MEDICAL COVERAGE POLICY	
SERVICE:	**Medicaid Prescribed Pediatric Extended Care Center**
Policy Number:	**268**
Effective Date:	**10/01/2020**
Last Review:	**08/27/2020**
Next Review Date:	**08/27/2021**

Important note:
Unless otherwise indicated, this policy will apply to all lines of business.
Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Medicaid Prescribed Pediatric Extended Care Center (PPECC)

PRIOR AUTHORIZATION: Required.

POLICY: **For Medicaid plans**, please confirm coverage as outlined in the Texas Medicaid TMPPM.

Pediatric Extended Care Center (PPECC) may be medically necessary when **ALL** of the following criteria are met:

- Member is a medically dependent or technologically dependent minor [A]
- Minor's prescribing physician has issued a prescription[B] [C] ordering care at a center and **ALL** of the following:
  - The ordering physician has personally examined the member within 30 calendar days before admission:
  - The ordering physician cannot be the PPECC Medical Director unless that physician has a patient relationship outside of the PPECC setting
- Minor's parent or legal guardian has consented to the minor's admission to the center
- Admission is voluntary based on the parent's or legal guardian's preference
- The member is eligible for THSteps-Comprehensive Care Program (CCP)
- Member is age 20 or younger
- The member requires ongoing skilled nursing care to maintain or ameliorate health
- Status and delayed skilled intervention are expected to result in ONE or more of the following:
  - deterioration of a chronic condition
  - loss of function
  - imminent risk to health status due to medical fragility
  - risk of death
- The member has an acute or chronic condition
- The member is stable for outpatient medical services and not a risk to self or others
- The member resides with a responsible adult and not in a 24-hour inpatient facility (e.g., hospital, NF, ICF)

Private Duty Nursing and PPECC Coordination related to Prior Authorization (per PPECC medical policy):

- When client or client's physician notifies the PPECC that the client also receives PDN, the PPECC must coordinate services with the PDN provider (e.g., collaborate on respective 24-hour flow sheets).

- Skilled nursing hours are not expected to increase when the client utilizes a combination of both PPECC and PDN services, unless there is a documented change in medical condition, or the authorized hours are not commensurate to the client's medical needs and additional hours are medically necessary.
- Upon approval of PDN or PPECC services, the provider who submitted the initial prior authorization request that established the number of authorized skilled nursing hours will have their authorized hours reduced to prevent duplication of services.
- A revision request documenting medical necessity is required only if there is a change in the client's medical condition or the client's medical needs are not commensurate with authorized hours and additional ongoing skilled nursing hours are medically necessary.
- No action is required if additional hours are not medically necessary.

Exceptions:

- Limited to 12 hours per child, per day
- Do Not include services that are the responsibility of a local school district
- Do Not include supportive or contracted services like therapies
- Prohibits non-emergency ambulance transport to and from a PPECC (including between child's home and PPECC)

Footnotes:

[A] "Medically or technologically dependent" means a child who "due to an acute, chronic, or intermittent medically complex or fragile condition or disability requires physician prescribed, ongoing, technology-based skilled nursing care to avert death or further disability or the routine use of a medical device to compensate for a deficit in a life-sustaining body function"

[B] The physician signature on the POC can serve as the physician order

[C] Verbal orders allowed, but in FFS, the signed and dated authorization forms (Plan of Care, Nursing Addendum) must be submitted within 10 days of the start of care, or authorization may be denied

OVERVIEW:

PPECC services include the following as a part of the PPECC rates:

- Skilled nursing
- Personal care services (while in the PPECC)
- Functional developmental services
- Psychosocial services
- Nutritional counseling
- Responsible adult training and education
- Transportation (separate per diem for transportation)

PPECC can be a place of service for OT, ST, PT, and respiratory therapy services, including home health therapists, but are separately paid.

- Early Childhood Intervention (ECI) and hospice services also may be rendered in a PPECC but must be billed separately.
- Therapy services are excluded from the PPECC payment rate. Therapy service providers will render services at the PPECC location and will bill independently (including home health therapists). These services cannot be rendered simultaneously.

S.B. 492 directed the Texas Department of Aging and Disability Services (DADS) to create a new licensure category and HHSC to establish a new Medicaid-payable benefit for PPECC. The PPECC:

- Provides non-residential, facility-based for individuals under age 21 who are medically or technologically dependent as an alternative to private duty nursing (PDN)
- When prescribed by a physician, provides care up to 12 hours per day for medical, nursing, psychosocial, therapeutic, and developmental services
- Does not provide services overnight (9 p.m. to 5 a.m.)

Client Choice:

- A client will have a choice between PPECCs and private duty nursing (PDN) to meet their ongoing skilled nursing needs.
- A client's choice of a PPECC for skilled nursing services does not supplant the client's right to private duty nursing.
- Some clients may have a combination of both services.

MANDATES: The Alberto N Agreement (Section 8.1) states that all DME policies, guidelines, or provider manuals will prominently display the following statement when describing the scope of DME available to beneficiaries:

> Medicaid beneficiaries under the age of 21 years are entitled to all medically necessary DME. DME is medical necessary when it is required to correct or ameliorate disabilities or physical or mental illnesses or condition. Any numerical limit on the amount of a particular item of DME can be exceeded for Medicaid beneficiaries under the age of 21 years if medically necessary. Likewise, time period for replacement of DME will not apply to Medicaid beneficiaries under the age of 21 years if the replacement is medically necessary. When prior authorization is required, the information submitted with the request must be sufficient to document the reasons why the requested DME item or quantity is medical necessary.

SUPPORTING DATA:

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

HCPCS Codes:	T1025 - Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental, and psychosocial impairments (per diem- longer than 4.25 hours) T1026 - Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental, and psychosocial impairments (hourly- up to 4 hour). For T1026, a minimum of 15 minutes of service are required to round up to a full hour.
ICD10 codes:	

CMS:

POLICY HISTORY:

Status	Date	Action
New	08/27/2020	New policy

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. The health plan will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to the health plan so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. The Alberto N Agreement (Section 8.1): http://www.tmhp.com/Homepage%20File%20Library/Archive/Second%20Partial%20Settlement%20Agreement.pdf
2. Texas Medicaid website: https://hhs.texas.gov/services/health/medicaid-and-chip
3. Information about provider enrollment, including news articles, instructions, and FAQs, will be posted to: http://www.TMHP.com
4. The proposed rate packet can be found on the HHSC website, but it is subject to change. http://legacy-hhsc.hhsc.state.tx.us/rad/rate-packets.shtml
5. Adhere to PPECC Medicaid program rules: Tex. Admin. Code, Part 15, Chapter 363, Subchapter B, §363.201 to §363.215, effective November 1, 2016
6. Health and Safety Code § 248A.151. Admission Criteria for Minor Client; Adult Accompaniment
7. House Bill (H.B.) 2340, 84th Regular Session, 2015
8. Senate Bill (S.B.) 492, 83rd Legislature, Regular Session
9. HHSC Uniform Managed Care Manual, Chapter 16.2.15.2 Medicaid and CHIP Contract Operational Guidance, page 65-67. Effective 12/7/2018