APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOB can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

Prescribed Pediatric Extended Care (PPEC) is a package of comprehensive nursing, nutritional assessment, developmental assessment, speech, physical and occupational therapy services provided in an outpatient setting, as ordered by an licensed physician. PPEC centers allow for nonresidential health care service. This provides an important link in the continuum of care for medically or technologically dependent children. A PPEC center provides the following triad of necessary services for dependent children and their parents: day health care, developmental
interventions, and parental training. All prescribed pediatric extended care facilities shall be equipped and staffed to accommodate no fewer than three (3) medically/technologically dependent children and shall meet standards established herein.

**POSITION STATEMENT**

**Applicable To:**
- Medicaid – Kentucky

**Exclusions**

PPEC services are not to be used as a form of Respite Care.

**Coverage**

Treatment at a Prescribed Pediatric Extended Care (PPEC) is considered medically necessary when **ALL** of the criteria are met:

1. **Staffing**
   
   All PPEC facilities shall have a minimum full-time equivalent staff of two (2) registered nurses and one (1) nursing assistant. Thereafter, the ratio of staff to children shall be maintained at:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Staffing Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-12 children</td>
<td>2 RNs plus 2 others</td>
</tr>
<tr>
<td>13-18 children</td>
<td>3 RNs plus 3 others</td>
</tr>
<tr>
<td>19-24 children</td>
<td>4 RNs plus 4 others</td>
</tr>
</tbody>
</table>

   **AND**

2. **Criteria for Admission (ALL)**

   - Infants and children considered for admission to the PPEC facility shall be those with complex medical conditions requiring continual care, including but not limited to, supplemental oxygen, ventilator dependence, cystic fibrosis, apnea, spinal cord injury and malignancy, etc.
   - Children with risk of infection shall not be admitted unless authorized by the prescribing physician.
   - The primary physician, in consultation with the parent(s) or legal guardian(s), shall recommend placement in a PPEC facility, taking into consideration the medical, emotional, psychosocial and environmental factors.
   - The child shall be medically stabilized, require ongoing nursing care, and other interventions.

   **AND**

3. **Preadmission Conference**

   If the child meets the admission criteria, the primary physician or his/her designate shall contact the medical or nursing director of the PPEC to schedule a preadmission conference.

   - If the child is hospitalized at the time of referral, preadmission planning shall include the parent(s) or guardian(s), relevant hospital medical, nursing, social services and developmental staff to assure that the discharge plans shall be accommodated following placement in the PPEC.
   - If the child is not hospitalized at the time of referral, preadmission planning shall be conducted with the primary physician, parent(s) or guardian(s), PPEC representatives and representatives of other relevant agencies as determined by the primary physician, and nursing director of the PPEC.
   - Preadmission planning shall be scheduled within seventy-two (72) hours and allow sufficient time to assure that the therapeutic plan can be implemented upon placement in the PPEC.
   - The protocol for care shall be developed by the PPEC staff following preadmission planning.
   - The protocol for care shall include specifications of criteria for discharge from the PPEC.
4. Consent Form

A consent form, outlining the purpose of a PPEC facility, family responsibilities, authorized treatment and appropriate liability releases, and emergency disposition plans shall be signed by the parent(s) or guardian(s) and witnessed prior to admission to the PPEC facility. The parent(s) or guardian(s) and the PPEC facility shall be provided a copy of the consent form.

5. Admission Procedure

- Infants and children shall be considered for admission to the PPEC facility if they have complex medical conditions requiring skilled nursing care, e.g., children with conditions including but not limited to, supplemental oxygen, ventilator dependence, cystic fibrosis, apnea, spinal cord injury, malignancy, etc.
- In consultation with the parent(s) or legal guardian(s), a child may be referred to the PPEC medical or nursing director for determination of placement.
- All children placed in the PPEC facility shall have documentation of a physician's written order placed in the child's medical record. A copy of the order shall be provided to the child's parent(s) or guardian(s).
- Prior to placement, preadmission planning conferences shall be held for the purpose of developing a protocol for care.
- The protocol for care shall be developed under the direction of the PPEC nursing director and shall specify the treatment plan needed to accommodate the medical, nursing, psychosocial and educational needs of the child and family. Specific goals for care shall be identified. Plans for achieving the goals shall be determined and a schedule for evaluation of progress shall be established. The protocol shall include specific discharge criteria.
- The protocol shall be signed by the physician, authorized representative of the PPEC and parent(s) or guardian(s). Copies of the protocol shall be given to the parent(s) or guardian(s). Copies of the protocol shall be given to the parent(s) or guardian(s) primary physician, PPEC staff and other agencies as appropriate.
- A consent form, outlining the purpose of a PPEC facility, family responsibilities, authorized treatment, appropriate liability releases, and emergency disposition plans shall be signed by the parent(s) or guardian(s) and witnessed prior to admission to the PPEC facility. The parent(s) or guardian(s) and the facility shall be provided a copy of the consent form.

6. Provision of Services – Must show proof

Medical Staff Services
- Children shall be admitted to the PPEC upon prescription by the child's primary physician or by the medical director.
- The child's primary physician shall maintain responsibility for the overall medical therapeutic plan and shall be available for consultation and collaboration with the PPEC medical and nursing personnel.
- The medical director shall participate in reviews of the protocol for care. Prescribed therapies shall be adjusted in consultation with the primary physician to accommodate the child's condition.
- The PPEC shall coordinate the prescribed therapies for the child.

