



# **PEDIATRIC DAY HEALTH CARE**

*Chapter Forty-Five of the Medicaid Services Manual*

**Issued December 1, 2011**

Claims/authorizations for dates of service on or after October 1, 2015 must use the applicable ICD-10 diagnosis code that reflects the policy intent. References in this manual to ICD-9 diagnosis codes only apply to claims/authorizations with dates of service prior to October 1, 2015.

**State of Louisiana  
Bureau of Health Services Financing**

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**OVERVIEW**

The Pediatric Day Health Care (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 intervention 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 intended for individuals needing a higher level of care (LOC) that cannot be provided in a more integrated community-based setting and serves as a community-based alternative to long-term care and extended in-home nursing care. 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 7 days per week and up to 12 hours per day, for qualified Medicaid beneficiaries as documented in the plan of care (POC).

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**COVERED SERVICES**

The pediatric day health care (PDHC) facility Medicaid per diem rate includes the following services/equipment:

1. Nursing care;
2. Respiratory care;
3. Physical therapy (PT);
4. Speech-language therapy;
5. Occupational therapy (OT);
6. Social services;
7. Personal care services (PCS) (activities of daily living); and
8. Transportation to and from the PDHC facility. Transportation shall be paid in a separate per diem.

**Documentation Requirements**

PDHC services require prior authorization (PA) from the fiscal intermediary (FI) or the managed care organization (MCO). The PDHC PA form is standardized regardless of the health plan covering the services. To receive PA from the FI or the MCO, the following documentation must be sent for each request:

1. Standardized PA form which must include why the services provided at the PDHC facility cannot be provided elsewhere, including the school system;
2. Physician's most recent note documenting medical necessity for the PDHC;
3. Physician's order and plan of care (POC) for PDHC; and
4. PA checklist indicating the beneficiary's skilled nursing care requirements.

**NOTE:** PDHC services must be approved prior to the delivery of services.

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Services shall be ordered by the beneficiary's prescribing physician. A face-to-face evaluation must take place every 90 days between the beneficiary and prescribing physician. 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.

The physician's order for services is required to individually meet the needs of the beneficiary and shall not be in excess of the beneficiary's needs.

The order shall contain:

1. Beneficiary's name;
2. Date of birth (DOB);
3. Sex;
4. Medicaid identification (ID) number;
5. Description of current medical conditions, including the specific diagnosis codes;
6. Parent/guardian's name and phone number; and
7. Provider's name and phone number.

The physician shall acknowledge if the beneficiary is a candidate for outpatient medical services in a home or community-based setting. The physician shall sign, date and provide their National Provider Identifier (NPI) number.

**NOTE:** In addition to the standardized PA form, the MCO or FI may request specific medical records from the physician.

**Certification Period**

The prior authorized case shall be certified for a period not to exceed 90 days.

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**Parental/Guardian Consent**

A signed parental/guardian consent is required for participation in the PDHC program. The consent form shall outline the purpose of the facility, parental/guardian’s responsibilities, authorized treatment and emergency disposition plans.

A conference shall be scheduled prior to admission with the parent/guardian(s) and the PDHC representative to develop the POC based upon documentation of medical necessity provided by the physician.

If the beneficiary is hospitalized at the time of the referral, planning for PDHC participation shall include the parent/guardian(s), relevant hospital medical, nursing, social services and developmental staff to begin the development of the POC that will be implemented following acceptance to the PDHC facility.

**Durable Medical Equipment**

The Medicaid program nor the contracted MCO will reimburse a PDHC for durable medical equipment (DME) and supplies that are provided to the beneficiary through the Medicaid DME program.

**Medication**

The parent or guardian shall supply medications each day as prescribed by the beneficiary’s attending physician or by a specialty physician after consultation and coordination with the PDHC facility. PDHC staff shall administer these medications, as ordered or prescribed, while the beneficiary is on site.

The medications shall be:

1. Kept in its original packaging and contain the original labeling from the pharmacy; and
2. Be individually stored in a secure location at the appropriate recommended temperature.

