

	<p>Prescribed Pediatric Extended Care Program Provider Specific Policy</p> <p>Revision Table</p>
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Revision Date	Sections Revised	Description
7/1/02	All	Complete manual revision to reflect changes related to the MMIS and HIPAA compliance.
7/1/02	7.0	The definitions for the revenue center codes, as they appear in Section 7.0, are inaccurate and must be corrected. This error was made when the manuals were updated in the new MMIS and should therefore be effective 7/1/02.
11/10/03	All	Complete manual revision.
8/25/04	3.5.5, 6.0 and 7.0	Providers no longer use local codes. Therefore, references to local codes are being removed from the manual.
9/18/08	Overview	Removed obsolete numbering.

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Prescribed Pediatric Extended Care Program Provider Specific Policy Manual

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Prescribed Pediatric Extended Care (PPEC) Provider Specific Policy

1.0 Overview

1.1 General Information

- 1.1.1 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 attending physician. These services are provided no more than twelve hours per day, five days per week.
- 1.1.2 The Center for Medicare and Medicaid Services (CMS) approval of PPEC as an EPSDT-related treatment service was obtained in May 1990 for services provided on or after October 1, 1989.
- 1.1.3 PPEC services are primarily provided for infants and children ages 0-36 months old, who are severely disabled and require a level of care consistent with an acute care in-patient hospitalization, a skilled nursing facility, or private duty nursing being authorized for continuous 8 hour shifts.
- 1.1.4 PPEC services are provided as an alternative to more expensive institutionalization or as an alternative to community/home care for children who are determined to be in medical need of services.
- 1.1.5 PPEC services may be provided when parent(s) are employed and required medical care is not available in home or daycare. Hours of employment must be documented. Documented parental inability to care for child, or an inability to access needed medical care will be considered in determining eligibility for PPEC services.

1.2 Service Limitations

- 1.2.1 PPEC services are generally limited to eligible recipients who are under age 3.
- 1.2.2 Special exceptions for children age 3-5, with cognitive impairments can only be considered after a thorough Individual Education Plan (IEP) has been completed by the school district and confirming documentation from the school district that an appropriate facility with required services is not available.
- 1.2.3 Special exceptions for children age 3-5 who are cognitively intact and age eligible for school services (as determined and documented by the school district, child watch, or other appropriate authority as not eligible for the 3-21 year old program) will be considered for PPEC services.

- 1.2.4 Before and after school services are not PPEC level services. When medical documentation demonstrates a need for continuous nursing supervision the child and family will be evaluated on a case by case review. If continuous nursing supervision is required, it may be paid for under the Level I eligibility criteria with hourly rate (TBD).
- 1.2.5 Admission to PPEC for observational purposes will not be approved or reimbursed by Delaware Medical Program (DMAP).
- 1.2.6 Admission to the PPEC for skilled assessment and monitoring will only be considered short term (less than 2-4 weeks) under limited special circumstances. Appropriate circumstances may include:
- A Skilled assessment and monitoring is needed on a continuous basis (8 hours or greater) and cannot be accomplished by intermittent nursing visits or visits to the physicians' office.
 - B Continuous clinic/health data is required to treat an unstable condition, i.e., frequent adjustments to the treatment plan as a result of the monitoring such as medication titration.
 - C The child is frequently admitted to acute care or emergency care and an effective treatment plan has not been developed in an alternative setting/care level.
- 1.2.7 PPEC services are not covered for children over age 6.

2.0 Qualified Providers

2.1 Standards

- 2.1.1 State licensing standards have been established specifically relating to PPEC Centers (PPECCs). To participate in the DMAP an entity must be professionally licensed as a PPECC by the State's Office of Health Facilities, Licensing and Certification.

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3.0 Services

3.1 Request for Services

3.1.1 All PPEC services must be prior authorized. Each request is reviewed on an individual basis, using policies established by the DMAP, including billing and documentation of billing all primary insurance. (Refer to the Services Requiring Prior Authorization section in the General Policy for details.)

