



# Florida Medicaid

PRESCRIBED PEDIATRIC  
EXTENDED CARE SERVICES  
COVERAGE AND LIMITATIONS HANDBOOK

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Agency for Health Care Administration

September 2013





UPDATE LOG  
PRESCRIBED PEDIATRIC EXTENDED CARE SERVICES  
COVERAGE AND LIMITATIONS HANDBOOK

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**How to Use the Update Log**

**Introduction**

The current Medicaid provider handbooks are posted on the Medicaid fiscal agent's Web site at [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). Select Public Information for Providers, then Provider Support, and then Provider Handbooks. Changes to a handbook are issued as handbook updates. An update can be a change, addition, or correction to policy. An update will be issued as a completely revised handbook.

It is very important that the provider read the updated material in the handbook. It is the provider's responsibility to follow correct policy to obtain Medicaid reimbursement.

**Explanation of the Update Log**

Providers can use the update log to determine if they have received all the updates to the handbook.

Update describes the change that was made.

Effective Date is the date that the update is effective.

**Instructions**

When a handbook is updated, the provider will be notified by a notice. The notification instructs the provider to obtain the updated handbook from the Medicaid fiscal agent's Web site at [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). Select Public Information for Providers, then Provider Support, and then Provider Handbooks.

UPDATE	EFFECTIVE DATE
New Handbook	March 1996
Revised Handbook	August 1997
Replacement Pages	May 1999
Revised Handbook	October 2003
Revised Handbook	February 2007
Revised Handbook	September 2013

PRESCRIBED PEDIATRIC EXTENDED CARE SERVICES  
COVERAGE AND LIMITATIONS HANDBOOK  
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## INTRODUCTION TO THE HANDBOOK

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### Overview

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#### Introduction

This chapter introduces the format used for the Florida Medicaid handbooks and tells the reader how to use the handbooks.

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#### Background

There are three types of Florida Medicaid handbooks:

- Provider General Handbook describes the Florida Medicaid Program.
- Coverage and Limitations Handbooks explain covered services, their limits, who is eligible to receive them, and the fee schedules.
- Reimbursement Handbooks describe how to complete and file claims for reimbursement from Medicaid.

Exception: For Prescribed Drugs, the coverage and limitations handbook and the reimbursement handbook are combined into one.

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#### Legal Authority

The following federal and state laws govern Florida Medicaid:

- Title XIX of the Social Security Act;
  - Title 42 of the Code of Federal Regulations;
  - Chapter 409, Florida Statutes;
  - Chapter 59G, Florida Administrative Code.
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#### In This Chapter

This chapter contains:

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## Handbook Use and Format

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<b>Purpose</b>	<p>The purpose of the Medicaid handbooks is to provide the Medicaid provider with the policies and procedures needed to receive reimbursement for covered services provided to eligible Florida Medicaid recipients.</p> <p>The handbooks provide descriptions and instructions on how and when to complete forms, letters or other documentation.</p>
<b>Provider</b>	<p>The term “provider” is used to describe any entity, facility, person or group who is enrolled in the Medicaid program and provides services to Medicaid recipients and bills Medicaid for services.</p>
<b>Recipient</b>	<p>The term “recipient” is used to describe an individual who is eligible for Medicaid.</p>
<b>General Handbook</b>	<p>General information for providers regarding the Florida Medicaid Program, recipient eligibility, provider enrollment, fraud and abuse policy, and important resources are included in the Florida Medicaid Provider General Handbook. This general handbook is distributed to all enrolled Medicaid providers and is updated as needed.</p>
<b>Coverage and Limitations Handbook</b>	<p>Each coverage and limitations handbook is named for the service it describes. A provider who provides more than one type of service will have more than one coverage and limitations handbook.</p>
<b>Reimbursement Handbook</b>	<p>Each reimbursement handbook is named for the claim form that it describes.</p>
<b>Chapter Numbers</b>	<p>The chapter number appears as the first digit before the page number at the bottom of each page.</p>
<b>Page Numbers</b>	<p>Pages are numbered consecutively throughout the handbook. Page numbers follow the chapter number at the bottom of each page.</p>
<b>White Space</b>	<p>The "white space" found throughout a handbook enhances readability and allows space for writing notes.</p>

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## Characteristics of the Handbook

<b>Format</b>	The format styles used in the handbooks represent a short and regular way of displaying difficult, technical material.
<b>Information Block</b>	<p>Information blocks replace the traditional paragraph and may consist of one or more paragraphs about a portion of the subject. Blocks are separated by horizontal lines.</p> <p>Each block is identified or named with a label.</p>
<b>Label</b>	Labels or names are located in the left margin of each information block. They identify the content of the block in order to help scanning and locating information quickly.
<b>Note</b>	<p>Note is used most frequently to refer the user to important material located elsewhere in the handbook.</p> <p>Note also refers the user to other documents or policies contained in other handbooks.</p>
<b>Topic Roster</b>	Each chapter contains a list of topics on the first page, which serves as a table of contents for the chapter, listing the subjects and the page number where the subject can be found.