**NOTE:** The facility shall have established policies and procedures for the handling and administration of controlled substances. Schedule II substances shall be kept in a separately locked and secure box, in a secured designated area.

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Each PDHC facility shall maintain a record of medication administration. The record shall contain:

1. Each medication ordered and administered;
2. The date, time, and dosage of each medication administered; and
3. The initials of the person administering the medication.

**Transportation**

The PDHC facility shall provide, or arrange, transportation of the beneficiary to and from the facility; however, no beneficiary, regardless of their region of origin, may be in transport for more than 1 hour on any single trip. The PDHC facility is responsible for the safety of the beneficiary during transport. The family may choose to provide their own transportation.

Providers that offer transportation or contract transportation with an agency must adhere to all of the rules and regulations outlined in the PDHC facilities' licensing standards governing transportation.

Transportation to and from the PDHC facility will be reimbursed a daily per diem on a per case basis, in accordance with 42 CFR 440.170(a).

**PDHC Facility Transportation/Contracted Transportation**

All transportation provided by a PDHC facility must meet the standards for commercial transport as specified under the Americans with Disabilities Act (ADA) and the U.S. Department of Transportation (DOT) regulations.

The beneficiaries may not be transported in a private vehicle owned or operated by any employee and/or owner.

The transporting vehicle must be licensed in the state and meet all vehicle inspection criteria. Appropriate insurance is required in accordance with state laws.

The driver or attendant shall be provided with a current master transportation list including:

1. Each beneficiary's name;
2. Pick up and drop off locations; and



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3. Authorized persons to whom the beneficiary may be released.

An attendance record shall be maintained by the driver or attendant for each trip. The record shall include the following:

1. Driver's name;
2. Date of the trip;
3. Names of all passengers (beneficiaries and adults) in the vehicle; and
4. Name of whom the beneficiary was released, and the time of the release.

This record shall be signed by the driver or attendant and the PDHC facility representative who accepts and releases the beneficiary each day.

The driver and one appropriately trained staff member is required, at all times, in each vehicle when transporting any beneficiary. Staff shall be appropriately trained on the needs of each beneficiary, and shall be capable of and responsible for administering interventions when appropriate.

All contracted transportation providers must meet the same standards as specified above if the purpose of the contract is to transport beneficiaries to any PDHC facility.

Each beneficiary shall be safely and properly:

1. Assisted into the vehicle;
2. Restrained in the vehicle;
3. Transported in the vehicle; and
4. Assisted out of the vehicle.

The driver or appropriate staff person shall check the vehicle at the completion of each trip to ensure that no beneficiary is left in the vehicle.

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During field trips, the driver or staff member shall check the vehicle and account for each beneficiary upon arrival at, and departure from, each destination to ensure that no beneficiary is left in the vehicle or at any destination.

Appropriate staff person(s) shall be present when each beneficiary is delivered to the facility.

**Parent/Guardian Authorization**

The parent/guardian shall provide a signed authorization designating the person(s) the beneficiary can be released to for transportation purposes. The authorization shall provide the location where the beneficiary can be picked up or dropped off. The release shall name the facility and to whom the beneficiary shall be released.

**PDHC Facility Responsibilities**

The facility shall maintain an attendance record for each trip. The record shall include:

1. Method used to transport the beneficiary to and from the facility;
2. Name of the person transporting the beneficiary;
3. Date and time of the trip release; and
4. Signatures of the driver or parent/guardian and the PDHC facility representative.

**Services Not Covered**

The PDHC per diem rate does not include the following services:

1. Education and training services;
2. Before and after school care;
3. Respite services;
4. Child care due to work or other parental time constraints;
5. Medical equipment, supplies and appliances;
6. Parenteral or enteral nutrition; and
7. Infant food or formula.

