

Pediatric Day Health Care (for Louisiana Only)

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[Instructions for Use](#)

Content mandated by Louisiana Department of Health

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Application

This Medical Policy only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with state requirements.

Coverage Rationale

Requirements for Coverage

In order to qualify for Pediatric Day Health Care (PDHC) services, a beneficiary must meet all of the qualifying criteria:

- Be Louisiana Medicaid Eligible; and
- Be from birth up to 21 years of age; and
- Have 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 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; and
- Be a candidate for outpatient medical services in a home or community-based setting; and
- Have a signed physician’s order and plan of care (POC) for PDHC by the beneficiary’s physician specifying the frequency and duration of services. The POC must clearly outline the skilled nursing care and therapeutic interventions that will be performed in the PDHC facility. The POC 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.

Services may be provided 7 days per week and up to 12 hours per day, for qualified Medicaid beneficiaries as documented in the plan of care (POC).

Certification Period

The prior authorized case shall be certified for a period not to exceed 90 days.

Services Not Covered

The PDHC per diem rate does not include the following services:

- Education and training services
- Before and after school care
- Respite services
- Child care due to work or other parental time constraints

- Medical equipment, supplies, and appliances
- Parenteral or enteral nutrition
- Infant food or formula

Note: PDHC does not provide respite care, and it is not intended to be an auxiliary (back-up) for respite care.

Documentation Requirements

- Standardized Prior Authorization Form which must include why the services provided at the PDHC facility cannot be provided elsewhere, including the school system; and
- Physician's most recent note documenting medical necessity for the PDHC; and
- Physician's order and plan of care (POC) for PDHC; and
- Prior Authorization Checklist indicating the beneficiary's skilled nursing care requirements; and
- Services shall be ordered by the beneficiary's prescribing physician. A face-to-face evaluation must take place every 90 days between the beneficiary and prescribing physician. In exceptional circumstances, at the discretion of the physician prior authorizing PDHC services, the face-to-face evaluation requirement may be extended to 180 days.

Renewal of Prior Authorization

Re-evaluation of PDHC services must be performed, at a minimum, every 90 days. At the discretion of the physician prior authorizing PDHC services, exceptions to the 90-day standard may be made. Services shall be revised during evaluation periods to reflect accurate and appropriate provision of services for current medical status. This evaluation must include:

- Review of the beneficiary's current POC; and
- Documentation of current assessment and progress toward goals; and
- Documentation of a face-to-face evaluation between the prescribing physician and beneficiary every 90 days (in exceptional circumstances, at the discretion of the physician prior authorizing PDHC services, the face-to-face evaluation requirement may be extended to 180 days); and
- Completed PA form; and
- Completed PA checklist indicating the beneficiary's skilled nursing care needs

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental, and psychosocial impairments, per hour
T2002	Non-emergency transportation; per diem

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Codes labeled with an asterisk (*) are not on the State of Louisiana Medicaid Fee Schedule and therefore may not be covered by the State of Louisiana Medicaid Program.

Description of Services

The Pediatric Day Health Care (PDHC) 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 intervention 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 intended for individuals needing a higher level of care (LOC) that cannot be provided in a more integrated community-based setting and serves as a community-based alternative to long term care and extended in-home nursing care.

References

Louisiana Department of Health Pediatric Day Health Care Provider Manual: Chapter 45 of the Medicaid Services Manual; Section 45.0 – 45.8 – Pediatric Day Health Care. Available at: <https://www.lamedicaid.com/provweb1/providermanuals/manuals/PDHC/PDHC.pdf>. Accessed April 24, 2025.

Policy History/Revision Information

Date	Summary of Changes
04/01/2026	<ul style="list-style-type: none">Retired policy; Louisiana plan membership disenrolled on Apr. 1, 2026
09/01/2025	<ul style="list-style-type: none">New Medical Policy

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.