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## Handbook Updates

<b>Update Log</b>	<p>The first page of each handbook will contain the update log.</p> <p>Every update will contain a new updated log page with the most recent update information added to the log. The provider can use the update log to determine if all updates to the current handbook have been received.</p> <p>Each update will be designated by an “Update” and the “Effective Date.”</p>
<b>How Changes Are Updated</b>	<p>The Medicaid handbooks will be updated as needed. Changes may be:</p> <ol style="list-style-type: none"><li>1. Replacement handbook—Major changes will result in the entire handbook being replaced with a new effective date throughout and it will be a clean copy.</li><li>2. Revised handbook – Changes will be highlighted in yellow and will be incorporated within the appropriate chapter. These revisions will have an effective date that corresponds to the effective date of the revised handbook.</li></ol>

**Handbook Updates**, continued

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**Effective Date of New Material**

The month and year that the new material is effective will appear at the bottom of each page. The provider can check this date to ensure that the material being used is the most current and up to date.

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**Identifying New Information**

**New material will be identified by yellow highlighting.** The following information blocks give examples of how new labels, new information blocks, and new or changed material within an information block will be indicated.

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**New Label and New Information Block**

**A new label and a new information block will be identified with yellow highlight to the entire section.**

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**New Material in an Existing Information Block or Paragraph**

**New or changed material within an existing information block or paragraph will be identified by yellow highlighting to the sentence and/or paragraph affected by the change.**

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CHAPTER 1  
PRESCRIBED PEDIATRIC EXTENDED CARE SERVICES  
QUALIFICATIONS AND REQUIREMENTS

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**Overview**

**Introduction**

This chapter describes the Florida Medicaid Prescribed Pediatric Extended Care (PPEC) services, as well as the provider qualifications and requirements.

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**Legal Authority**

PPEC services are authorized by Title XIX of the Social Security Act and Code of Federal Regulations, Title 42, Part 440.130. The service is part of section 409.905(2), Florida Statutes (F.S.), and incorporated by reference into Rule 59G-4.260, Florida Administrative Code (F.A.C.).

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**In This Chapter**

This chapter contains:

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Purpose and Definitions	1-1
Provider Qualifications	1-2
Provider Requirements	1-3

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**Purpose and Definitions**

**Purpose**

The purpose of the Florida Medicaid Prescribed Pediatric Extended Care (PPEC) services is to enable recipients under the age of 21 years with medically-complex conditions to receive medical and therapeutic care at a non-residential pediatric center.

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**Purpose and Definitions**, continued

**Description**

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A PPEC is a non-residential center that serves three or more medically dependent or technologically dependent recipients under the age of 21 who require short, long-term, or intermittent medical care due to medically-complex conditions. A PPEC offers services that meet the recipients' physiological, developmental, nutritional, and social needs.

Medicaid reimburses a PPEC a fixed rate for providing medically necessary basic services as described in Chapter 59A-13, F.A.C. and 400.902, F.S. services include medical, nursing and psychosocial services, developmental therapies, caregiver training, and personal care during the recipient's stay at the center.

**PPEC services are not emergency services.**

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**Medicaid Provider Handbooks**

This handbook is intended for use by PPECs that provide services to Medicaid recipients. It must be used in conjunction with the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which contains information about specific procedures for submitting claims for payment, and the Florida Medicaid Provider General Handbook, which describes the Florida Medicaid Program.

Note: The Florida Medicaid provider handbooks are available on the Medicaid fiscal agent's Web site at [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). Select Public Information for Providers, then Provider Support, and then Provider Handbooks. The Florida Medicaid Provider General Handbook is incorporated by reference in Rule 59G-5.020, F.A.C.; and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, is incorporated by reference in Rule 59G-4.001, F.A.C.

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**Provider Qualifications**

**Licensure**

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To enroll as a Medicaid provider, a PPEC must be licensed pursuant to Chapter 400, Part VI, F.S., and be in compliance with Chapter 59A-13, F.A.C.

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**General Enrollment Requirements**

PPECs must meet the general Medicaid provider enrollment requirements that are contained in the Florida Medicaid Provider General Handbook.

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## Provider Requirements

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### General Requirements

In addition to the general provider requirements and responsibilities that are contained in the Florida Medicaid Provider General Handbook, PPEC providers are also responsible for complying with the provisions contained in this section.

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### Providers Contracted with Medicaid Health Plans

The service-specific Medicaid coverage and limitations handbooks provide the minimum requirements for all providers. This includes providers who contract with Florida Medicaid health plans (e.g., provider service networks, health maintenance organizations, pre-paid mental health plans, etc.). Providers shall comply with all of the requirements outlined in this handbook, unless otherwise specified in their contract with the health plan. The provision of services to recipients enrolled in a Medicaid health plan shall not be subject to more stringent restrictions than the limitations specified in this handbook.

