

Clinical Policy: Pediatric Day Health Care (PDHC)

Reference Number: LA.CP.MP.516c

Date of Last Revision: 02/24

[Coding Implications](#)

[Revision Log](#)

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

Description

The PDHC program is designed to provide an array of services to meet the medical, social and developmental needs of children from birth up to 21 years of age who have a complex medical condition which requires skilled nursing care and therapeutic interventions on an ongoing basis to preserve and maintain health status, prevent death, treat/cure disease, ameliorate disabilities or other adverse health conditions and/or prolong life.

PDHC is to serve as a community-based alternative to long-term care and extended in-home nursing care. PDHC is intended to be for individuals needing a higher level of care that cannot be provided in a more integrated community-based setting. PDHC does not provide respite care, and it is not intended to be an auxiliary (back up) for respite care.

All PDHC services must be prior authorized. Services may be provided seven days a week and up to 12 hours per day for members/enrollee as documented in the plan of care. Services shall be certified for a period not to exceed 90 days. Services cannot duplicate another provider's service.

Policy/Criteria

In order to qualify for PDHC services, the member/enrollee must meet all of the following criteria:

- Be from birth up to 21 years of age;
- Have a medically complex condition which involves one or more physiological or organ systems and requires skilled nursing care and therapeutic interventions performed by a knowledgeable or experienced licensed professional registered nurse (RN) or licensed practical nurse (LPN) on an ongoing basis to preserve and maintain health status, prevent death, treat/cure disease, ameliorate disabilities or other adverse health conditions, and/or prolong life;
- Be a candidate for outpatient medical services in a home or community-based setting; and
- Have a signed physician's order and plan of care for PDHC by the member/enrollee's physician specifying the frequency and duration of services. The plan of care must clearly outline the skilled nursing care and therapeutic interventions that will be performed in the PDHC. The plan of care must be individualized, specific and consistent with the symptoms or confirmed diagnosis of the disease, condition, or injury under treatment, and not in excess of the member/enrollee's needs.

In the event the medical director of the PDHC facility is also the member/enrollee's prescribing physician, Louisiana Healthcare Connections will review the order and plan of care for the recommendation of the member/enrollee's participation in the PDHC program.

The covered services included in the PDHC rate includes the following:

- Nursing care;

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- Respiratory care;
- Physical therapy;
- Speech-language therapy;
- Occupational therapy;
- Social services;
- Personal care services (activities of daily living); and
- Transportation to and from the PDHC facility; transportation is paid in a separate rate.

NOTE: PDHC providers are not allowed to send beneficiaries to outside sources to receive the above services.

Necessity for PDHC services will include consideration of all services the enrollee may be receiving, including waiver services and other community supports and services. These services must be reflected and documented in the enrollee's treatment plan.

The PDHC rate does **not** include the following services:

- Education and training services;
- Before and after school care;
- Respite services;
- Child care due to work or other parental time constraints;
- Medical equipment, supplies, and appliances;
- Parental or enteral nutrition; and
- Infant food or formula

Services shall be ordered by the member/enrollee's prescribing physician. A face-to-face evaluation must be held every 90 days between the member/enrollee and the prescribing physician or by telehealth visit for contagious disease precautions. In exceptional circumstance, the face-to-face evaluation required may be extended to 180 days.

Document Requirements

Initial Request

Documentation that must be sent for initial request includes:

- Documentation that includes why the services provided at the PDHC cannot be provided elsewhere, including the school system;
- Physician's most recent note documenting medical necessity for the PDHC;
- The physician's order and plan of care for PDHC;
 - A plan of care is required **prior** to the first day PDHC services begin and within 72 hours of the referral
 - Must include:
 - All services the member/enrollee is receiving including wavier and other community supports and services;
 - Start of care date and certification period

