

Policy: MP359

Section: Medical Policy

Subject: Medical Daycare

Applicable Lines of Business

| | | | |
|-------------------|----------|-------------|----------|
| Commercial | X | CHIP | X |
| Medicare | X | ACA | X |
| Medicaid | X | | |

I. Policy: Medical Daycare

II. Purpose/Objective:

To provide a policy of coverage regarding Medical Daycare

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking

into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

ADDITIONAL DEFINITIONS:

Medical Daycare - A facility which provides additional services in order to provide for the needs of technologically dependent, medically fragile, or medically unstable infants and children.

Medically Fragile - A child is "medically fragile" if he or she has a chronic debilitating condition or conditions, and meets one or more of the following criteria:

- is technologically dependent for life or health sustaining functions
- requires complex medication regimens or medical interventions to maintain or to improve their health status
- is in need of ongoing assessment or intervention to prevent serious decline of health status or medical complications that put life, health, or development at risk

Chronic debilitating conditions include, but are not limited to:

- bronchopulmonary dysplasia
- cerebral palsy
- congenital heart disease
- microcephaly
- pulmonary hypertension
- muscular dystrophy

MEDICAID BUSINESS SEGMENT:

CRITERIA FOR COVERAGE: PRIOR AUTHORIZATION BY A PLAN MEDICAL DIRECTOR OR DESIGNEE IS REQUIRED

Coverage for medical daycare services may be considered medically necessary when **all** of the following criteria are met:

1. The member must be Pennsylvania Medicaid eligible; **and**
2. The member must be age birth to 21 years; **and**
3. The member must be a candidate for outpatient medical services in a home or community-based setting; **and**
4. The member must require daily skilled nursing services, including, but not limited to, daily medically prescribed therapy or procedures performed by the skilled nurse (e.g., respiratory, bowel or skin treatments, shunt monitoring, burn care, orthopedic braces, percussion, suctioning, medication, seizure care, tube feeding, tracheostomy care).

Please note that a child requiring OT/PT with no other medical issues does not support the medical necessity for Medical Daycare

and

5. Physician provided medical documentation of:
 - a medically complex condition which involves one or more physiological or organ systems and requires skilled nursing care and therapeutic interventions performed by a knowledgeable or experienced licensed professional [e.g., registered nurse (RN) or licensed practical nurse (LPN)] 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; **or**,
 - a serious, ongoing illness or chronic condition requiring prolonged hospitalization and/or ongoing medical treatments and/or monitoring and/or requires the use of devices to compensate for the loss of bodily function

and

 - a signed physician's order and plan of care including letter of medical necessity (LOMN), for Medical Daycare by the beneficiary's physician specifying the frequency and duration of services. The plan of care must clearly outline the skilled nursing care and therapeutic interventions that will be performed in the Medical Daycare. The plan of care must be individualized, specific and consistent with the symptoms or confirmed diagnosis of the disease, condition, or injury under treatment, and not in excess of the beneficiary's needs.

and

- additional required documentation:
 - Social history
 - Monthly breakdown of hours along with the daily breakdown (EX: 8 hours/day, 5 days/week for parent's work)
 - Custodial parent(s) work verification(s) with hours and days worked
 - Letter from physician indicating if the member is disabled or has restrictions
 - Seizure logs (if applicable)

- Social Determinants of Health (SDOH) Screen
- Other clinical/social information to support the request for Medical Daycare

LIMITATIONS:

A member's need for PT/OT in the absence of other qualifying criteria does not meet the need to require Medical Daycare. Requests of this nature will be considered not medically necessary and therefore are **NOT COVERED**.

Activities such as, but not limited to, the administration of eye drops, topical ointments, applying creams, and bathing the skin do not constitute skilled care. Requests for this type of service will be evaluated on an individual basis for determination of medical necessity.

EXCLUSIONS:

Any request for medical daycare not meeting the criteria outlined in this policy will be considered not medically necessary and therefore **NOT COVERED**.

Medical daycare services are **NOT COVERED** under other business segments.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

CODING ASSOCIATED WITH: Medical Daycare

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

S9122 Home health aide or certified nurse assistant, providing care in the home; per hour

S9123 Nursing care, in the home; by registered nurse, per hour

S9124 Nursing care, in the home; by licensed practical nurse, per hour

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

Commonwealth of Pennsylvania. Act of Nov 24, 1999, PL884, No.54

Commonwealth of Pennsylvania. House Bill 1960 October 31, 2011

This policy will be revised as necessary and reviewed no less than annually.

Devised: 5/22

Revised:

Reviewed: 5/23

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.