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### Emergency Procedures

Every PPEC must meet, and have available, at a minimum, the following Fire Safety and Emergency Procedures:

- A copy of the current annual fire inspection report.
  - A working telephone.
  - Emergency telephone numbers posted in the immediate vicinity of all telephones.
  - A working, appropriately inspected emergency generator.
  - An up-to-date emergency medical kit to provide basic first aid and cardiopulmonary resuscitation.
  - Emergency transportation must be performed by a licensed emergency medical service provider, and the PPEC recipient must be accompanied by a PPEC staff member, a family member, or care must be relinquished to the emergency transportation provider unit after obtaining an order from the recipient's treating or attending practitioner.
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CHAPTER 2  
 PRESCRIBED PEDIATRIC EXTENDED CARE SERVICES  
 COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS

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**Overview**

**Introduction**

This chapter describes the services covered by the Florida Medicaid Prescribed Pediatric Extended Care (PPEC) services, the requirements for service provision, and the service limits and exclusions.

**In This Chapter**

This chapter contains:

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**Requirements to Receive Services**

**Who Can Receive Services**

To receive reimbursement for PPEC services, a recipient must meet all of the following criteria:

- Be Medicaid eligible.
- Diagnosed with a medically-complex or medically fragile condition as defined in Rule 59G-1.010, F.A.C.
- Be under the age of 21 years.
- Be medically stable and not present significant risk to other children or personnel at the center.
- Require short, long-term, or intermittent continuous therapeutic interventions or skilled nursing care due to a medically complex condition.

## Requirements to Receive Services, continued

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### Medical Necessity

Medicaid reimburses services that are determined medically necessary, and do not duplicate another provider's service.

Rule 59G-1.010 (166), Florida Administrative Code (F.A.C.) defines "medically necessary" or "medical necessity" as follows:

"[T]he medical or allied care, goods, or services furnished or ordered must:

(a) Meet the following conditions:

1. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
2. Be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs;
3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program and not experimental or investigational;
4. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider."

"(c) The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service."

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### Recipients in Medical Foster Care

Short-term PPEC services may be reimbursed by Medicaid in addition to medical foster care (MFC) services if the PPEC services are medically necessary and authorized by the Medicaid Quality Improvement Organization (QIO).

Note: See Florida Medicaid Medical Foster Care Services Coverage and Limitations Handbook for specific requirements. The handbook is available on the Medicaid fiscal agent's Web site at [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). Select Public Information for Providers, then Provider Support, and then Provider Handbooks.

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**Requirements to Receive Services**, continued

**Recommendation for PPEC Services**

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A written physician's order from the treating or attending physician is required to initiate or continue PPEC services. The initial order must:

- Be written on letterhead or printed prescription (verbal orders are not accepted).
- State the recipient's medical condition or diagnosis.
- Specify the frequency and duration of PPEC services not to exceed 180 days. (PPEC services must be reordered at a minimum of every 180 days.)
- Be dated prior to or on the date that PPEC services begin.

Medicaid will reimburse for PPEC services ordered by an advanced registered nurse practitioner (ARNP) or physician assistant (PA) only if the order has been countersigned by the treating or attending physician.

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**Approval of Services**

PPEC services must be:

- Ordered by the recipient's treating or attending physician.
  - Outlined in the individualized plan of care written by the PPEC center that the recipient will attend.
  - Authorized by the Medicaid Quality Improvement Organization (QIO) prior to the date that services begin.
- 

**Recipients in a Health Plan**

Recipients enrolled in a Medicaid health plan may receive services from a PPEC. Authorization for PPEC services must be obtained from the Medicaid QIO.

An exception is recipients enrolled in Children's Medical Services (CMS) Specialty Care Plans in Broward or Duval counties. Authorization for PPEC services and claims are processed through the plan only. PPEC claims submitted to the Medicaid fiscal agent for recipients enrolled in the CMS Specialty Plan on the date of service will be denied or recouped.

MediPass or CMS Network enrolled recipients do not require an authorization (MediPass referral number) from their MediPass primary care provider for PPEC services. Authorization for MediPass enrolled recipients must be obtained from the Medicaid QIO.

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## Covered Service

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### Basic Services

Medicaid reimburses PPECs for basic services. Basic services includes development, implementation, and monitoring of a comprehensive protocol of care, developed in conjunction with the parent or guardian, which specifies the medical, nursing, psychosocial, and developmental therapies required by the medically dependent or technologically dependent child served as well as the caregiver training needs of the child's legal guardian.

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## Limitations and Exclusions

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### Exceptions to the Limits (Special Services) Process

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the Social Security Act, Title 42 of the United States Code 1396d(a).

