United Healthcare Community Plan	DEPARTMENT: Specialty Programs
LOCAL HEALTH PLAN: Louisiana	LINE OF BUSINESS: Medicaid
TITLE: Criteria for Medical Necessity & Prior Authorization – Private Duty Nursing (PDN)/Extended Home Health (EHH)~~, Pediatric Day Health Care (PDHC), Personal Care Services (PCS)~~	NUMBER: LA 010.1
EFFECTIVE DATE: ~~02/01/2015~~	PAGE: **1** of **4**
REVIEWED: ~~01/07/2021~~03/17/2021	AUTHORIZED BY: CMO Louisiana

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 Private Duty Nursing (PDN)/Extended Home Health (EHH)~~, Pediatric Day Health Care (PDHC) and Personal Care Services (PCS)~~ **Care Coordination team and United HealthCare Medical Directors with concise criteria for use during prior ~~-~~authorization and appeal reviews for PDN (EHH)**~~, PDHC and PCS~~ **to determine medical necessity.**

II. DEFINITIONS

Private Duty Nursing (PDN)/Extended Home Health (EHH), ~~as defined by LDH, also known as extended skilled nursing services (~~ **is home health nursing services provided for a minimum of three or more hours** ~~of nursing services~~ **per day**~~)~~ **that are** ~~may be~~ **provided to beneficiaries under the age of 21** ~~**by the HHA**~~ **if determined to be medically necessary, ordered by a physician, and prior authorized** ~~by the PAU~~. ~~The beneficiary must require skilled nursing care that exceeds the caregiver's ability to care for the beneficiary without the extended home health services.~~

NOTE: Skilled nursing services are to be conducted in the beneficiary's residential setting. ~~Extended home health **services**~~**PDN (EHH) services may be provided outside of the residential setting when the nurse accompanies the beneficiary for medical reasons such as doctor appointments, treatments, and/or emergency room visits. Medicaid will not reimburse for skilled nursing services performed outside of state boundaries.**

Applicable Codes:
S9123 – Registered Nurse (RN); Nurse care in home~~.~~

S9124 – Licensed Practical Nurse (LPN); Nurse care in home~~.~~

T1000 – Private duty/independent nursing service(s), licensed
~~**Pediatric Day Health Care (PDHC)** as defined by LDH - 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 recipients as documented in the~~

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~~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.~~

~~Applicable Codes:~~
~~T2002 – Pediatric Day Health Care (PDHC) transportation per diem service~~

~~code. T1025 – Pediatric Day Health Care (PDHC) full-day service code.~~

~~T1026 – Pediatric Day Health Care (PDHC) 6 hours or less per day service code.~~

~~**Personal care services (PCS)** as defined by LDH - tasks that are medically necessary when physical or cognitive limitations due to illness or injury necessitate assistance with eating, toileting, bathing, bed mobility, transferring, dressing, locomotion, personal hygiene, and bladder or bowel requirements.~~

~~Applicable Codes:~~
~~T1019 – Early Periodic Screening Diagnosis Treatment Personal Care Services (EPSDT PCS) service code.~~

III. SCOPE/POLICY

PDN (EHH)~~,~~ ~~PDHC and PCS are services managed by the Health Plan.~~ **services require prior authorization using codes: S9123, S9124 or T1000 and will be reviewed for service period of up to 60 calendar days.** ~~The following criteria will be used by UHC C&S Louisiana Health Plan Care Coordinators and Medical Directors when reviewing PDN (EHH), PDHC and PCS authorization requests and appeals of previous authorization requests to determine if members meet medical necessity guidelines for this service.~~

Medical necessity for PDN (EHH) services exists when the beneficiary:

- **is categorically eligible Medicaid beneficiary birth through 20 years of age (EPSDT eligible); and,**
- **has been prescribed PDN (EHH) by a physician; and,**
- **has a medically complex condition characterized by multiple, significant medical problems that require a minimum of three (3) or more hours of skilled nursing care, in accordance with the Louisiana Nurse Practice Act (La. R.S. 37:911, et seq), per day; and,**
- **requires a minimum of three, or more, hours per day of skilled nursing services.**

PDN (EHH) is not considered medically necessary for respite or custodial care, which can be performed by trained non-medical personnel.

~~If services are determined to be medically necessary, the number of hours approved will be~~ assessed using the Private Duty Nursing Acuity Scale (Appendix A) as guidance.