Nursing Staff Services
- A PPEC nursing staff member shall participate in preadmission planning.
- Nursing personnel, under the direction of the nursing director, shall be responsible for implementing the nursing care.
- Nursing personnel shall be responsible for monitoring and documenting the effects of prescribed therapies.
- Nursing personnel shall inform the primary physician and medical director of the results of therapeutic interventions.
- Nursing personnel shall participate in interdisciplinary staffing meetings regarding the child's progress.
- Nursing personnel shall assure that the PPEC provides an environment conducive to the stabilization of the child's medical condition and the promotion of the child's development.
- Nursing personnel shall be responsible for maintaining the child's record in accordance with facility policies and procedures.
- Nursing personnel shall instruct the parent(s) or guardian(s) in how to provide the necessary therapies in the home.

**Developmental Services**
- Each child shall have a functional assessment and an individualized program plan to accommodate the child's developmental needs. The following functional areas shall be included as appropriate: self-care, communication skills, social skills, motor skills, preacademic areas, play with toys/objects, growth and development appropriate for age.
- The child's program plan shall include specific programs and action steps to facilitate developmental progress and shall be reviewed at least quarterly.
- The child's developmental and educational needs shall be incorporated into the protocol for care.
- The child's program plan shall include:
  - Measurable goals in need areas or goals to enhance and normalize independent functioning in daily activities.
  - A description of the patient's strengths and present performance level with respect to each goal;
  - Skill areas in priority order;
  - Anticipatory planning for specific areas identified as at-risk for future problems.
- The child life specialist shall participate in regularly scheduled interdisciplinary staffing meetings.
- A program for parent(s) or guardian(s) shall be provided to prepare parent(s) or guardian(s) to accommodate the child's developmental needs.
- The PPEC shall provide parent(s) or guardian(s) education services by including them in care-related conferences and teaching them how to perform necessary therapies and how to meet the developmental and psychosocial needs of their child at home.
- PPEC staff shall make referrals to appropriate resources, facilitate access to community, social, educational and financial services, and shall provide counseling to enhance coping skills, interpersonal relationships and family functioning.

**Nutritional Services**
- Therapeutic diets shall be maintained in the patients file.
- The services of a registered dietician shall be available regarding the nutritional needs, the special diets of individual children, and to assist in the development of policies and procedures for the handling, serving, and storage of food.
- All food and formula except for specialized formula shall be provided by PPEC staff under the supervision of the nursing director.
- Prepared foods shall be kept under refrigeration with identifying dates and patient names.

**AND**

7. **The caregiver has provided proof of a work or school schedule.**

**AND**

8. **Appropriate level of care is assigned to the member utilizing the Leveling Tool (available upon request) prior to admission.**

Assigned level of care is applicable for a maximum of 60 days and may change according with change in the member’s clinical condition.
Levels of Care
Level 1: Mild Acuity
Level 2: Moderate Acuity
Level 3: Moderate to Maximal Acuity
Level 4: Maximal acuity

Measuring Levels
Level 1: 12 to 16 points
Level 2: 17-32 points
Level 3: 33-48 points
Level 4: 49+ points

Every member can receive up to four (4) baseline points.

Assessment Key (frequency of previous services or assessments):
- X – Medical condition requires at least one assessment with intervention in the past three months (1 point)
- M – Medical condition requires at least one monthly assessment with intervention (2 points)
- W – Medical condition requires at least one weekly assessment with intervention (3 points)
- D – Medical condition requires at least one daily assessment with intervention (4 points)

Assistance Definitions Key:
- Supervision – Oversight, encouragement or cueing provided
- Minimal - Child highly involved in activity, received physical help with guided maneuvering of limbs or other nonweight-bearing assistance
- Moderate - Child performed part of activity with the following help provided: weight-bearing support or full staff performance
- Total – Full staff performance of activity

Developmental Delay Definitions Key:
- Mild – Less than three months delay
- Moderate – Three to six months delay
- Severe – More than six months delay

Available Baseline Points – Must be documented in daily notes and in PA form
- Daily Health Assessment – 1 point
- Safety Precautions – 1 point
- Problem oriented health assessment in one system – 1 point
- Assistance with person adaptive equipment, devices and belongings – 1 point

Leveling Tool is available to providers upon request.

Re-Authorization Requirements
Members must meet the following for reauthorization:
- Documentation of a re-evaluation by the member’s primary care provider (PCP) within 30 days of the re-authorization; AND,
- Updated recommendation from the PCP; AND,
- Updated parent or guardian’s work and/or school schedule; AND,
- Updated consent form; AND,
- Updated Provision of Services with appropriate supporting documentation; AND,
- Documentation of member’s Level of Care.

NOTE: Authorizations must be updated every 60 days.

CODING

Covered CPT Codes
99374  Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (e.g., Alzheimer’s facility) requiring complex and multidisciplinary
Care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

99375 Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (e.g., Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more.

Covered HCPCS Codes
T1025 Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per diem
T1026 Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour

Modifiers (for level of care)
Level 1 - no modifier
Level 2 - TT
Level 3 -TF
Level 4 –TG

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCE

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

<table>
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<tr>
<th>Date</th>
<th>Action</th>
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<td>10/5/2017, 12/8/2016</td>
<td>• Approved by MPC. No updates.</td>
</tr>
<tr>
<td>12/3/2015</td>
<td>• Approved by MPC. Coding updates only.</td>
</tr>
<tr>
<td>12/12/2014</td>
<td>• Approved by MPC. Clarification of assignment of the appropriate level of care (criterion no. 8). Addition of CPT 99375 and adjustment to Leveling Tool.</td>
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<td>11/6/2014</td>
<td>• Approved by MPC. New.</td>
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