Services requested for recipients under the age of 21 years in excess of limitations described within this handbook or the associated fee schedule may be approved, if medically necessary, through the prior authorization process described in this handbook.

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### Reimbursement Limitations

Medicaid reimbursement for PPEC services is limited to:

- One unit of service per recipient, per day, for a full day.
- Four hours or less per day (billed in units of one hour) for a partial day.

Reimbursement cannot be made for a full day PPEC and any part of a partial day PPEC service on the same date of service, for the same recipient.

Note: See Units of Service in Chapter 3 for the definitions of unit of service for a full day and a partial day.

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**Limitations and Exclusions, continued**

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**Excluded Services**

The Medicaid PPEC rate does not reimburse for the following services:

- Baby food or formulas.
  - Total parenteral and enteral nutrition.
  - Mental health and psychiatric services.
  - Supportive or contracted services which include speech therapy, occupational therapy, physical therapy, social work, developmental evaluations, and child life.
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**Relatives**

Medicaid cannot reimburse a PPEC for services rendered to a recipient who is related to the owner by blood, marriage, or adoption.

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**DME and Medical Supplies**

Medicaid cannot reimburse a PPEC for durable medical equipment (DME) and medical supplies provided to the recipient by Medicaid's DME and medical supply services.

The recipient must furnish all DME and medical supplies that are provided to the recipient by the Medicaid DME and Medical Supply Services program.

Note: For more information on DME services, see the Florida Medicaid Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook on the Medicaid fiscal agent's Web site at: [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com).

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**Other Medicaid Services**

Private duty nursing may be provided as a wraparound service to PPEC services if requested by the recipient's parents or legal guardian, and approved by the Medicaid QIO.

PPECs that provide Medicaid services not covered in the PPEC rate must be enrolled as a Medicaid provider of those services and follow the reimbursement requirements as specified in the provider handbook for the specific service.

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**Limitations and Exclusions, continued**

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**Medicaid  
Transportation**

AHCA contracts with a third party to administer the provision of Medicaid non-emergency transportation (NET) services to eligible Medicaid recipients statewide. PPEC centers may provide NET services if they have a contract to provide transportation with the community transportation coordinator.

While using Medicaid transportation to and from the PPEC center, recipients who are not escorted by their parent or legal guardian are to be escorted by appropriate medical personnel provided by the PPEC center. NET providers must allow PPEC centers to provide the appropriate medical personnel during transportation of the recipient at no additional charge. The PPEC center's personnel can be picked up from or returned to a mutually agreed upon location. If the PPEC center's personnel and the recipient are in different locations, the PPEC center's personnel must be picked up prior to the recipient and dropped off after the recipient.

Note: For more information regarding NET, please see the Non-Emergency Transportation Coverage and Limitations Handbook.

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## Plan of Care

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### Description

A plan of care (POC) is an individualized description of the goals and outcomes, prognosis, and proposed interventions for the recipient including criteria for discharge and the optimal duration and frequency of therapeutic interventions. The POC is developed by health care professionals based on the need for medical, therapeutic, and personal care established by and approved by the recipient's treating or attending physician. The POC is designed to meet the medical, health, supportive and nutritional needs of the recipient. The POC is written to cover a specific time frame.

All PPEC plans of care must contain current information concerning the recipient. Photocopies of previous plans of care are not acceptable and will result in denials of prior authorization requests.

All PPEC plans of care are considered physician's orders and therefore must list all physician ordered drugs, medical supplies, equipment, appliances, and devices or treatments.

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### Requirement

After an order has been received from treating or attending physician, the staff at the PPEC center that the recipient will attend must write a POC for the recipient. The POC, along with the treating or attending physician's order, is required prior to or at the time of submission for prior authorization.

PPEC staff must review the POC every one to six months, depending on the approved authorization period, and make any necessary revisions.

A copy of each POC must be retained in the PPEC's record for the recipient. The form located in Appendix B is available by photocopy or may be obtained electronically from the local Medicaid area office or on the QIO Web site.

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### Initial Components

The initial POC must include all of the following:

- Recipient's name, date of birth, and Medicaid ID number.
  - Nursing services to be provided.
  - Medications, treatments, and any required equipment.
  - Description of current medical condition.
  - Specific and current diagnosis codes as shown in the current edition of the International Classification of Diseases.
  - Physician's orders.
  - Monitoring equipment and supplies.
-

**Plan of Care**, continued

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**Initial Components**,  
continued

- Mental status.
- Prognosis with rehabilitation potential.
- Functional limitations with permitted activities.
- Safety measures.
- Diet as indicated and how the recipient is to be fed.
- Methods of demonstrating, training, and teaching, which includes the family or other relevant caregivers.
- Other prescribed services.
- Child specific measurable goals.
- Discharge plan.
- Dates of certification period.
- Approval by the treating or attending physician as evidenced by his signature.

