy
R13.10	787.20	Dysphagia, Unspecified
G80.0	343.2	Congenital Quadriplegia
F80.2	315.32	Mixed Receptive-Expressive Language Disorder
Q21.1	745.5	Secundum Atrial Septal Defect
G93.40	348.30	Encephalopathy, Unspecified
P27.0	770.7	Perinatal Chronic Respiratory Disease
J96.10	518.83	Chronic Respiratory Failure