3.2 Special Physician Documentation Requirements

3.2.1 The attending practitioner shall request a referral to evaluate for payment of PPEC services by submitting a letter to the Medical Evaluation Team (MET) that documents:

3.2.1.1 Patient's name

3.2.1.2 Medicaid ID number

3.2.1.3 Date of birth

3.2.1.4 Detailed medical history that documents the need for PPEC services

3.2.1.5 Documentation that the child would require inpatient hospital or nursing home care in the absence of PPEC services

3.2.1.6 Estimated amount and duration of required services (the number of days per week and the number of weeks/months the patient is expected to need these services)

3.2.1.7 If home health services or private duty nursing services are ordered concurrently with PPEC, medical justification for the combination of services is required

3.2.1.8 The doctor may recommend the name and address of the PPEC organization who will provide the care

3.3 Parental Documentation Requirements

3.3.1 Parents shall provide documentation that the child is severely disabled, meeting Delaware's Children's Community Alternative Disability Program eligibility requirements or child is disabled under the Social Security Administration regulations. If parents do not have access to needed documentation, the parents must sign a medical release to obtain medical documentation deemed necessary

by MET to determine medical eligibility. Failure to do so will result in denial of PPEC services.

- 3.3.2 Parents shall provide a copy of the most recent Individual Family Service Plan (IFSP) if completed and available for children age 0 up to age 3. For children age 3-5, parents shall provide an IEP when appropriate. Parents must sign a release for MET to obtain information.

3.4 Prior Authorization Addresses

- 3.4.1 All information for prior authorization must be sent (letter or fax) to one of the following addresses:

- 3.4.2 Division of Social Services
Medical Evaluation Team
Robscott Bldg, Suite 3A
153 Chestnut Hill Road
Newark, DE 19713
Fax Number: (302) 368-6977

Or

Georgetown State Service Center
546 S. Bedford St.
Georgetown, DE 19947
Fax Number: (302) 856-5517

3.5 Service Levels

- 3.5.1 DMAP's Medical Evaluation Team will evaluate the child and complete a PPEC Scoring sheet to determine the reimbursable PPEC level of care. (Refer to Appendix A)
- 3.5.2 Levels of care are determined by the intensity of the child's daily needs. The scoring system, illustrated in Appendix A, is used to assign the level of care.
- 3.5.3 Level I Eligibility criteria:
- Child is not eligible at Level 2 or higher level, and
 - The child has a medical condition(s) that prevents him/her from being accepted by traditional day care, and
 - The service is prescribed by a physician, and
 - There is no parent or legal guardian available to care for the child.

- 3.5.4 The Prescribed Pediatric Extended Care Reimbursement Sheet will not be used for Level I Eligibles.
- 3.5.5 The DMAP recognizes as a reimbursable medical service three established levels of care. Revenue codes for covered services are found in Appendix C.
- 3.5.6 See DMAP General Policy Manual for Provider Appeal Procedures.

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4.0 Reimbursement

4.1 Methodology

- 4.1.1 PPEC providers are reimbursed a prospective rate representing their reasonable costs and the acuity level of the client.
- 4.1.2 PPEC providers will not be reimbursed for Level I service if they fail to submit a valid annual Statement of Reimbursable Costs (Cost Report).

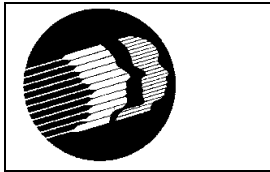
4.2 Acuity Levels

- 4.2.1 Clients served by PPEC providers will be assigned levels of acuity according to the resources required for their care. Reimbursement rates will reflect the various acuity levels.

4.3 Units of Services

- 4.3.1 Per Diem: PPEC reimbursement may be in daily units (per diem), if the client requires a full day (8-12 hours) of service.
- 4.3.2 Per Diem – Half Day: PPEC reimbursement rates may be paid in half day units (per diem), if the client requires a minimum of 4 consecutive hours of service.
- 4.3.3 Hourly rates (TBD)

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Prescribed Pediatric Extended Care Scoring Sheet

