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.
## PEDIATRIC DAY HEALTH CARE

### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERVIEW</td>
<td>SECTION 45.0</td>
</tr>
<tr>
<td>COVERED SERVICES</td>
<td>SECTION 45.1</td>
</tr>
<tr>
<td>Documentation Requirements</td>
<td></td>
</tr>
<tr>
<td>Certification Period</td>
<td></td>
</tr>
<tr>
<td>Parental/Guardian Consent</td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Parent Guardian Authorization</td>
<td></td>
</tr>
<tr>
<td>PDHC Facility Transportation/Contracted Transportation</td>
<td></td>
</tr>
<tr>
<td>PDHC Facility</td>
<td></td>
</tr>
<tr>
<td>Services Not Covered</td>
<td></td>
</tr>
<tr>
<td>BENEFICIARY CRITERIA</td>
<td>SECTION 45.2</td>
</tr>
<tr>
<td>PROVIDER REQUIREMENTS</td>
<td>SECTION 45.3</td>
</tr>
<tr>
<td>Licensure</td>
<td></td>
</tr>
<tr>
<td>Maintaining Licensed Status</td>
<td></td>
</tr>
<tr>
<td>Changes in Licensee Information</td>
<td></td>
</tr>
<tr>
<td>Change in Ownership</td>
<td></td>
</tr>
<tr>
<td>Closure of a Facility</td>
<td></td>
</tr>
<tr>
<td>STAFFING REQUIREMENTS</td>
<td>SECTION 45.4</td>
</tr>
<tr>
<td>Administrator</td>
<td></td>
</tr>
<tr>
<td>Medical Director</td>
<td></td>
</tr>
<tr>
<td>Director of Nursing</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse</td>
<td></td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td></td>
</tr>
<tr>
<td>Direct Care Staff</td>
<td></td>
</tr>
</tbody>
</table>
RECORD KEEPING
   Medical Records
   Personnel Records

REIMBURSEMENT
   Prior Authorization
   Renewal of Prior Authorization
   Claim for Payment

PLAN OF CARE
   Requirement
   Initial Plan of Care
      Components
      Approval
      Renewal

QUALITY ASSURANCE

DEFINITIONS

PROCEDURE CODES

PDHC SERVICES FEE SCHEDULE

CONTACT/REFERRAL INFORMATION

FORMS AND LINKS
OVERVIEW

The Medicaid 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 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 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 qualified Medicaid beneficiaries as documented in the plan of 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.
COVERED SERVICES

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

- Nursing care;
- 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 shall be paid in a separate per diem.

Documentation Requirements

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

- Standardized prior authorization form which must include 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; and
- The Prior Authorization checklist indicating the beneficiary’s skilled nursing care requirements.
NOTE: PDHC services must be approved prior to the delivery of services.

Services shall be ordered by the beneficiary’s prescribing physician. A face-to-face evaluation must be held 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 service 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:

- The beneficiary’s name;
- Date of birth;
- Sex;
- Medicaid ID number;
- Description of current medical conditions, including the specific diagnosis codes;
- The parent/guardian’s name and phone number; and
- The 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 his National Provider Identifier (NPI) number.

NOTE: In addition to the standardized prior authorization 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.
Parental/Guardian Consent

A signed parental/guardian consent is required for participation in PDHC. 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 plan of care 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 plan of care 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 is to 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:

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

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

- Each medication ordered and administered;
- The date, time and dosage of each medication administered; and
- 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 his/her region of origin, may be in transport for more than one 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 who 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 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 according to state laws.

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

- Each beneficiary’s name;
- Pick up and drop off locations; and
• Authorized persons to whom the beneficiary may be released to.

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

• Driver’s name;

• Date of the trip;

• Names of all passengers (beneficiary and adults) in the vehicle; and

• Name to whom the beneficiary was released to and the time of the release.

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

The driver and one appropriately trained staff member shall be 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 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:

• Assisted into the vehicle;

• Restrained in the vehicle;

• Transported in the vehicle; and

• 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.

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:

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

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;
- Parenteral or enteral nutrition; and
- Infant food or formula.
BENEFICIARY CRITERIA

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

- Be Louisiana Medicaid eligible;
- 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 beneficiary’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 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 plan of care 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 his/her 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:

- The facility must have at least two employees, one of whom is a registered nurse and is on duty at the facility location during operational hours.

- 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.

- The facility must have provided services to at least two 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 five days of the occurrence. A change in the facility name or “doing business as” name requires a change to the facility license and requires a $25.00 fee for reissuance of an amended license.

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

A change in ownership (CHOW) of the PDHC facility must be reported in writing to LDH within five 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.

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:

- Provide written notice 30 days in advance to:
  - LDH;
  - The prescribing physician; and
  - The parent (s), legal guardian or legal representative.

- Notify LDH of the location where the records will be stored and the contact person for the records; and

- 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.
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 he/she is absent from the facility for more than 24 hours.

