

# Prescribed Pediatric Extended Care (for Kentucky Only)

**Policy Number:** CS328KY.06  
**Effective Date:** August 1, 2024

[Instructions for Use](#)

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Related Policies
None

## Application

This Medical Policy only applies to the state of Kentucky.

## Coverage Rationale

[See Benefit Considerations](#)

**Prescribed Pediatric Extended Care (PPEC)** is considered medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the [Kentucky Administrative Regulations \(KAR\), Title 902, Chapter 020, Regulation 280: Prescribed pediatric extended care centers](#).

### Prescribed Pediatric Extended Care Leveling Evaluation Tool Levels of Care

An appropriate level of care must be assigned to the member utilizing the PPEC Leveling Evaluation Tool prior to admission. Leveling Tool is available to providers upon request.

Levels of Care	Measuring Levels
Level 1: Mild Acuity	Level 1: 12 to 16 points
Level 2: Moderate Acuity	Level 2: 17-32 points
Level 3: Moderate to Maximal Acuity	Level 3: 33-48 points
Level 4: Maximal Acuity	Level 4: 49 + points

## Definitions

**Medically Dependent or Technologically Dependent Child:** A child who because of a medical condition requires continuous therapeutic interventions or skilled-nursing supervision which must be prescribed by a licensed physician and administered by, or under the direct supervision of, a licensed registered nurse (KRS 216.875).

**Prescribed Pediatric Extended Care Center (PPECC):** Any building or other place, whether operated for profit or not, which undertakes through its ownership or management to provide, for a part of the day, basic services to three (3) or

more Medically Dependent or Technologically Dependent Children who are not related to the owner or operator by blood, marriage, or adoption and who require such services (KRS 216.875).

## 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

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Modifier	Level of Care
TT	Individualized service provided to more than one patient in same setting
TF	Intermediate level of care
TG	Complex/high tech level of care

## Benefit Considerations

Authorization must be updated every 6 months. Requests for renewal of services will require submission of all of the following specific documentation to support reauthorization:

- Reevaluation by the member's primary care provider (PCP) within 30 days of the reauthorization; and
- Updated recommendation from the PCP; and
- Updated consent form signed by the parent or legal guardian and witnessed prior to admission to the PPEC center; and
- Updated Provision of Services with appropriate supporting documentation; and
- Documentation of member's Level of Care

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Pediatric Prescribed Extended Care is not regulated by the FDA.

## References

Judy-Cecil V, Guice LA. Work or school note. Commonwealth of Kentucky: Cabinet for Health and Family Services - Department for Medicaid Services; 2020 Aug 3. Available at:

<https://chfs.ky.gov/agencies/dms/ProviderLetters/PLPPECreWorkSchoolNote.pdf>. Accessed April 29, 2024.

Kentucky Administrative Regulations. Cabinet for Health and Family Services - Department for Medicaid Services. 902 KAR 20:280. Prescribed pediatric extended care centers. Available at:

<https://apps.legislature.ky.gov/law/kar/902/020/280.pdf>. Accessed April 29, 2024.

Kentucky Revised Statutes. KRS 216.875 Definitions for KRS 216.880 to 216.890. Available at:

<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=9140>. Accessed April 29, 2024.

## Policy History/Revision Information

Date	Summary of Changes
08/01/2024	<ul style="list-style-type: none"><li>• Routine review; no change to coverage guidelines</li></ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>Archived previous policy version CS328KY.05</li> </ul>

## 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 uses InterQual for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, or Utilization Review Guidelines that have been approved by the Kentucky Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, or Utilization Review Guidelines 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.