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**Renewal Components**

In addition to the above listed components, the following information must be included in the POC renewal:

- A progress report statement that evaluates the recipient's accomplishments toward measurable goals.
- Modifications to the plan of care.

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**Approvals**

The POC must be signed, credentialed, and dated by a PPEC registered nurse and the treating or attending physician. For the initial authorization to begin services, the physician's signed POC must be submitted to the Medicaid QIO prior to the start of services. For a continued stay or reauthorization review, the POC must be submitted at least 10 business days, but no more than 15 business days, prior to the end of the current certification period.

A treating or attending physician must review, sign, credential, and date the POC every one to six months depending on the approved authorization period. If the POC is signed by an advanced registered nurse practitioner or physician assistant, then the treating or attending physician must countersign.

The treating or attending physician may approve a POC by faxing a signed copy to the provider; however, the physician must retain the POC with the original signature in the recipient's medical record, and it must be available upon request. The POC must have legible names and signatures, which are credentialed and dated.

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**Plan of Care**, continued

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**Documentation**

Daily and per treatment documentation must be recorded including types of services rendered, progress achieved, and any change in the recipient's status for each day the recipient attends the PPEC. These notes must be written by the health care professional providing the services. Each entry must be signed, credentialed, and dated.

Electronic documentation and electronic signatures are allowed but hard copies of all records must be able to be readily produced upon request in the event of an audit or monitoring. If electronic documentation and electronic signatures are used, written security procedures must be in place to prevent unauthorized access, use, or changes.

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**Prior Authorization**

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**Description**

Prior authorization (PA) is the approval process required prior to providing certain Medicaid services to recipients. Medicaid will not reimburse for PPEC services without prior authorization. All PPEC service providers are required to adhere to the requirements outlined in this section in order to receive reimbursement for services. Failure to comply with the PA requirements may result in denial of authorization and suspension of reimbursements, until deficiencies are addressed.

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**Service Requests**

All requests for a PA must be submitted to the Medicaid QIO in writing. At a minimum, the PA request must include all of the following:

- Recipient's name, date of birth, and Medicaid ID number.
  - Parent's or legal guardian's name, address, and phone number.
  - Treating or attending physician's name, provider number (if the physician is a Medicaid provider), and phone number.
  - PPEC's name, provider number, and phone number.
  - A copy of the signed physician's order (for the initial submission).
  - A copy of the POC.
  - Procedure codes.
  - Planned dates of service (not to exceed 180 days).
  - Number of units of service requested.
-

**Prior Authorization**, continued

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**Documentation Requirements**

Required supporting documentation for the authorization review request includes:

- A written treating or attending physician's order.;
- The POC.
- Nursing assessment of the recipient.
- Any other documentation requested by the Medicaid QIO to support the medical necessity decision.

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**Types of Authorization Requests**

When a PPEC receives treating or attending physician's order for services directly from the hospital, physician's office, or the recipient's parent or legal guardian, the PPEC must submit information to the Medicaid QIO for authorization. There are five types of authorization review requests:

1. The admission review (initial authorization) must be submitted prior to the start of services.
2. The continued stay (reauthorization review) which must be submitted at least 10 business days but no more than 15 business days before the end of the current certification period.
3. The modification review which may occur during an active authorization period when there is a need for an increased number of days due to a change in the recipient's condition or an unexpected change in the parent or legal guardian's schedule or physical limitations. This type of review request should be submitted as soon as the need is identified.
4. A retrospective review performed when Medicaid eligibility is retrospectively determined. The request should be submitted as soon as eligibility is determined and within one year of eligibility determination. If eligibility occurs while services are in progress an admission review request should be submitted.
5. A reconsideration review is performed if the QIO has rendered an adverse determination but the ordering physician, PPEC services provider, parent or legal guardian requests a second review by another QIO physician reviewer. The request must be submitted within 10 business days of the date of the denial notification.

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**Where to Submit**

The provider must submit the PA request and supporting documentation to the Medicaid QIO.

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**When to Submit**

The PA request must be submitted within five business days of the first day of service for an initial request, and at least 10 business days, but no more than 15 business days, prior to the end of the current certification period for continuing PPEC services.

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**Prior Authorization**, continued

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**Approval Process**

Requests for PPEC services will be submitted via the QIO Web site. Each request will be reviewed for medical necessity and completion of all required documentation necessary for Medicaid authorization. The status of the request will be posted for the provider on the QIO Web site.

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**Approved Requests**

When the request is approved, the approval will contain a PA number for billing and be available on the QIO Web site.

An approved authorization is not a guarantee that Medicaid will reimburse for the service. The provider and recipient must both be eligible on the date of service, and the service must not have exceeded any applicable service limits.