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

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

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

- Ensure that the facility complies with all federal, state and local laws, rules and regulations.
- 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.
- Maintain personnel files for each employee.
- Maintain current agreements and contracts of individuals utilized by the facility.
- Ensure that the facility develops and implements policies and procedures which are included in the facility’s policy manual.

Medical Director

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

The medical director must meet one of the following:

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

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

- Periodic review of services provided by the facility to assure acceptable levels of care and services;
- Participates in the reviews of the plan of care for each beneficiary receiving services;
- Consults with the prescribing physician and/or staff; and
- 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 registered nurse currently licensed in the state of Louisiana without restrictions and meet the following criteria:

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

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

- Supervision of all aspects of beneficiary care to ensure compliance with the plan of care;
- Daily clinical operations of the facility;
- On-site during normal operating hours;
- Compliance with all federal and state laws, rules and regulations related to the delivery of nursing care and services; and
- 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 plan of care. The facility RN must have the following qualifications:

- Currently licensed in the state of Louisiana without restrictions;

- Have a current certification in CPR; and

- Have one of the following:
  - One or more years of experience as a RN with pediatric experience, which includes six months caring for medically complex or technologically dependent children; or
  - Two or more years of documented pediatric nursing experience as a licensed practical nurse with six 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 plan of care. LPN’s employed by the facility must meet the following qualifications and experience:

- Be licensed in the state of Louisiana without restrictions

- Hold a current certification in CPR; and

- Have one of the following:
  - One or more years of experience in pediatrics as an LPN; or
  - 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:

- One year documented employment experience in the care of infants or children or one year experience in caring for medically complex children;

- Hold a current certification in CPR;

- Be 18 years or older;

- Currently registered with the Certified Nurse Aide (CNA) Registry as a CNA in good standing and without restrictions; and

- 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:

- Medical plan of treatment and nursing plan of care;
- Referral and admission documents;
- Physician orders;
- Medical history;
- Immunization documentation;
- Medication/treatment administration record;
- Case notes;
- Documentation of nutritional management and diet;
- Documentation of physical, occupational, speech and other therapies;
- Correspondence concerning the beneficiary;
- An order written by the prescribing physician if the beneficiary terminates services with the facility, if applicable; and
- A 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 during normal business hours.

Additional information on record keeping and disposal of records can be obtained from Chapter One – 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.

- A full day of service is more than six hours, not to exceed a maximum of 12 hours per day, and reimbursed on a per diem basis.

- A partial day of service is equal to six or fewer hours per day and is reimbursed on an hourly basis. PDHCs may only bill an additional hour of skilled services if 30 or more minutes of care has been provided.

- For full and partial days, PDHCs must document in the clinical record the start and end time that skilled services were provided.

- 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 Prior Authorization Unit (PAU) or the MCO. Prior authorization (PA) requests to the fiscal intermediary’s PAU should include the following:

- PA Request form;

- PDHC Physician Order and Plan of Care form;

- PDHC PA Checklist indicating the beneficiary’s skilled nursing care requirements; and

- Medical records to support orders and plan of care (needed to establish medical necessity).
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 informing them of approval or denial of the request. If services are approved, the notice will include the approval period.

**NOTE:** An approved prior authorization 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:

- A review of the beneficiary’s current medical plan of care (POC);
- A provider agency documented current assessment and progress toward goals;
- Documentation of a face-to-face evaluation between the prescribing physician and beneficiary 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 beneficiary’s skilled nursing care needs.

The fiscal intermediary 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.

Claim for Payment

PDHC providers should submit a claim for payment for prior authorized services once 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 should be billed as described by the fiscal intermediary 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 should consist of the following components:

- Provider Information - Name and Medicaid provider number;
- Start of care date and certification period;
- Beneficiary’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 beneficiary is to be fed;
• Beneficiary’s current medical condition and hospitalizations within last six months;
• Risk factors associated with medical diagnoses;
• 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;
• All services the beneficiary is receiving, including waiver and other community supports and services must be considered and reflected; and
• Discharge plans – contain specific criteria for transitioning from or discontinuing participation in the PDHC with the facility.

NOTE: 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.
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:

- Be reviewed and updated, at a minimum, every 90 days or as indicated by the needs of the beneficiary;
- Consider and reflect all services the beneficiary 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 child;
  - Physician shall provide updated medical information and progress notes from the required face-to-face visits;
  - The physician will certify on the prior authorization form that he/she has read the progress report from the previous period; and
  - Be incorporated into the beneficiary’s clinical record within seven calendar days of receipt of the prescribing physician’s order.

The medical director shall review the plans of care in consultation with the PDHC 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 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:

- The medical director;
- The administrator;
- The director of nursing; and
- Three other committee members determined by the facility.

The quarterly assurance review will include:

- A review of the goals of the beneficiary’s plan of care;
- The steps and success in achieving the goals;
- Identification of goals not achieved;
- Plans to promote goal achievement;
- Recommendations to be implemented; and
- 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 medical and nursing directors must review the committee report within 10 days. Revisions to the plan of care shall be approved by the prescribing physician in consultation with the medical director as appropriate.
DEFINITIONS

Medically Complex Condition

A 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.