### **BENEFICIARY CRITERIA**

In order to qualify for pediatric day health care (PDHC) services, a beneficiary must meet all of the qualifying criteria:

1. Be Louisiana Medicaid eligible;
2. Be from birth up to 21 years of age;
3. 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;
4. Be a candidate for outpatient medical services in a home or community-based setting; and
5. Have a signed physician's order and plan of care (POC) for PDHC by the beneficiary's physician specifying the frequency and duration of services. The POC must clearly outline the skilled nursing care and therapeutic interventions that will be performed in the PDHC facility. The POC 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 beneficiary's needs.

In the event, the medical director of the PDHC facility is also the beneficiary's prescribing physician, the Louisiana Department of Health (LDH), fiscal intermediary (FI) or managed care organization (MCO) will review the order and POC for the recommendation of the beneficiary's participation in the PDHC program.

**NOTE:** PDHC does not provide respite care and is not intended to be an auxiliary (back-up) for respite care.

## **PROVIDER REQUIREMENTS**

### **Licensure**

The pediatric day health care (PDHC) facility must have a valid, current PDHC license issued by the Louisiana Department of Health (LDH). LDH is the only licensing authority for PDHC facilities in the state of Louisiana. Each facility shall be separately licensed.

A parent or legally responsible person providing care to a medically complex child in their home, or any other extended care or long term care facility, is not considered a PDHC facility and will not be licensed as a PDHC facility.

### **Maintaining Licensed Status**

In order for a PDHC facility to maintain its licensed status and to be considered operational, the facility must meet the following conditions:

1. The facility must have at least 2 employees, 1 of whom is a registered nurse (RN) and is on duty at the facility location during operational hours;
2. The facility must have staff employed and available to be assigned to provide care and services to each beneficiary during operational hours. The services provided must be consistent with the medical needs of each beneficiary; and
3. The facility must have provided services to at least 2 beneficiaries in the preceding 12-month period in order to be eligible to renew its license.

### **Changes in Licensee Information**

A PDHC license is only valid for the person or entity named in the license application and only for the specific geographic address listed on the license application.

Any change in the PDHC facility name, “doing business as” name, mailing address, phone number, or any combination, must be reported in writing to LDH within 5 days of the occurrence. A change in the facility name or “doing business as” is considered a change to the facility license and requires the appropriate fees for reissuance of an amended license.

The PDHC license is not transferable or assignable and cannot be sold.

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**Change in Ownership**

A change in ownership (CHOW) of the PDHC facility must be reported in writing to LDH within 5 days of the change. The new owner must submit the legal CHOW document, all documents for a new license and the applicable licensing fee. When all application requirements are completed and approved by LDH, a new license will be issued to the new owner.

A change of ownership of the PDHC facility may not be submitted at the time of annual renewal of the PDHC's facility's license.

**NOTE:** A facility that is under license suspension, revocation or termination **may not** undergo a CHOW.

**Closure of a Facility**

A PDHC facility that plans to close or cease operations must comply with the following procedures:

1. Provide written notice 30 days in advance to:
  - a. LDH;
  - b. The prescribing physician; and
  - c. The parent (s), legal guardian, or legal representative.
2. Notify LDH of the location where the records will be stored and the contact person for the records; and
3. Provide for an orderly discharge and transition of all beneficiary s admitted to the facility.

The owners, managers, officers, directors and administrators of a facility that fails to adhere to the above procedures may be prohibited from opening, managing, directing, operating or owning a PDHC facility for a period of two years.

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**STAFFING REQUIREMENTS**

Each pediatric day health care (PDHC) facility must adhere to all of the staffing and personnel guidelines outlined in the Licensing Standards for PDHC facilities.

**Administrator**

The administrator of the facility must be a full time employee and must designate **in writing** the individual who will be responsible for the facility when they are absent from the facility for more than 24 hours.

The administrator and the administrator’s designee must have 3 years of experience in the delivery of health care services, be at least 21 years of age and meet one of the following criteria:

1. A physician currently licensed in the state of Louisiana;
2. A registered nurse (RN) currently licensed in Louisiana;
3. A college graduate with a bachelor’s degree; or
4. Have an associate degree with 1 additional year of documented management experience.