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**Content and Limitations on Approved Requests**

Approval of services will specify:

- Procedure codes.
  - Units of service authorized.
  - Dates of authorization period.
- 

**Changes to Approved Request (Modifications)**

Modification requests will be required for current approval periods if additional days per week are needed because of a change in the recipient's clinical status or an unexpected change in the parent or legal guardian's physical limitations or schedule. The request must be submitted as soon as the need is identified. When requesting additional days or adjustments to the units within a certification period, the PPEC documentation must include:

- The reason for the request.
- A signed updated POC.

Documentation submitted for additional days must include nurses' notes (if appropriate) as well as documentation of arrival and departure times of the recipient.

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**Posting of Decisions**

Approvals, denials, and modification decisions will be available on the QIO Web site.

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**Prior Authorization**, continued

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**Reconsideration Review**

The PPEC provider who receives a denial may request reconsideration. To request reconsideration the provider must submit additional information.

A reconsideration review must be requested within 10 business days of the date of the denial notification.

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**Submission of a Prior Authorization Claim for Payment**

PPEC providers should submit a claim for payment for a prior authorized procedure after the service has been approved and provided. Only one PA number will be issued per certification period, for a maximum of 180 days.

In order to receive reimbursement for the service:

- The PA number must be entered in field 23 on the claim form;
- The certification period, corresponding to the prior authorization number entered in field 23, must match the dates of service shown on the claim;
- The Medicaid provider number and the Medicaid recipient identification number on the claim and the plan of care must match;
- The date of submission must be after the date of service; and
- Both the provider and the recipient must be eligible on the dates of service.

Note: See the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, for additional information on completing the claim form.

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**Reauthorization of Services**

The PPEC must submit a PA request and a treating or attending physician's signed POC at a minimum of every 180 days depending on the authorization period for which the services were approved. The Medicaid QIO will review the recipient's renewed POC and all other submitted documentation. If the services continue to be medically necessary, appropriate, and the documentation is complete, the Medicaid QIO may reauthorize the services.

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CHAPTER 3  
PRESCRIBED PEDIATRIC EXTENDED CARE SERVICES  
REIMBURSEMENT AND FEE SCHEDULE

---

**Overview**

**Introduction**

This chapter contains reimbursement and fee schedule information that Medicaid reimburses for Prescribed Pediatric Extended Care (PPEC) services.

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**In This Chapter**

This chapter contains:

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**Reimbursement Information**

**Procedure Codes**

The procedure codes listed in this handbook are Healthcare Common Procedure Coding System (HCPCS) codes, Level II, which is a part of a nationally standardized code set. Level II of the HCPCS is a standardized coding system used primarily to identify products, supplies, and services not included in the CPT codes. HCPCS Level II codes are also referred to as alpha-numeric codes because they consist of a single alphabetical letter (A – V) followed by four numeric digits. Please refer to the current HCPCS Level II Expert code book for complete descriptions of the standard codes. The HCPCS Level II Expert© code book is copyrighted by Ingenix, Inc. All rights reserved.

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**Reimbursement Information**, continued

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**Diagnosis Codes**                      Diagnosis codes are found in the **current edition of the** International Classification of Diseases, Clinical Modifications

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**Units of Service**                      Medicaid reimburses PPEC services a fixed rate based on the number of hours per day the recipient attends the PPEC.

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**Full Day vs. Partial Day of Service**                      A full day of service is more than four hours, but not more than twelve hours. A partial day of service is four hours or less billed in increments of one hour units. **A minimum of 15 minutes of service is required to round up to a full hour, after the first hour.**

For reimbursement purposes, PPEC services begin when the PPEC staff assumes responsibility for the care of the **recipient** and ends when care is relinquished to the parent or **legal guardian**. **The parent, legal guardian, or authorized adult must sign and indicate the time that the recipient was dropped off and picked up from the PPEC.** If a recipient is utilizing Medicaid transportation, the parent, legal guardian, or authorized adult must sign and indicate the time the recipient was put on the vehicle and then again when the recipient was returned to their care. The PPEC provider is required to keep these records in case of an audit or monitoring.

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**How to Read the Fee Schedule**

**Introduction**                              The PPEC Provider Fee Schedule is a table of columns listing the Medicaid reimbursable Healthcare Common Procedure Coding System (HCPCS) Level II procedure codes, their descriptors, and other information pertinent to each code.

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**Code**                                        This column identifies the procedure code.

**Description of Service**                      This column describes the service or procedure associated with the procedure code.

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**Maximum Fee**                              This column is the maximum amount that Medicaid will pay for procedure code.

