

Precertification required for pediatric day health care services

Summary of update: Effective December 1, 2014, Healthy Blue will require precertification for all pediatric day health care (PDHC) services.

What this means to me

As of December 1, 2014, you must include a precertification or authorization number when submitting claims for PDHC services.

Prior to issuing authorizations for PDHC, all requests will be reviewed by our clinicians to determine if the services are medically necessary and are being provided to children who are medically fragile and require medically complex services.

Important PDHC definitions

PDHC services are intensive, extended and multidisciplinary and are provided in a clinic setting to children who are medically fragile and have complex medical, physical, mental and psychosocial impairments.

Medically complex services are those required by an individual who has one or more chronic diseases or conditions involving one or more physiological or organ systems. These conditions require daily and ongoing medical intervention, intermittent care or monitoring by health care professionals.

A medically fragile individual has a medically complex condition characterized by multiple, significant medical problems that require extended care. Medically fragile individuals are medically complex and potentially dependent upon medical devices, experienced medical supervision and/or medical interventions to sustain life. Examples of medically fragile conditions include but are not limited to:

- Severe lung disease requiring oxygen.
- Severe lung disease requiring a ventilator or tracheostomy care.
- Complicated heart disease.
- Complicated neuromuscular disease.
- Unstable central nervous system disease.

PDHC service reimbursement criteria

Healthy Blue will reimburse for services that are determined as medically necessary, do not duplicate another provider's service and meet the following conditions:

- Necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain
- 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

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

<https://providers.healthybluelouisiana.com>

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- Consistent with generally accepted professional medical standards as determined by the Medicaid program and not experimental or investigational
- Reflective of the level of service that can be safely furnished and for which no equally effective or more conservative or less costly treatment is available statewide
- Furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker or the provider

Provider recommendations, prescriptions, or approved medical or allied care, goods or services do not, in themselves, make such care, goods or services medically necessary or a medical necessity or a covered service.

Coverage and authorization requirements

- PDHC is covered for Healthy Blue members from birth to age 21 who have medically fragile conditions, require nursing supervision and possibly require therapeutic interventions all or part of the day due to a medically complex condition.
- The medically complex condition(s) should require frequent, specialized therapeutic interventions and close nursing supervision. Interventions, which are medically necessary, are provided to sustain and maintain health and life.
- The recipient must require ongoing skilled medical care or skilled medical care by a knowledgeable and experienced licensed professional registered nurse or licensed practical nurse and be stable for outpatient medical services.
- Coverage includes nursing care, respiratory care, physical therapy, speech/language therapy, occupational therapy, personal care service, education, training, and transportation to and from a PDHC facility.
- The PDHC facility shall provide or arrange transportation of the child to and from the facility; however, no child, regardless of his or her region of origin, may be in transport for more than one hour on any single trip.
- Healthy Blue will not require PDHC providers to enroll as providers with their transportation subcontractor.
- Besides the driver, one staff member trained on the needs of each child shall be required when transporting children. The driver or attendant shall not leave the child unattended in the vehicle at any time.

Services requiring prior authorization

- Procedure code (T1025) = full day of service for at least four hours up to 12 hours
- Procedure code (T1026) = hourly services up to four hours
- Transportation (T2002) = round trip

Authorization requests

Fees will be reimbursed based on the current Medicaid fee schedule.

Initial PDHC authorization requests must include:

- Clinical documentation of the medically complex condition and medical fragility of the member, including a signed prescription from the member's ordering physician specifying PDHC services.
- The prescription for services specifying the frequency and duration of services, which should not exceed 180 days.

PDHC providers are required to submit a re-evaluation of PDHC services including a review of the recipient's current assessment and progress towards goals every 140 days. Recipients must have a face-to-face evaluation with their prescribing provider every four months or, at a minimum, twice a year to allow for revision of services to ensure accurate and appropriate provision of services for the member's current medical status.

PDHC providers must submit:

- Evidence of this face-to-face evaluation with all extension requests.
- A copy of a prescription for continued services.
- A copy of the re-evaluation, including the current assessment and progress towards goals.

PDHC authorizations based on medical necessity will be granted up to a maximum of 140 days at a time.

When determining the necessity for PDHC services, consideration shall be given to all of the services the recipient may receive, including waiver services and other community supports and services. This consideration must be reflected and documented in the recipient's treatment plan.

Authorization limitations and exclusions

PDHC may be provided up to seven days per week and up to 12 hours per day for Medicaid recipients as documented by the recipient's plan of care. Procedure codes T1025 and T1026 cannot be billed for the same date of service.

Though this service is not intended for respite care, parent availability cannot be used as a factor in the determination of authorizations for PDHC services.

Medications prescribed by the attending or specialty physician are to be supplied each day by the PDHC recipient's parent or guardian after consultation and coordination with the PDHC facility. PDHC staff shall administer these medications while the child is on-site.

Adult day care and adult day health care are not covered under the member's benefit plan.

EarlySteps services cannot be provided in the PDHC unless specifically approved in writing by the Department of Health & Hospitals EarlySteps program.

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-521-6942**.