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- Member/enrollee's functional limitations, rehabilitation potential, mental status, level of activity status, precautions, method of transportation to and from facility and allergies;
- Other special orders/instructions;
- Medications, treatments and any required equipment;
- Monitoring criteria, monitoring equipment and supplies;
- Nursing services to be provided;
- Diet as indicated and how member/enrollee is to be fed;
- Member/enrollee's current medical condition and hospitalizations within last six months;
- Risk factors associated with medical diagnosis;
- Special goals for care identified; plans for achieving the goals shall be determined and an evaluation schedule of progress shall be established;
- Frequency/duration of PDHC services – number of days/week, hours/day and anticipated duration;
- Discharge plans – contain specific criteria for transitioning from or discontinuing participation in the PDHC with the facility.
- The physicians order for services is required to individually meet the needs of the enrollee and shall not be in excess of the enrollee's needs.
 - The order must contain:
 - Member/Enrollee's name
 - Date of Birth
 - Sex
 - Member/enrollee Number
 - Description of current medical conditions, including specific diagnosis codes
 - Parent/Caregiver's name and phone number
 - Provider's name and phone number
- Prior Authorization checklist indicating the member/enrollee's skilled nursing care requirements

Renewal Request

Renewal of PDHC services must be performed every 90 days. Services shall be revised during evaluation periods to reflect accurate and appropriate provision of services for current medical status. The evaluation must include:

- A review of the member/enrollee's current medical plan of care (POC);
 - Must include:
 - Accomplishments toward goals;
 - Assessment of effectiveness of services;
 - Acknowledgement of face-to-face evaluation between member/enrollee and prescribing physician every 90 days;
 - Consider and reflect all services the member/enrollee is receiving, including waiver and other community supports and services;

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- Be completed by a registered nurse of the facility;
- Be reviewed and ordered by the prescribing physician;
 - The PDHC shall send medical documentation to the referring physician that demonstrates services; rendered as well as progress reports on the member/enrollee
 - Physician shall provide updated medical information and progress notes from the required face-to-face visits; and
 - The physician will certify on the prior authorization form that he/she has read the progress report from the previous period
- Be incorporated into the member/enrollee’s clinical record within seven calendar days of receipt of the prescribing physician’s order.
- A provider agency documented current assessment and progress toward goals;
- Documentation of a face-to-face evaluation between the prescribing physician and member/enrollee which shall be held every 90 days. (In exceptional circumstances, at the discretion of the physician prior authorizing PDHC services, the face to face evaluation requirement may be extended to 180 days);
- A completed prior authorization form; and
- A completed prior authorization checklist indicating the member/enrollee’s skilled nursing care needs

Coding Implications

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| HCPCS Codes | Description |
|-------------|---|
| T1025 | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem |

Definitions

Medically complex condition – involves one or more physiological or organ systems and requires skilled nursing care and therapeutic interventions performed by a knowledgeable or experienced licensed professional registered nurse (RN) or licensed practical nurse (LPN) on an ongoing basis to preserve and maintain health status, prevent death, treat/cure disease, ameliorate disabilities or other adverse health conditions and/or prolong life.

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Plan of care – The comprehensive plan developed by the PDHC facility for each child to receive services for implementation of medical, nursing, psychosocial, developmental and educational therapies.

| Reviews, Revisions, and Approvals | Revision Date | Approval Date |
|--|---------------|---------------|
| New Policy (was work process LA.UM.102) | 11/2021 | |
| Annual review. Converted to Clinical Policy Template, rearranging sections for clarity; added specifications for physicians orders. | 2/23 | 5/2/2023 |
| Annual Review. References reviewed and updated. Added “Note: NOTE: PDHC providers are not allowed to send beneficiaries to outside sources to receive the above services. ” Under covered services included in the PDHC rate. | 2/24 | 4/26/24 |

References

1. Louisiana Medicaid Pediatric Day Health Care Provider Manual

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. LHCC 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.

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 LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. 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. LHCC 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.

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

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