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APPENDIX A  
PPEC SERVICES FEE SCHEDULE

PPEC SERVICES FEE SCHEDULE

<b><u>Procedure codes effective for dates of service on or after July 1, 2006</u></b>		
<b>CODE</b>	<b>DESCRIPTION OF SERVICE</b>	<b>MAXIMUM FEE</b>
<b>T1025</b>	Full Day PPEC Services (over four hours up to twelve hours per day)	\$176.05 per day
<b>T1026</b>	Partial Day PPEC Services (four hours or less per day billed in units of one hour)  A minimum of 15 minutes of service is required to round up to a full hour, after the first hour.	\$22.67 per hour

APPENDIX B  
PHYSICIAN PLAN OF CARE FOR PPEC SERVICES FORM

Name of PPEC: \_\_\_\_\_

**PHYSICIAN PLAN OF CARE FOR PPEC SERVICES**

Start of Care Date:	Date of last PE/medical exam:	Certification Period: From: _____ To: _____	Medicaid ID #:	Provider No.:
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Child's Name	<u><b>ALLERGIES</b></u>
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Parent/Guardian:	Phone number:
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DOB:	Sex:	Provider Name and phone number:
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Current Diagnoses	ICD	Secondary Diagnoses	ICD	Surgical Procedures	ICD

<b>FUNCTIONAL LIMITATIONS</b> <input type="checkbox"/> Ambulation <input type="checkbox"/> Amputation <input type="checkbox"/> Cognitive <input type="checkbox"/> Contracture <input type="checkbox"/> Developmental Disabilities(fine, gross, oral-motor/speech language) <input type="checkbox"/> Endurance <input type="checkbox"/> Hearing <input type="checkbox"/> Paralysis <input type="checkbox"/> Speech <input type="checkbox"/> Totally Dependent <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	<b>REHABILITATION POTENTIAL</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Guarded <input type="checkbox"/> Poor <input type="checkbox"/> None <input type="checkbox"/> Uncertain <b>MENTAL STATUS</b> <input type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Agitated/Irritable <input type="checkbox"/> Lethargic/Non-responsive <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Pre-School <input type="checkbox"/> School
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**PATIENT ACTIVITY**  
 Sedentary(Bed, Stander, Adaptive Devices)    Reposition/Turn Freq: \_\_\_\_\_    As Tolerated    Unrestricted    Other \_\_\_\_\_  
 Within functional limitations/developmental level

**PRECAUTIONS**  
 Universal    Seizure    Reflux    Respiratory    Child Safety    Aspiration    FX precautions    Other \_\_\_\_\_

**PRESCRIBED SERVICES**

MEDICATIONS	Dose	Frequency	Route	MEDICATIONS	Dose	Frequency	Route

**Other Special Orders/Instructions:** \_\_\_\_\_

**INFUSION THERAPY**  
 TPN    Drugs/Fluids Type: \_\_\_\_\_ Total Volume(ml./hr. \_\_\_\_\_) Freq./Duration: \_\_\_\_\_    Other  
 Route:  PIV    PICC    Central Line type: \_\_\_\_\_    Mediport   IV Site \_\_\_\_\_    Change Freq: \_\_\_\_\_    Dressing change q: \_\_\_\_\_

**Diagnostic/Laboratory Studies:** \_\_\_\_\_

**AIRWAY MANAGEMENT**

<input type="checkbox"/> Oxygen @ _____ Route _____ <input type="checkbox"/> Continuous <input type="checkbox"/> PRN <input type="checkbox"/> Maintain O <sub>2</sub> sats at > _____% <input type="checkbox"/> Oxygen via NC/mask/ambu-bag up to _____/lpm in an emergency situation <input type="checkbox"/> Humidity: Type: <input type="checkbox"/> Air <input type="checkbox"/> O <sub>2</sub> <input type="checkbox"/> Thermovent	<input type="checkbox"/> Pulse Oximetry Freq: _____ <input type="checkbox"/> Spot checks q _____ <input type="checkbox"/> Cardiac/Respiratory monitor – Freq: _____ Settings: (_____) high limit (_____) low limit with a (_____) sec delay	<input type="checkbox"/> Trach Size/Type _____ Trach care q _____ <input type="checkbox"/> Soap and water or <input type="checkbox"/> ½ st H2O2 Change trach q _____ Change trach ties q _____ <input type="checkbox"/> Suction q _____ <input type="checkbox"/> CPT q _____ <input type="checkbox"/> PRN <input type="checkbox"/> Manual <input type="checkbox"/> vibrator <input type="checkbox"/> Vest
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Ventilator Type: \_\_\_\_\_  
 Mode  CPAP    BiPAP    PSV    CMV    Assist control    SIMV   Other \_\_\_\_\_  
 Settings \_\_\_\_\_  
 Oxygen \_\_\_\_\_ FiO<sub>2</sub>/LPM    Alarm limits: High \_\_\_\_\_ Low \_\_\_\_\_    Heater Temp \_\_\_\_\_degrees   Other \_\_\_\_\_

