	DEPARTMENT: Specialty Programs
LOCAL HEALTH PLAN: Louisiana	LINE OF BUSINESS: Medicaid
TITLE: Criteria for Medical Necessity & Prior Authorization – Early Periodic Screening Diagnosis & Treatment – Personal Care Services (EPSDT-PCS)	NUMBER: LA 010.3
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**I. PURPOSE**

**To provide all staff working with the United Healthcare Community & State Louisiana (UHC C&S LA) Health Plan, including but not limited to, the Early Periodic Screening Diagnosis & Treatment – Personal Care Services (EPSDT-PCS) Care Coordination team and United HealthCare Medical Directors with concise criteria for use during prior authorization and appeal reviews for EPSDT-PCS to determine medical necessity.**


**II. DEFINITIONS**

**Early Periodic Screening Diagnosis & Treatment – Personal Care Services (EPSDT-PCS) is a community-based service designed to provide children, from birth up to 21 years of age, assistance with eating, toileting, bathing, bed mobility, transferring, dressing, locomotion, personal hygiene, and bladder and/or bowel requirements when a physical or cognitive limitation due to illness or injury necessitates such assistance.**

**EPSDT – PCS includes the following tasks:**

- **Basic personal care, including toileting, grooming, bathing, and assistance with dressing.**
- **Assistance with bladder and/or bowel requirements or problems, including helping the beneficiary to and from the bathroom or assisting the beneficiary with bedpan routines, but excluding catheterization.**
- **Assistance with eating and food, nutrition, and diet activities, including preparation. Meal preparation is considered for the beneficiary only, when the beneficiary has a special dietary need causing meals to be prepared separately or independent of family meals.**
- **Performance of incidental household services, only for the beneficiary, not the entire household, which are essential to the beneficiary’s health and comfort in his/her home. This does not include routine household chores such as regular laundry, ironing, mopping, dusting, etc., but instead arises as the result of providing assistance with personal care to the beneficiary.**
- **Accompanying, not transporting, the beneficiary to and from his/her physician and/or medical appointments for necessary medical services.**
- **Assisting the beneficiary with locomotion in their place of service, while in bed or from one surface to another. Assisting the beneficiary with transferring and bed mobility.**

**EPSDT – PCS shall be provided in the beneficiary’s home, or if medically necessary, in another location outside of the beneficiary’s home.**


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- The beneficiary's own home includes the following: an apartment, a custodial relative's home, a boarding home, a foster home, or a supervised living facility.
- Institutions such as hospitals, institutions for mental disease, nursing facilities, intermediate care facilities for individuals with intellectual disabilities, or residential treatment centers are not considered a beneficiary's home.

EPSDT PCS provided in an educational setting shall not be reimbursed if these services duplicate services that are provided by or shall be provided by the Department of Education.

Excluded Services - The following services are not appropriate for personal care and are not reimbursable as EPSDT – PCS:

- Insertion and sterile irrigation of catheters (although changing of a catheter bag is allowed);
- Irrigation of any body cavities which require sterile procedures;
- Application of dressing, involving prescription medication and aseptic techniques; including care of mild, moderate or severe skin problems;
- Administration of injections of fluid into veins, muscles or skin;
- Administration of medicine (an EPSDT PCS worker may only remind/prompt about self-administered medication to an EPSDT eligible beneficiary who is over the age of 18),
- Cleaning of the home in an area not occupied by the beneficiary;
- Laundry, other than that incidental to the care of the beneficiary;
- Example: Laundering of clothing and bedding for the entire household as opposed to simple laundering of the beneficiary's clothing or bedding;
- Skilled nursing services as defined in the state Nurse Practices Act, including medical observation, recording of vital signs, teaching of diet and/or administration of medications/injections, or other delegated nursing tasks;
- Teaching a family member or friend how to care for a beneficiary who requires frequent changes of clothing or linens due to total or partial incontinence for which no bowel or bladder training program for the patient is possible;
- Specialized nursing procedures such as:
- Insertion of nasogastric feeding tube
- In-dwelling catheter
- Tracheotomy care
- Colostomy care
- Ileostomy care
- Venipuncture
- Injections
- Rehabilitative services such as those administered by a physical therapist,


