

# Clinical Policy: Pediatric Day Health Care (PDHC)

Reference Number: LA.CP.MP.516c

Date of Last Revision: 02/24/2025

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## Description

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 ~~interventions~~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 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 (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 ~~seven~~7 days ~~aper~~ week and up to 12 hours per day, for ~~members/enrollee~~qualified Medicaid beneficiaries as documented in the plan of care. ~~Services (POC).~~ The prior authorized case shall be certified for a period not to exceed 90 days. ~~Services cannot~~PDHC services must be approved prior to the delivery of services and shall not 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;

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- 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 (POC) for PDHC by the member/enrollee's physician specifying the frequency and duration of services. The ~~plan-of-care~~POC must clearly outline the skilled nursing care and therapeutic interventions that will be performed in the PDHC ~~facility~~. The ~~plan-of-care~~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 member/enrollee's needs.

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

### Covered Services

The ~~covered services included in the pediatric day health care (PDHC) facility Medicaid per diem~~ rate includes the following:

- ~~services/equipment:~~
  - Nursing care;
- ~~Respiratory care;~~
- ~~Physical therapy;~~
- ~~(PT);~~
  - Speech-language therapy;
- ~~Occupational therapy;~~
- ~~(OT);~~
  - Social services;
- ~~Personal care services (PCS) (activities of daily living); and~~
- Transportation to and from the PDHC facility; ~~transportation is.~~ Transportation shall be paid in a separate ~~rate.~~ per diem.

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**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 plan of care.

### Services Not Covered

The PDHC per diem 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~~
  - Parenteral or enteral nutrition; and
- Infant food or formula.

### Face-to-Face Evaluations

Services shall be ordered by the member/enrollee's prescribing physician. A face-to-face evaluation must ~~be held~~take place every 90 days between the member/enrollee and ~~the~~ prescribing physician ~~or by telehealth visit for contagious disease precautions.~~ In exceptional ~~circumstances~~circumstances, at the discretion of the physician prior authorizing PDHC services, the face-to-face evaluation ~~required~~requirement may be extended to 180 days.

### ~~Document~~Documentation Requirements

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#### Initial Request

~~Documentation that~~ PDHC services require prior authorization (PA) from the fiscal intermediary (FI) or the managed care organization (MCO). The following documentation must be sent for ~~initial~~ each request ~~includes:~~

- ~~• Documentation that includes:~~
  - Standardized PA form which must include why the services provided at the PDHC facility cannot be provided elsewhere, including the school system;
- ~~•~~
  - Physician's most recent note documenting medical necessity for the PDHC;

~~The physician's~~

- Physician's order and plan of care (POC) for PDHC; and
- PA checklist indicating the member/enrollee skilled nursing care requirements.

~~A plan of care~~ **NOTE: The POC** 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~~
- ~~• 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~~ physician's 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 ~~shall~~ contain:
    - ~~Member/Enrollee's name~~

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- ;
- Date of Birth
- Sex
- Member/enrollee Number
- birth (DOB);
  - Sex;
  - Medicaid identification (ID) number;
  - Description of current medical conditions, including the specific diagnosis codes
- ;
- Parent/~~Caregiver's~~guardian's name and phone number

; and

- Provider's name and phone number.

- ~~Prior Authorization checklist indicating the member/enrollee's skilled nursing care requirements~~

The physician shall acknowledge if the member/enrollee 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.

### Renewal Request

~~Renewal of PDHC services must~~The prior authorized case shall be ~~performed every~~certified for a period not to exceed 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 beneficiary's current medical plan of care (POC), including accomplishments toward goals and assessment of effectiveness of services;
- Acknowledgement of face-to-face evaluation between member/enrollee and prescribing physician every 90 days;
- Consideration of all services the member/enrollee is receiving, including waiver and other community supports and services;
- Be completed by a registered nurse of the facility and reviewed and ordered by the prescribing physician;
- Updated medical information and progress notes from the required face-to-face visits provided by the physician;
- Certification on the PA form that the physician has read the progress report from the previous period; and

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• Incorporation into the beneficiary's clinical record within seven calendar days of receipt of the prescribing physician's order.

- ~~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;~~
    - ~~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 services by completing:~~
        - ~~The updated PA 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; and~~
  - ~~The PA checklist indicating the member/enrollee's skilled nursing care needs~~

### 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 2023, 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 informational purposes only and may not support medical necessity. 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.

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
<u>T1026</u>	<u>Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per hour</u>
<u>T2002</u>	<u>Non-emergency transportation; per diem</u>

Definitions
<p><b>Medically complex condition</b> – 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.</p> <p><b>Plan of care</b> – The comprehensive plan developed by the PDHC facility for each child to receive services for implementation of medical, nursing, psychosocial, developmental and educational therapies.</p>

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: <b>NOTE: PDHC providers are not allowed to send beneficiaries to outside sources to receive the above services.</b> ” Under covered services included in the PDHC rate.	2/24	4/26/24
<u>Annual review. Format changes without changes to criteria. Added codes T1026 and T2002. References reviewed and updated.</u>	<u>4/25</u>	

## 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

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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.

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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