Prescribed Pediatric Extended Care Services Coverage and Limitations Handbook

Child's Name: \_\_\_\_\_ Page 2 of 2

**NUTRITION / DIET**  NPO  PO  ENTERAL

Formula Type	Age Appropriate Diet	Amount	Route	Frequency	Other
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Weight q \_\_\_\_\_  Height q \_\_\_\_\_  Fax or call weights to MD q \_\_\_\_\_  Head circumference q \_\_\_\_\_  Chest circumference q \_\_\_\_\_  
 ABD Circumference q \_\_\_\_\_  Other \_\_\_\_\_

<input type="checkbox"/> <b>Feeding Tube Care</b> Type: _____ Size: _____ <input type="checkbox"/> Flush q _____ with _____ Amount _____ <input type="checkbox"/> Change or replace feeding tube q _____ <input type="checkbox"/> PRN <input type="checkbox"/> Site assessment Frequency _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>Ostomy Care</b> Type: _____ <input type="checkbox"/> Change q _____ <input type="checkbox"/> Irrigate q _____ with _____ <input type="checkbox"/> Other _____
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<input type="checkbox"/> <b>Catheter Care</b> <input type="checkbox"/> Cath. Type _____ <input type="checkbox"/> Site _____ <input type="checkbox"/> Frequency q _____ Type: _____	<input type="checkbox"/> <b>Misc. Care</b> <input type="checkbox"/> Skin <input type="checkbox"/> Oral <input type="checkbox"/> Perineal <input type="checkbox"/> ENT <input type="checkbox"/> Wound <input type="checkbox"/> Cast <input type="checkbox"/> ADL's <input type="checkbox"/> Other _____
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**GENERAL CARE**

Nurse to complete daily head-to-toe assessment.

TPR daily and prn  Daily I&O  BP q \_\_\_\_\_ and prn with parameters of \_\_\_\_\_  Capillary refill daily and prn

Daily Hygiene Requirements

Nurses to do daily follow-up of developmental therapies/goals including but not limited to ROM and in accordance with therapists plan of care.

Daily medication administration – monitor effects

Nurse to assess family/caregiver knowledge & compliance with child's care needs and provide education/reinforcement of skills as indicated.

**EQUIPMENT/SUPPLIES**

<input type="checkbox"/> Oxygen/Tubing	<input type="checkbox"/> Nasal Cannula	<input type="checkbox"/> Trach	<input type="checkbox"/> Trach Ties	<input type="checkbox"/> Trach Collar	<input type="checkbox"/> Humidivents
<input type="checkbox"/> Vent/Circuits	<input type="checkbox"/> Compressor	<input type="checkbox"/> Humidifier	<input type="checkbox"/> Concentrator	<input type="checkbox"/> Fisher Paykel	<input type="checkbox"/> Ambu-bag
<input type="checkbox"/> Suction machine	<input type="checkbox"/> Suction catheters	<input type="checkbox"/> Pulse Oximeter	<input type="checkbox"/> Pulse-ox Probes	<input type="checkbox"/> A/B Monitor	<input type="checkbox"/> Belts/Leads-A/B monitor
<input type="checkbox"/> Nebulizer machine	<input type="checkbox"/> Nebulizer kits	<input type="checkbox"/> Feeding Pump	<input type="checkbox"/> Feeding Bags	<input type="checkbox"/> Feeding Tubes	<input type="checkbox"/> Protective Equipment
<input type="checkbox"/> Glasses	<input type="checkbox"/> Hearing- aides	<input type="checkbox"/> Hand-splints/DAFO/AFO's	<input type="checkbox"/> CPT vests	<input type="checkbox"/> Prosthesis	<input type="checkbox"/> Other

**Therapeutic Services:**  PT : Freq. \_\_\_\_\_  OT : Freq. \_\_\_\_\_  ST : Freq. \_\_\_\_\_  Developmental Stimulation  Visual Therapy  
 Hearing Therapy  Special Education  Other \_\_\_\_\_

**Hospitalizations (within last 6 months):**

**Current Medical Condition:**

**Risk Factors associated with Medical Diagnoses:**

**Goals:**

**For Recertification only:** Accomplishments toward goals; Assessment of effectiveness of services:

**Discharge Plans:**

**Nurses Signature and Date** \_\_\_\_\_ **Date PPEC Received Signed POC** \_\_\_\_\_

I certify/recertify that I am the attending physician for this pediatric patient. I authorize this plan of care and will periodically review the plan. In my professional opinion, the services listed on this plan of care are medically necessary and appropriate in amount, duration, and scope due to the child's medical condition. I understand that if I knowingly authorize services that are not medically necessary, I may be in violation of Medicaid rules and subject to sanctions described therein.

**Frequency and Duration of PPEC Services:** \_\_\_\_\_ **days/week** \_\_\_\_\_ **hours/day (partial or full)** \_\_\_\_\_ **Duration** \_\_\_\_\_

Physician's Name and Address: \_\_\_\_\_ Physician's Signature and Date Signed: \_\_\_\_\_

FOR PPEC USE ONLY

PA AUTH PERIOD \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PRIOR AUTH # \_\_\_\_\_