Clinical Policy: Prescribed Pediatric Extended Care (PPEC)

Reference Number: MS.CP.MP.10.22
Effective Date: 5/30/2018
Last Review Date: 2/12/2024

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

The Medical Director shall review all authorizations for PPEC and will consider requests for PPEC based on member's extent of skilled needs and the complexity of the services to be provided. The licensed prescribing physician, in consultation with the parent or legal guardian, shall be responsible for recommending placement in a PPEC center upon consideration of medical, emotional, psychosocial and environmental factors. PPEC services ordered by the physician, should be reflective of the level of service that can be safely furnished, for which no equally effective and more conservative or less costly treatment is available statewide. PPEC is to be furnished in a manner not primarily intended for the convenience of the member, the member's parent or caregiver or the provider. PPEC prescribed or recommended by a physician does not, in itself, make such services medically necessary.

Policy/Criteria

To be eligible for PPEC services, a member must meet **all** the following criteria:

- Is under the age of 21.
- Medically or technologically dependent.
- Medically stabilized, appropriate for outpatient care and require skilled nursing or other interventions.
- Has a prescription for PPEC services from a licensed prescribing physician and will remain under the care of the primary care or subspecialist physician for the duration of PPEC services.
- Meets medical necessity criteria for PPEC.

PPEC is considered medically necessary when the member meets all of the general criteria and all of the following criteria:

1. An infant or child who is medically or technologically dependent with a complex medical or medically fragile condition requiring continual care consisting of ongoing skilled nursing care and supervision, skillful observations, judgments and therapeutic interventions all or part of the day to correct or ameliorate health status. Delayed skilled intervention is expected to result in deterioration of a chronic condition, loss of function, imminent risk to health status due to medical fragility, or risk of death.
    - Complex medical conditions that require continual care, can include but not limited to seizure disorder, chronic lung disease, congenital heart disease, spinal cord injury, malignancy and ventilator dependence.
    - Technology dependence that requires skilled nursing care, can include but not limited to oxygen supplementation, ventilator dependence, nasogastric or gastrostomy feedings and IV therapy.
2. PPEC services are done to meet the medically necessary skilled needs of the member only, and not for the convenience of the family or caregiver.

PPEC services are *not* considered medically necessary for the following reasons:

- The sole purpose of services is education to the member and the member's caregiver or if the member is receiving intermittent skilled nursing care. These services may be considered through home health skilled nursing services.
- The sole purpose of services is to provide therapy services (PT, OT and ST). These services may be considered through home health or an outpatient facility.
- The services are primarily intended for respite care or child care.
- A previous or existing PPEC approval has been issued. A previous or existing PPEC approval does not necessarily mean that continued service requests will be approved. All subsequent requests for continuation of PPEC services will be determined based on medical necessity.

Background

Prescribed Pediatric Extended Care (PPEC) is the delivery of professional medical services for medically or technologically dependent infants and children in a state licensed nonresidential PPEC center. Members considered for admission to a PPEC center must have complex medical conditions that require continual care.

Physical, Occupational and/or Speech Language Therapy Services require separate prior authorization as defined in Mississippi Administrative Code Title 23, Part 213. Delivery of these services must be coordinated with the PPEC center when access to the child must be coordinated onsite. If a child must leave the care of the PPEC center to receive these services, the PPEC center can only bill for a full day of PPEC services if the child has been in care of the PPEC center for over four hours up to twelve hours. When services are provided for four hours or less (partial day PPEC services) the PPEC center should bill one unit per hour and use the hourly rate.

DME and Medical Supplies; the PPEC center cannot be reimbursed for durable medical equipment and medical supplies. It is the responsibility of the family and the child's primary care physician and the DME Company to ensure certificates of medical necessity (CMN) and requirements for prior authorization is followed when required for those devices that are necessary to meet the individualized daily care needs of the child.

The PPEC Center is responsible for providing transportation for the child to and from the PPEC center. If transportation is required to be provided by the PPEC center, the provider should request code T2002 along with their request for authorization of PPEC services.

PPEC authorizations can be requested in up to six (6) month date spans. The ordering physician must physically evaluate the child a minimum of every six months to ensure all treatment needs are in place and to validate certificates of medical necessity required as part of the prior authorization process.

Coding Implications

HCPCS Codes	Description
T1025	Full Day PPEC Services (over four hours, up to twelve hours per day)
T1026	Partial Day PPEC Services (four hours or less per day, billed in units of one hour)
T2002	Transportation provided by PPEC Center

Reviews, Revisions, and Approvals	Date	Approval Date
New Policy.	5/30/2018	5/30/2018
Policy converted to Clinical Policy.	7/13/2018	7/16/2018
Annual review; minor grammatical changes.	3/14/2019	5/16/2019
Annual review.	2/18/2020	2/20/2020
Annual review.	2/25/2021	2/25/2021
Annual review; minor formatting changes; updated coding and information regarding PPEC transportation	2/19/2022	2/23/2022
Annual review	2/7/2023	2/16/2023
Annual review	2/12/2024	

Bibliography

1. Minimum Standards of Operation of Prescribed Pediatric Extended Care (PPEC) Centers

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means Magnolia Health Plan, a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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