Responsibilities of the administrator/designee include, but are not limited to the following:

1. Ensure that the facility complies with all federal, state and local laws, rules and regulations;
2. Maintain a daily census record of each beneficiary who receives services and records of all accidents and incidents, including alleged abuse and/or neglect involving any beneficiary or staff member;
3. Maintain personnel files for each employee;
4. Maintain current agreements and contracts of individuals utilized by the facility; and
5. Ensure that the facility develops and implements policies and procedures which are included in the facility’s policy manual.

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**Medical Director**

The medical director of the PDHC facility must be a physician currently licensed in Louisiana without restrictions.

The medical director must meet 1 of the following:

1. A board certified pediatrician;
2. A pediatric specialist with knowledge of medically complex children; or
3. A medical specialist or subspecialist with knowledge of medically complex children.

The responsibilities of the medical director include, but are not limited to:

1. Periodic review of services provided by the facility to assure acceptable level of care (LOC) and services;
2. Participates in the reviews of the plan of care (POC) for each beneficiary receiving services;
3. Consults with the prescribing physician and/or staff; and
4. Develops and implements a policy and procedure for the delivery of emergency services or regular physician services when the beneficiary's attending physician or designated alternative is unavailable.

**Director of Nursing**

Each facility must have a full time director of nursing (DON). The DON must be a RN currently licensed in the state of Louisiana without restrictions and meet the following criteria:

1. Hold a current certification in Cardio Pulmonary Resuscitation (CPR);
2. Hold a current certification in Basic Cardiac Life Support (BCLS) and Pediatric Advanced Life Support; and
3. Have a minimum of 2 years general pediatric nursing experience with at least 6 months caring for medically complex or technology dependent infants or children.

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The responsibilities of the DON include, but are **not limited** to the following:

1. Supervision of all aspects of beneficiary care to ensure compliance with the POC;
2. Daily clinical operations of the facility;
3. On-site during normal operating hours;
4. Compliance with all federal and state laws, rules and regulations related to the delivery of nursing care and services; and
5. Assures that the care provided by the nursing staff and direct care personnel promotes effective PDHC services and the safety of the child.

### **Registered Nurse**

A PDHC facility must have sufficient RN staff to ensure that the care and services provided to each child is in accordance with the child's POC. The facility RN must have the following qualifications:

1. Currently licensed in the state of Louisiana without restrictions;
2. Have a current certification in CPR; and
3. Have **1** of the following:
  - a. One or more years of experience as a RN with pediatric experience, which includes 6 months caring for medically complex or technologically dependent children; or
  - b. Two or more years of documented pediatric nursing experience as a licensed practical nurse with 6 months experience caring for medically complex or technologically dependent children.

### **Licensed Practical Nurse**

The facility must have sufficient licensed practical nurse (LPN) staff to ensure that the care and services provided to each child is provided in accordance with the POC. LPN's employed by the facility must meet the following qualifications and experience:

1. Be licensed in the state of Louisiana without restrictions;
2. Hold a current certification in CPR; and



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3. Have 1 of the following:
  - a. One or more years of experience in pediatrics as an LPN; or
  - b. Two years of documented pediatric experience working as a direct care worker caring for medically complex children.

**Direct Care Staff**

Direct care staff will work under the supervision of the RN and will be responsible for providing direct care to children at the facility.

Direct care staff should meet the following qualifications and experience:

1. One year documented employment experience in the care of infants or children or one year experience in caring for medically complex children;
2. Hold a current certification in CPR;
3. Be 18 years or older;
4. Be currently registered and in good standing with the Certified Nurse Aide (CNA) Registry, if applicable, and have no findings on the Direct Service Worker (DSW) Registry; and
5. Able to demonstrate the necessary skills and competency to meet the direct care needs of the facility's children.

## **RECORD KEEPING**

### **Medical Records**

Each beneficiary shall have a medical record developed at the time of acceptance at the pediatric day health care (PDHC) facility and maintained throughout the facility's care of the beneficiary.