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

- **Prior authorization form**
- **Physician's prescription for PDN (EHH) that includes:**
  - **Number of hours of PDN**
- **Documentation to substantiate medical necessity of requested services including but not limited to:**
  - **Copy of physician progress notes documenting medical needs**
  - **Copy of hospital progress notes (if applicable)**
  - **Copy of discharge orders**
  - **Copy of discharge summary (if applicable/available)**
- **Plan of care – signed (not required if member discharging from inpatient setting)**

~~Members must meet the conditions for provisions of PDN (EHH), PDHC and/or PCS as follows:~~

- ~~**Medicaid Eligibility**~~

  ~~The person must be categorically eligible Medicaid recipient birth through 20 years of age (EPSDT eligible) and have been prescribed PDN (EHH), PDHC and/or PCS as medically necessary by a physician or for PCS, an authorized provider. The physician/provider shall specify the health/medical condition which necessitates PDN (EHH), PDHC and/or PCS.~~

- ~~**Medical Necessity and Documentation Requirements**~~

  ~~An EPSDT eligible member must meet the medical necessity criteria listed in and submit documentation as require by the following Louisiana Department of Health (LDH) program manuals:~~

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~~PDN: https://www.lamedicaid.com/provweb1/providermanuals/HH_main.htm~~

~~PDHC: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PDHC/PDHC.pdf~~

~~PCS: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PCS/pcs.pdf~~

~~XIX.~~IV. REFERENCES:

Louisiana Department of Health HOME HEALTH PROVIDER MANUAL: Chapter Twenty-Three of the Medicaid Services Manual; Section 23.1 and 23.5 – Extended Home Health

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

~~Louisiana Department of Health PEDIATRIC DAY HEALTH CARE PROVIDER MANUAL: Chapter Forty-five of the Medicaid Services Manual; Section 45.0 – Pediatric Day Health Care~~

~~XX.~~V. APPROVED BY:

Julie Morial, MD — ~~02/19/2021~~

Julie Morial, MD
Chief Medical Officer
Louisiana Community and State

Date

Nicole Thibodeaux, BSN RN CCM — ~~02/19/2021~~

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

Date

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~~XXI.~~VI. REVIEW HISTORY:

Effective Date	Key update from Previous Version	Reason for Revision
07/01/2018	Incorporated documentation required for prior authorization.	Reflect the change in 42 CFR requiring documentation of a face-to-face visit.
06/13/2019	Annual Review	Annual Review
08/06/2020	Annual Review. Addition of PDHC and PCS medical eligibility, documentation requirements and definitions and links to the state manual for PDN, PDHC and PCS.	Annual Review along with format changes according to Job Aid Policy and accordance to Act 319
01/07/2021	Annual Review. Revised Policy Name. Moved service codes to Definition Section.	Annual Review with new template formatting and clarification of eligibility.
03/17/2021	Removed references to PDHC and PCS. Removed references to LDH manual. Added criteria that is in alignment with LDH provider manual to Louisiana policy. Converted from internal policy to external provider facing policy.	References to LDH manuals is no longer allowed per LDH.

VII. APPENDIX A

Skilled Nursing Needs	Points	Score
Respiratory - Tracheostomy		
No tracheostomy, Patent airway	**0**	
No tracheostomy, unstable airway with desaturations and Airway clearance issues	**1**	
Tracheostomy - routine care	**2**	
Tracheostomy - special care (tissue breakdown, frequent tube replacements)	**3**	
Respiratory - Suctioning		
No suctioning	**0**	
Nasal/oral/pharyngeal suctioning by nurse	**1**	
Tracheal suctioning: 2 - 10x/day	**2**	
Tracheal suctioning: > 10x/day	**3**	
Respiratory – Oxygen		
No oxygen usage	**0**	
Oxygen - daily use	**1**	