Medically Necessary

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

- Be necessary to protect life, to prevent significant illness or significant disability or to alleviate severe pain;

- Be 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;

- Be consistent with generally accepted professional medical standards as determined by the Medicaid program and not experimental or investigational;

- Be 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

- Be 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

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:

- Signs the order admitting the child to the PDHC facility;
- Maintains overall responsibility for the child’s medical management; and
- Is available for consultation and collaboration with the PDHC staff.
PROCEDURE CODES

This section lists the procedure codes and maximum fees that Medicaid reimburses for pediatric day health care (PDHC) services.

Procedure Codes

The procedure codes listed in this manual chapter are Healthcare Common Procedure Coding System (HCPCS) codes, Level II. The codes are part of the standard code set described in the 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 usually 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 fourth and fifth digits, when available, must be used.

Units of Service

Medicaid reimburses PDHC services a fixed rate based on the number of hours per day that the beneficiary attends the PDHC. There are two reimbursement rates, one for a full day, up to 12 hours, and one for a partial-day of services, for six 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 full days of PDHC services, Procedure Code T1026 shall be automatically generated with the prior authorization 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 can bill for the actual service hours of six hours or less. These two 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.

For reimbursement purposes, PDHC services begin when the PDHC staff assumes responsibility for the care of the child and ends when care is relinquished to the parent or guardian.
# PEDIATRIC DAY HEALTH CARE SERVICES (PDHC) FEE SCHEDULE

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM FEE</th>
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<tbody>
<tr>
<td>T1025</td>
<td>Full-day PDHC services (over six hours, up to twelve hours per day) **</td>
<td>$293.72/day</td>
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<tr>
<td>T1026</td>
<td>Hourly PDHC services – (six hours or less per day)</td>
<td>$42.01/hour</td>
</tr>
<tr>
<td>T2002</td>
<td>Transportation per diem</td>
<td>$29.40/day</td>
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</tbody>
</table>

**If the beneficiary is approved for *full days* of PDHC services, Procedure Code T1026 will be automatically generated with the prior authorization for a percentage of the number of days approved for T1025. This code is to be used on days when the child cannot attend for the *full day* so that providers can bill for the actual *service hours of six hours or less*. These two procedures codes cannot be billed for the same day.
## CONTACT/REFERRAL INFORMATION

<table>
<thead>
<tr>
<th>OFFICE NAME</th>
<th>TYPE OF ASSISTANCE</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Standards Section (HHS)</strong></td>
<td>Office to contact to report changes that affect provider license</td>
<td>Health Standards Section</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P.O. Box 3767</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Baton Rouge, LA 70821</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(225) 342-0138</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax: (225) 342-0157</td>
</tr>
<tr>
<td><strong>Division of Administrative Law – Health and Hospitals Section</strong></td>
<td>Office to contact to request an appeal hearing</td>
<td>Division of Administrative Law - Health and Hospitals Section</td>
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<tr>
<td></td>
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<td>P. O. Box 4189</td>
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<tr>
<td></td>
<td></td>
<td>(225) 342-0443</td>
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<tr>
<td></td>
<td></td>
<td>Fax: (225) 219-9823</td>
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<tr>
<td></td>
<td></td>
<td>Phone for oral appeals: (225) 342-5800</td>
</tr>
<tr>
<td><strong>Prior Authorization Unit (PAU)</strong></td>
<td>Office to contact to obtain assistance with prior authorization issues, reports and forms</td>
<td><strong>DXC Technology</strong></td>
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<tr>
<td></td>
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<td>Prior Authorization Unit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P.O. Box 14919</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Baton Rouge, LA 70898-4919</td>
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<tr>
<td></td>
<td></td>
<td>1-800-488-6334</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax: (225) 216-6481</td>
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<tr>
<td><strong>Provider Enrollment Unit (PEU)</strong></td>
<td>Office to contact to report changes in agency ownership, address, telephone number or account information, electronic funds transfer, etc.</td>
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<tr>
<td></td>
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<tr>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>(225) 216-6370</td>
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<tr>
<td><strong>Provider Relations (PR) Unit</strong></td>
<td>Office to contact to obtain assistance with questions regarding billing information</td>
<td><strong>DXC Technology</strong></td>
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<td>Provider Relations Unit</td>
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<tr>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>1-800-473-2783</td>
</tr>
<tr>
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<td>CONTACT INFORMATION</td>
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<tr>
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<tr>
<td>Office of Community Services - Local Child Protection Hotline</td>
<td>Office to contact to report suspected cases of abuse, neglect, exploitation or extortion of a beneficiary under the age of 18</td>
<td>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 : Call 1-855-4LA-KIDS (1-855-452-5437) toll-free, 24 hours a day, 365 days a year.</td>
</tr>
</tbody>
</table>
FORMS AND LINKS

The forms listed below can be obtained from the Louisiana Medicaid web site at:

Pediatric Day Health Care (PDHC) Physicians Order and Plan of Care
http://www.lamedicaid.com/provweb1/Forms/Physicians_Order_PDHC_PDHC.pdf

PDHC Prior Authorization Checklist