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- Teaching a family member or friend techniques for providing specific care,
- Palliative skin care with medicated creams and ointments and/or required routine changes of surgical dressings and/or dressing changes due to chronic conditions,
- Teaching of signs and symptoms of disease process, diet and medications of any new or exacerbated disease process,
- Specialized aide procedures such as:
- Rehabilitation of the beneficiary (exercise or performance of simple procedures as an extension of physical therapy services).
- Measuring/recording the beneficiary's vital signs (temperature, pulse, respiration and/or blood pressure, etc.), or intake/output of fluids
- Specimen collection.
- Special procedures such as non-sterile dressings, special skin care (non-medicated), decubitus ulcers, cast care, assisting with ostomy care, assisting with catheter care, testing urine for sugar and acetone, breathing exercises, weight measurement, enemas
- Home IV therapy,
- Custodial care or provision of only instrumental activities of daily living tasks or provision of only one activity of daily living task,
- Occupational therapy,
- Speech pathology services,
- Audiology services,
- Respiratory therapy,
- Personal comfort items,
- Durable medical equipment,
- Oxygen;
- Orthotic appliances or prosthetic devices;
- Drugs provided through the Louisiana Medicaid pharmacy program;
- Laboratory services; and
- Social work visits.

EPSDT PCS shall not be provided to meet childcare needs nor as a substitute for the parent or guardian in the absence of the parent or guardian.

EPSDT PCS shall not be used to provide respite care for the primary caregiver.

Chronic Needs is a designation assigned to beneficiaries by the Bureau of Health Services Financing (BHSF). Only BHSF or its designee grant the designation of "Chronic Needs Case" to a beneficiary. Beneficiaries who have been designated as a "Chronic Needs Case" are exempt from the standard prior authorization process.

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**Applicable Codes:**

**T1019-EP – Early Periodic Screening Diagnosis & Treatment – Personal Care Services (EPSDT-PCS)**

**III. SCOPE/POLICY**

**EPSDT-PCS services require prior authorization using codes: T1019-EP and will be reviewed for a service period of up to 182 calendar days and when changes to the plan of care occur.**

**Medical Necessity for EPDST exists when the beneficiary:**

- **is categorically eligible Medicaid beneficiary birth through 20 years of age (EPSDT eligible); and,**
- **has been prescribed EPSDT-PCS by their attending practitioner including the health/medical condition which necessitates EPSDT-PCS; and,**
- **has impairment in at least two (2) activities of daily living (ADL)**
- **is of an age at which the tasks to be performed by the EPSDT-PCS provider would ordinarily be performed by the individual, if he/she was not disabled due to illness or injury.**


**Services may be provided up to seven (7) days a week to qualified beneficiaries as documented in the plan of care and there are no service limits. Units/hours of service approved shall be based on the physical requirements of the beneficiary and medical necessity for the covered services.**

**Units/hours may not be saved to be used later or in excess of the number of units/hours specified according to the amount approved.**

**Requests for an increase in services will be subject to a full medical necessity review.**

**The following documentation is required to be submitted with the prior authorization request for review:**

- **Prior authorization form (PA-14) \*; and**
- **Order for EPSDT-PCS (Not “PCA”) with an original or computer-generated signature by the beneficiaries attending practitioner (rubber stamp signatures and signatures of Registered Nurses will not be accepted); and**
- **Plan of care for EPSDT-PCS signed by attending practitioner; and**
- **Form 90 completed and signed by the attending practitioner within the last 90 days (rubber stamp signatures and signatures of Registered Nurses will not be accepted); and**

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- **Documentation to substantiate medical necessity of requested services, including but not limited to:**
  - **Face-to-Face medical assessment; and**
  - **Physician’s most recent Well-Child visit note documenting medical necessity for the EPSDT-PCS; and**
- **EPSDT-PCS Daily Schedule Form**
- **EPSDT-PCS Social Assessment Form**

**\*Chronic Needs Case – If the beneficiary has been designated as a “Chronic Needs Case”, the provider will indicate this, in writing, on the top of the PA-14 form. The “Chronic Needs” designation only applies to the services approved where requested services remain at the approved level. A new request for prior authorization shall still be submitted at least every 182 days; however, the EPSDT PCS provider shall only be required to submit a PA-14 form accompanied by a statement from the beneficiary’s primary practitioner verifying that the beneficiary’s condition has not improved and the services currently approved must be continued.**

**IV. REFERENCES:**

**Louisiana Department of Health PERSONAL CARE SERVICES PROVIDER MANUAL: Chapter Thirty of the Medicaid Services Manual; Section 30.1 – EPSDT Personal Care Services**


**V. APPROVED BY:**

\_\_\_\_\_  
 Julie Morial, MD  
 Chief Medical Officer  
 Louisiana Community and State

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 Date

\_\_\_\_\_  
 Nicole Thibodeaux, BSN RN CCM  
 Director of Clinical Services  
 Louisiana Community and State

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**VI. REVIEW HISTORY:**

Effective Date	Key update from Previous Version	Reason for Revision