Oxygen administration based upon pulse oximetry readings	1.5	
~~Humidification & oxygen - direct (via tracheostomy but not with ventilator)~~	~~1.5~~	
Respiratory - Ventilator		
No ventilator, BiPap, CPAP	0	
Ventilator < 12 hours/day	2.5	
BiPap, CPAP by nurse during shift: 8 hours or LESS	3	
BiPap, CPAP by nurse during shift: MORE than 8 hours/day	4	
Ventilator -> 12-24 hours/day	5	
Ventilator - continuous 24 hours/day	10	
Respiratory – Nebulizer Treatments		
No nebulizer treatments	0	
Nebulizer treatments (by nurse) less than daily but at least 1x/week	1	
Nebulizer treatments (by nurse) every 4 hours or LESS often but at least daily	1.5	
Nebulizer treatments (by nurse) every 4 hours or MORE often	2	
Skilled Nursing Needs	**Points**	**Score**
Respiratory – Chest PT		
No chest PT, HFCWO vest or cough assist device	0	
Chest PT, HFCWO vest, cough assist 1-4x/day	2	
Chest PT, HFCWO vest, cough assist MORE than 4x/day	4	
Medication Needs (# of admin/shift NOT # of medications) Does NOT include O2/nebulizer administration		
Medication delivery 1 dose admin or NONE per shift	0	
Medication delivery 2-6 dose admin/shift	1	
Medication delivery MORE than 7 admin/shift	2	
IV Access		
No IV access	0	
Peripheral IV access	1	
Central line of port, PICC line, Hickman	2	
IV Medication Administration		
No IV medication delivery	0	
IV med/transfusion LESS than daily but MORE than weekly	1	
IV medication admin LESS than Q4 hours	2	
IV medication admin Q4 hours or MORE often	3	
Total Parenteral Nutrition (TPN)	4	
Bloods Draws		
No regular blood draws, or LESS than 2x/week	0	
Regular blood draws /IV peripheral site - 2x/week	1	

Regular blood draws /Central line - 2x/week		**2**	
Nutrition			
Routine oral feeding or No tube-feeding required		**0**	
Documented difficult/prolonged oral feeding by NURSE		**2**	
Tube feeding (Routine bolus OR Continuous)		**2**	
Tube feeding (combination Bolus AND Continuous)		**3**	
Skilled Nursing Needs		**Points**	**Score**
Complicated Tube Feeding - required residual checks and aspiration precautions		**3.5**	
Seizures			
No seizure activity		**0**	
Mild seizures - at least daily, but no intervention		**0**	
Mild seizures, at least 4/week with each requiring minimal intervention		**1**	
Moderate seizures - at least once daily requiring minimal intervention		**2**	
Moderate seizures - 2 - 5/day with each requiring minimal intervention		**2.5**	
Severe seizures - > 10/month all requiring intervention		**3**	
Severe seizures - at least 1x/day requiring IV/IM/Rectal medication intervention		**3.5**	
Severe seizures - > 1/day requiring IV/IM/Rectal medication intervention		**4**	
Assessment Needs			
Initial assessment/shift		**0**	
Second documented **complete** assessment/shift		**1**	
Three or MORE complete assessments/shift		**2**	
Choose one if at least 2 of the 4 are ordered and documented:			
VS/Glucose/Neuro/Respiratory - assess 1x/day		**0**	
VS/Glucose/Neuro/Respiratory - assess 1x/shift or LESS often than every 4 hours		**1**	
VS/Glucose/Neuro/Respiratory - assess at least every 4 hours		**2**	
VS/Glucose/Neuro/Respiratory - assess at least every 2 hours		**3**	
Elimination Needs			
Continent of bowel and bladder function		**0**	
Skilled Nursing Needs		**Points**	**Score**
Uncontrolled incontinence but < 3 yrs of age		**0**	
Uncontrolled incontinence EITHER bowel or bladder > 3 yrs of age		**1**	
Uncontrolled incontinence, BOTH bowel and bladder > 3 yrs of age		**2**	
Incontinence and intermittent straight catheterization, indwelling, suprapubic, or condom catheter		**3**	
Ostomy Care - Bowel or Bladder		**3**	
Peritoneal Dialysis - performed by nurse		**3**	
Wound Care			
None of the options below apply		**0**	
Wound Vac		**2**	
Stage 1-2, wound care at least daily (including tracheostomy, G/J tube site)		**2**	
Stage 3-4, multiple wound sites		**3**	

Therapies		
~~Passive Range of Motion at least EVERY shift~~	**1**	
Splinting schedule requires nurse to remove/replace EVERY shift	**1**	
Splinting schedule requires nurse to remove/replace at least 2x/shift	**2**	
Issues Interfering with Care		
Unwilling or unable to cooperate	**1**	
Weight > 100 lbs or immobility increases care difficulty	**1**	
Unable to express needs and wants	**1**	
Member's TOTAL SCORE:		

Scoring Instructions:

Scale	**Acuity Level (based on score)**
15 – 25 Points = 4 – 8 hours/day -> up to 56 hours/week	
26 - 35 points = 8-12 hours/day -> up to 84 hours/week	
36 - 45 points = 12-16 hours/day -> up to 112 hours/week	
46 - 55 points = 16-20 hours/day -> up to 140 hours/week	
Provider Requested Hours:	