The beneficiary's medical record must be signed by authorized personnel and contain at least the following documents:

1. Medical plan of treatment and nursing plan of care (POC);
2. Referral and admission documents;
3. Physician orders;
4. Medical history;
5. Immunization documentation;
6. Medication/treatment administration record;
7. Case notes;
8. Documentation of nutritional management and diet;
9. Documentation of physical, occupational, speech and other therapies;
10. Correspondence concerning the beneficiary;
11. An order written by the prescribing physician if the beneficiary terminates services with the facility, if applicable; and
12. Summary including the reason for termination, if applicable.

**Personnel Records**

Personnel records must be kept in a place, form and system in accordance with appropriate medical and business practices. All records must be available in the facility for inspection by the Louisiana Department of Health (LDH) during normal business hours.

Additional information on record keeping and disposal of records can be obtained from Chapter 1, *General Information and Administration* of the Medicaid Services Manual.

### **REIMBURSEMENT**

Reimbursement for pediatric day health care (PDHC) services shall be a statewide fixed per diem rate which is based on the number of hours that a qualified beneficiary attends the PDHC facility. Transportation to the facility will be reimbursed separately, according to the following:

1. A full day of service is more than 6 hours, not to exceed a maximum of 12 hours per day, and reimbursed on a per diem basis;
2. A partial day of service is equal to 6 or fewer hours per day and is reimbursed on an hourly basis. PDHC facilities may only bill an additional hour of skilled services if 30 or more minutes of care has been provided;
3. For full and partial days, PDHC facilities must document in the clinical record the start and end time that skilled services were provided; and
4. Reimbursement shall only be made for services that have been prior authorized by the Medicaid program, its approved designee or managed care organization (MCO).

#### **Prior Authorization**

PDHC services must be prior approved by the fiscal intermediary's (FI's) Prior Authorization Unit (PAU) or the MCO. Prior authorization (PA) requests to the FI's PAU should include the following:

1. PA request form;
2. PDHC physician order and plan of care (POC) form;
3. PDHC PA checklist indicating the beneficiary's skilled nursing care requirements; and
4. Medical records to support orders and POC (required to establish medical necessity).

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**SECTION 45.6: REIMBURSEMENT****PAGE(S) 3**

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

The beneficiary's parent/guardian, PDHC facility and case manager, if applicable, will receive a written notification of approval or denial of the request. If services are approved, the notice will include the approval period.

**NOTE:** An approved PA is not a guarantee that Medicaid will reimburse the service. The provider and beneficiary must both be eligible on the date of service, and the service must not exceed the weekly approved hours.

Questions concerning the PA process should be directed to the PAU or the MCO. (See Appendix D for contact information).

**Renewal of Prior Authorization**

Re-evaluation of PDHC services must be performed, at a minimum, every 90 days. At the discretion of the physician prior authorizing PDHC services, exceptions to the 90-day standard may be made. Services shall be revised during evaluation periods to reflect accurate and appropriate provision of services for current medical status. This evaluation must include:

1. Review of the beneficiary's current POC;
2. Documentation of current assessment and progress toward goals;
3. Documentation of a face-to-face evaluation between the prescribing physician and beneficiary 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);
4. Completed PA form; and
5. Completed PA checklist indicating the beneficiary's skilled nursing care needs.

The FI or MCO will review the forms to determine the documentation is complete and that services continue to be medically necessary and appropriate to reauthorize the services. A notification of the decision will be sent to the beneficiary, PDHC facility and case manager, if applicable.

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**Claim for Payment**

PDHC providers shall submit a claim for payment for prior authorized services, after the service has been provided.

In order to receive reimbursement for the service, the provider must enter the PA number on the claim form. Services provided without prior authorization shall not be considered for reimbursement. Services shall be billed as described by the FI or MCO.

## **PLAN OF CARE**

An individualized plan of care (POC) addressing the beneficiary's medically complex condition, goals, skilled nursing care and therapeutic interventions needed to achieve the desired outcomes shall be developed under the direction of the facility's nursing director in collaboration with the prescribing physician prior to placement in the facility. The POC shall ensure the beneficiary's skilled nursing care and therapeutic needs are addressed, identify specific goals for care and plans for transition to discontinuation of care.