5.0 Appendix A – Prescribed Pediatric Extended Care Scoring Sheet

Child's Name: _____ **Date:** _____

<p>Respiratory System</p> <p>Ventilator Dependent <u>10</u></p> <p>BiPap or C-Pap <u>4</u></p> <p>Chest Physiotherapy-occasional <u>1</u></p> <p>Chest Physiotherapy-multiple times daily <u>3</u></p> <p>Aerosol Treatment 1 or 2/d <u>1</u></p> <p>Aerosol Treatment >3/d <u>2</u></p> <p>Oxygen Continuous with monitoring <u>1</u></p> <p>Oxygen Intermittent with monitoring Unstable <u>2</u></p> <p>Tracheostomy Care <u>3</u></p> <p>Room Air Mist to Tracheostomy <u>1</u></p> <p>Oral Suctioning <u>1</u></p> <p>Tracheal Suctioning <u>3</u></p> <p>Nasal Pharyngeal Suctioning <u>2</u></p> <p>Apnea Monitor <u>1</u></p> <p>Pulse ox monitoring-no O2 <u>1</u></p> <p>Gastrointestinal System</p> <p>NG/OG Tube Feeding <u>2</u></p> <p>Gastric Tube Feeding <u>1</u></p> <p>Jejunostomy Tube Feeding <u>2</u></p> <p>Care of Tube Insertion Site <u>1</u></p> <p>Parenteral Nutrition <u>5</u></p> <p>Colostomy Care <u>1</u></p> <p>Ileostomy Care <u>1</u></p> <p>Therapeutic Diet (Ketogenic, etc) <u>1</u></p> <p>RD Assessments/Intervention <u>2</u></p> <p>Routine Invasive Bowel Regime Intervention <u>1</u></p> <p>Genito-Urinary System</p> <p>Intermittent Catheterization <u>3</u></p> <p>Vesicostomy Care <u>1</u></p> <p>Ureterostomy Care <u>1</u></p> <p>Neurologic System</p> <p>Seizure Precautions <u>1</u></p>	<p>Musculoskeletal/Skin System</p> <p>Cast Care <u>1</u></p> <p>AFO Skin Care <u>1</u></p> <p>PT Treatment to 2x/wk <u>1</u></p> <p>PT Extensive > 2x wk <u>2</u></p> <p>OT Treatment to 2x/wk <u>1</u></p> <p>OT Extensive >2x wk <u>2</u></p> <p>Speech Therapy Treatment to 2x/wk <u>1</u></p> <p>Speech Therapy Treatment > 2x wk <u>2</u></p> <p>Extensive Oral Motor Therapy with Meals <u>3</u></p> <p>Medication Administration</p> <p>Oral/G Tube <u>1</u></p> <p>Topical <u>1</u></p> <p>Intravenous Continuous/Intermittent <u>3</u></p> <p>Subcutaneous <u>2</u></p> <p>Intramuscular <u>2</u></p> <p>Central Line Care with Flushing <u>1</u></p> <p>Dressing Change/Wound Care <u>2</u></p> <p>Endocrinologic System</p> <p>BS/urine checks and SN>3/d <u>5</u></p> <p>BS/urine checks 1-2/d <u>2</u></p> <p>Parent Education</p> <p>Technical Care Skills <u>2</u></p> <p>Level of Self Help</p> <p>Totally Dependent <u>3</u></p> <p>Partially Dependent <u>1</u></p> <p>Infant (0-12 months old) <u>2</u></p> <p>Developmental Status in Cognitive Gross Motor, Fine Motor Domains</p> <p>Severe Delay-greater 50% major area (age equivalent) <u>3</u></p> <p>Moderate Delay-25%-50% Major area (age equivalent) <u>1</u></p>
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Level I Must meet Eligibility Criteria Policy (3.5.3) – No point evaluation
LEVEL II –1-21 points
LEVEL III –Over 21 points

TOTAL POINTS _____

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6.0

Reserved

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Revenue Codes to be used by Prescribed Pediatric Extended Care (PPEC) Providers

7.0 Appendix C – Revenue Codes

When billing the DMAP for dates of service provided on and after 7/1/02 the PPEC provider is required to use Revenue codes. The codes to be used by PPEC providers are listed below.

Code	Description
0932*	Medical rehabilitation day program, full day
0931*	Medical rehabilitation day program, half day

***These services must be prior authorized**

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