

Clinical Policy: Medically Fragile Children

Reference Number: FL.CP.MP.24

Date of Last Revision: 09/26

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes the medical necessity requirements for services and supplies for medically needy children in Sunshine Health's Managed Medical Assistance (MMA) Serious Mental Illness (SMI), Children's Medical Services (FL CMS) and Child Welfare (CW) products. Services and supplies for medically fragile children include home health and private duty nursing services as well as DME items directly related to their care such as, but not limited to, pulse oximetry, diapers, wipes, trach/ostomy supplies and manual wheelchairs.

Policy/Criteria

- I. It is the policy of Sunshine Health that medical or allied care, goods or services furnished or ordered for medically fragile children are considered **medically necessary** when all of the following criteria are met:
 - A. Member is enrolled in a Florida Medicaid Sunshine Health plan;
 - B. Member is under the age of 21 years old;
 - C. Member is enrolled in complex case management OR is deemed as medically fragile/medically complex;
 - D. There is a signed plan of care (POC) or order for the requested services.
- II. It is the policy of Sunshine Health that services and supplies for medically fragile children require **mandatory secondary review** for any of the following ~~apply~~:
 - A. High cost durable medical equipment (DME) items;
 - B. Out of state services;
 - C. Experimental/Investigational procedures and services.

Note: The fact that a provider has prescribed or recommended medical or allied care, goods, or services does not, in itself, make such care, goods, or services medically necessary or a medically necessary covered service.¹

Background

The Medicaid Model Waiver provides services to eligible individuals under 21 years of age who are medically complex/medically fragile or diagnosed with degenerative spinocerebellar disease. The waiver is designed to delay or prevent institutionalization and allow waiver recipients to maintain stable health while living at home or in their community. Waiver services include: ¹

- Transition Case Management
- Environmental accessibility adaptations
- Respite care

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Services are also offered to those transitioning from the nursing home to their primary home of residence.²

Children with medical complexity (CMC) have medical fragility and intensive care needs that are not easily met by existing health care models. CMC may have a congenital or acquired multisystem disease, a severe neurologic condition with marked functional impairment, and/or technology dependence for activities of daily living. While these children are at risk of poor health and family outcomes, clinical initiatives and research efforts are devoted to improving care. In the absence of a published universal definition for CMC, a framework was created consisting of four domains. Each domain incorporates recommendations from a review of chronic disease in children and encompass the core of CMC.³

1. *Needs*. Centers on a family-centered system of care that provides accessible health care services as well as information to families and empowers families in self-management. Includes family-identified health care service needs (e.g., medical care, specialized therapy, educational needs). Type, intensity, and consistency of these manifestations may change depending on medical, psychosocial, and community factors.
2. *Chronic condition(s)*. Sufficient knowledge, understanding, and decision-making support across the entire continuum of care including both the community and tertiary care levels. Ongoing education or support for Providers in turn better serves Members. Typically, these Members have one or more chronic clinical condition(s), either diagnosed or unknown, that are severe and/or associated with medical fragility (e.g., high morbidity, mortality rates). The condition (and/or its sequelae) should be potentially lifelong but some Members may improve. Diagnoses also included are those that are unknown but suspected to be a complex and chronic condition (e.g., a child born with multiple congenital anomalies but lacking a unifying diagnosis).
3. *Functional limitations*. Includes ensuring the availability of supports for the family and community, including medical technology for maximization of functioning within the key dimensions of body structure and function, performance of activities, and participation in communal life. A Member's limitations are typically severe and may require assistance from technology such as a tracheostomy tube, feeding tube, or a wheelchair.
4. *Health care use*. Involves a care-delivery system that prioritizes high-quality and efficient care through enhanced care coordination and clearly defined provider roles across different settings. Members can have high utilization of health resources (e.g., frequent, or prolonged hospitalization, multiple surgeries, continued involvement of several subspecialty services and providers).

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for

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informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description

HCPCS Codes	Description

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date		10/20
Formatting update; no criteria changes		03/21
AHCA Review		08/21
Annual review; home health information removed; policy updated due to PDN policy created.		09/22
Transitioned policy to new state specific template and sent to market for approval; policy number changed from FL.UM.82.00 to FL.CP.MP.24.	08/23	
Annual review; no criteria changes.	09/23	
Annual review. Background updated with no impact to criteria. References reviewed and updated. FL state disclaimer added to footer.	09/25	
Annual review. Minor rewording to Criteria I. with no impact to meaning. Clarifying note added prior to Background section. References reviewed and updated. FL state disclaimer removed from footer.	09/26	

References

1. Agency for Health Care Administration. Model waiver. 2025 Waiver Renewal – Model Waiver. <https://ahca.myflorida.com/medicaid/home-and-community-based-settings-rule/model-waiver>. Accessed August 3, 2026.
2. Florida Department of Health. Children’s Multidisciplinary Assessment Team (CMAT). <https://www.floridahealth.gov/individual-family-health/child-infant-youth/special-health-care-needs/childrens-multidisciplinary-assessment-team-cmat/>. Accessed August 3, 2026.
3. Cohen E, Kuo DZ, Agrawal R, et al. Children with medical complexity: an emerging population for clinical and research initiatives. *Pediatrics*. 2011;127(3):529 to 538. doi:10.1542/peds.2010-0910.
4. Agency for Health Care Administration. Medicaid home health visit services. <https://ahca.myflorida.com/medicaid/medicaid-home-health-hh-services>. Published September 2024. Accessed August 3, 2026.
5. Agency for Health Care Administration. Private duty nursing and family home health aide services coverage policy. <https://ahca.myflorida.com/medicaid/review/Specific/59G-4->

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[261 Private Duty Nursing Services Coverage Policy.pdf](#). Published February 2026. Accessed August 3, 2026.

6. Centers for Medicare and Medicaid Services. Department of Health and Human Services. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) – A guide for states: Coverage in the Medicaid benefit for children and adolescents. <https://www.medicaid.gov/medicaid/benefits/downloads/epsdt-coverage-guide.pdf>. Published May 2026. Accessed August 3, 2026.
7. Agency for Health Care Administration. Florida Medicaid: early intervention services coverage policy. https://ahca.myflorida.com/content/download/5946/file/59G-4.085_EIS_Coverage_Policy.pdf. Revised draft (no date). Accessed August 3, 2026.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to

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recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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