The POC must be signed by the parent/guardian, pediatric day health care (PDHC) representative and prescribing physician. A copy shall be given to the prescribing physician and to the parent/guardian if requested. The facility shall retain a copy in their records. Services shall be administered in accordance with the POC. The POC is written to cover a specific time frame. The plan for achieving the goals shall be determined and a schedule for evaluation of progress shall be established.

### **Requirement**

The development of the plan shall begin within 72 hours of the referral. A POC is required prior to the first day PDHC services begin.

The beneficiary's treatment plan must consider and reflect all services the beneficiary is receiving, including waiver and other community supports and services. The POC for continuation of services shall be reviewed and updated, at a minimum, every 90 days or as indicated by the needs of the beneficiary.

### **Initial Plan of Care**

#### **Components**

The initial POC shall consist of the following components:

1. Provider's name and Medicaid provider number;
2. Start of care date and certification period;
3. Beneficiary's functional limitations, rehabilitation potential, mental status, level of activity status, precautions, method of transportation to and from facility, and allergies;

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4. Other special orders/instructions;
5. Medications, treatments and any required equipment;
6. Monitoring criteria, monitoring equipment and supplies;
7. Nursing services to be provided;
8. Diet, as indicated, and how beneficiary is to be fed;
9. Beneficiary’s current medical condition and hospitalizations within last six months;
10. Risk factors associated with medical diagnoses;
11. Special goals for care identified. Plans for achieving the goals shall be determined and a progress evaluation schedule shall be established;
12. Frequency/duration of PDHC services – number of days/week, hours/day and anticipated duration;
13. All services the beneficiary is receiving, including waiver and other community supports and services must be considered and reflected; and
14. Discharge plans that contain specific criteria for transitioning from, or discontinuing participation in, the PDHC program with the facility.

**For recertification only** – Accomplishments toward goals, assessment of effectiveness of services, acknowledgment of face-to-face evaluation between beneficiary and prescribing physician 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.

**Approval**

The POC must be signed by the prescribing physician, an authorized representative of the facility, and the beneficiary’s parent/guardian. All signatures on the POC must be legible and dated.

The facility staff shall administer services and treatments in accordance with the POC as ordered by the physician.



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**Renewal**

The POC for continuation of services shall include the above components. In addition, the revised POC shall include accomplishments toward goals, assessment of the effectiveness of services and acknowledgment of face-to-face evaluation between the beneficiary and prescribing physician 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.

The renewal must:

1. Be reviewed and updated, at a minimum, every 90 days or as indicated by the needs of the beneficiary;
2. Consider and reflect all services the beneficiary is receiving, including waiver and other community supports and services;
3. Be completed by a registered nurse (RN) of the facility;
4. Be reviewed and ordered by the prescribing physician:
  - a. The PDHC facility shall send medical documentation to the referring physician that demonstrates services rendered as well as progress reports on the child;
  - b. Physician shall provide updated medical information and progress notes from the required face-to-face visits; and
  - c. The physician will certify on the prior authorization (PA) form that they have read the progress report from the previous period.
5. Be incorporated into the beneficiary's clinical record within 7 calendar days of receipt of the prescribing physician's order.

The medical director shall review the POCs in consultation with the PDHC facility staff and the prescribing physician every 90 days, or more frequently as the beneficiary's condition dictates. Prescribed services and therapies included in the POC shall be adjusted in consultation with the prescribing physician to accommodate the beneficiary's condition.

## QUALITY ASSURANCE

All pediatric day health care (PDHC) facilities must have a quality assurance program and conduct quarterly reviews of the facility's medical records for a minimum of one-fourth of the beneficiaries served by the facility at the time of the assurance review. The review sample should be random so that each beneficiary at the facility has an equal chance to be included in the review.

Each facility must establish a quality assurance committee comprised of the following members:

1. Medical director;
2. Administrator;
3. Director of nursing (DON); and
4. Three (3) other committee members determined by the facility.

The quarterly assurance review will include:

1. A review of the goals of the beneficiary's plan of care (POC);
2. The steps and success in achieving the goals;
3. Identification of goals not achieved;
4. Plans to promote goal achievement;
5. Recommendations to be implemented; and
6. A review of previous recommendations to determine the effectiveness of the implementation.

The quality assurance review will also include a review of documents in each beneficiary's medical record. **Upon completion of each review, the facility's medical and nursing directors must review the committee report within 10 days.** Revisions to the POC shall be approved by the prescribing physician, in consultation with the medical director as appropriate.

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**CHAPTER 45: PEDIATRIC DAY HEALTH CARE**

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**SECTION: APPENDIX A - DEFINITIONS****PAGE(S) 1**

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**DEFINITIONS**

**Medically Complex Condition:** A medically complex condition involves 1 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.

**Medically Necessary:** Medicaid reimburses for services that are determined medically necessary, do not duplicate another provider's service, and meets the following conditions:

1. Necessary to protect life, to prevent significant illness or significant disability or to alleviate severe pain;
2. Individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment and not in excess of the patient's needs;
3. Consistent with generally accepted professional medical standards as determined by the Medicaid program and not experimental or investigational;
4. Reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative, more integrated or less costly treatment is available statewide; and
5. Furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker or the provider.

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

**Parent:** The individual who has legal custody of the child is considered the parent.

**Plan of Care (POC):** The comprehensive plan developed by the pediatric day health care (PDHC) facility for each child to receive services for implementation of medical, nursing, psychosocial, developmental and educational therapies.

**Prescribing Physician:** A physician currently licensed to practice medicine in Louisiana who meets the following criteria:

1. Signs the order admitting the child to the PDHC facility;
2. Maintains overall responsibility for the child's medical management; and
3. Is available for consultation and collaboration with the PDHC staff.

## **PROCEDURE CODES**

The procedure codes listed in this manual chapter are part of the standard code set described in the Healthcare Common Procedure Coding System (HCPCS) Level II book. Please refer to the HCPCS Level II book for complete descriptions of the standard codes. Level II codes are national codes used to describe medical services and supplies. They are distinguished from Level I codes by beginning with a single letter (A through V) followed by four numeric digits.

In compliance with the federal requirements found in the Health Insurance Portability and Accountability Act (HIPAA), the Medicaid program will process claims for only the standard code sets allowed in federal legislation.

### **Diagnosis Codes**

Diagnosis codes are found in the International Classification of Diseases, Clinical Modifications, Tenth Edition (ICD-10-CM) or its successor. A diagnosis code is required on the CMS-1500 or managed care organization (MCO) claim. The most specific code, including 4<sup>th</sup> and 5<sup>th</sup> digits, when available, must be used.

### **Units of Service**

Medicaid reimburses a fixed rate for Pediatric Day Health Care (PDHC) services, based on the number of hours per day that the beneficiary attends the PDHC facility. There are 2 reimbursement rates, 1 for a full day, up to 12 hours, and 1 for a partial-day of services, for 6 hours or less.

Procedure code T1025 shall be used for a full day of service and procedure code T1026 shall be used for a partial day of service.

If a beneficiary is approved for a full day of PDHC services, procedure code T1026 shall be automatically generated with the prior authorization (PA) for a percentage of the number of days approved for T1025. This is to be used on days when the child cannot attend for the full day so that providers may bill for the actual service hours of 6 hours or less. These 2 procedure codes cannot be billed for the same day.

Procedure code T2002 shall be used for transportation. Transportation time is not included in determining reimbursement of hours spent at the PDHC facility.

For reimbursement purposes, PDHC services begin when the PDHC facility staff assumes responsibility for the care of the child and ends when care is relinquished to the parent or guardian.

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**CHAPTER 45: PEDIATRIC DAY HEALTH CARE**

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**SECTION: APPENDIX B – PROCEDURE CODES**

<b>CODE</b>	<b>DESCRIPTION OF SERVICE</b>
T1025	Full-day PDHC services (over 6 hours, up to 12 hours per day) **
T1026	Hourly PDHC services – (6 hours or less per day)
T2002	Transportation per diem

**FEE SCHEDULE**

The current vision pediatric day health care (PDHC) services fee schedule is available on the Louisiana Medicaid web site at: [PDHC\\_Fee\\_Schedule.pdf \(lamedicaid.com\)](https://www.lamedicaid.com/provweb1/fee_schedules/PDHC_Fee.pdf)

Obsoleted fee schedules are available under the “Previous Fee Schedule” by accessing the following link: [https://www.lamedicaid.com/provweb1/fee\\_schedules/PDHC\\_Fee.htm](https://www.lamedicaid.com/provweb1/fee_schedules/PDHC_Fee.htm)

**CHAPTER 45: PEDIATRIC DAY HEALTH CARE****APPENDIX D: CONTACT/REFERRAL INFORMATION****PAGE(S) 2****CONTACT/REFERRAL INFORMATION**

<b>OFFICE NAME</b>	<b>TYPE OF ASSISTANCE</b>	<b>CONTACT INFORMATION</b>
<b>Health Standards Section (HHS)</b>	Office to contact to report changes that affect provider license	Health Standards Section P.O. Box 3767 Baton Rouge, LA 70821 (225) 342-0138 Fax: (225) 342-0157
<b>Division of Administrative Law – Health and Hospitals Section</b>	Office to contact to request an appeal hearing	Division of Administrative Law - Health and Hospitals Section P. O. Box 4189 Baton Rouge, LA 70821-4189 (225) 342-0443 Fax: (225) 219-9823 Phone for oral appeals: (225) 342-5800
<b>Prior Authorization Unit (PAU)</b>	Office to contact to obtain assistance with prior authorization issues, reports and forms	Gainwell Technologies 1-800-807-1320 Option 1 Fax: (225) 216-6481
<b>Provider Enrollment Unit (PEU)</b>	Office to contact to report changes in agency ownership, address, telephone number or account information, electronic funds transfer, etc.	Gainwell Technologies Provider Enrollment Section P. O. Box 80159 Baton Rouge, LA 70898-0159 (225) 216-6370
<b>Provider Relations (PR) Unit</b>	Office to contact to obtain assistance with questions regarding billing information	Gainwell Technologies Provider Relations Unit P. O. Box 91024 Baton Rouge, LA 70821 1-800-473-2783

**CHAPTER 45: PEDIATRIC DAY HEALTH CARE**

**APPENDIX D: CONTACT/REFERRAL INFORMATION**

OFFICE NAME	TYPE OF ASSISTANCE	CONTACT INFORMATION
<p><b>Office of Community Services - Local Child Protection Hotline</b></p>	<p>Office to contact to report suspected cases of abuse, neglect, exploitation or extortion of a beneficiary under the age of 18</p>	<p>Refer to the Department of Children and Family Services website at: <a href="http://www.dss.la.gov">http://www.dss.la.gov</a> under the “Report Child Abuse/Neglect” link or :</p> <p>Call 1-855-4LA-KIDS (1-855-452-5437) toll-free, 24 hours a day, 365 days a year.</p>



## **FORMS AND LINKS**

The forms listed below can be obtained from the Louisiana Medicaid website at the following links:

Pediatric Day Health Care (PDHC) Physicians Order and Plan of Care (POC)  
[http://www.lamedicaid.com/provweb1/Forms/Physicians\\_Order\\_PDHC\\_PDHC.pdf](http://www.lamedicaid.com/provweb1/Forms/Physicians_Order_PDHC_PDHC.pdf)

PDHC Prior Authorization (PA) Checklist  
[http://www.lamedicaid.com/provweb1/Forms/PDHC\\_PA\\_Checklist.pdf](http://www.lamedicaid.com/provweb1/Forms/PDHC_PA_Checklist.pdf)