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FAX

To: All Aetna Better Health of Louisiana PCP Providers
Date: September 3, 2019

Notification: Updated Pediatric Day Health Care Prior Authorization Checklist

Aetna Better Health of Louisiana is writing to inform you that the *Pediatric Day Health Care (PDHC) prior authorization (PA) checklist* has been updated in order to clarify its intent.

The PDHC PA checklist can you be found at www.lamedicaid.com under the Forms/Files/Surveys/User Manuals tab or by going directly to the PDHC manual.

For your convenience, please find the current *Pediatric Day Health Care (PDHC) prior authorization (PA) checklist* attached. This does not replace any updates made and posted by the Louisiana Department of Health on their website. And we suggest you refer to the about location to ensure you are using the most recent version.

Any questions or concerns, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and following the prompts.

Thank you,

Aetna Better Health of Louisiana

Pediatric Day Health Care – Prior Authorization Checklist

RECIPIENT NAME: _____ DATE: _____

The **Louisiana Pediatric Day Health Care (PDHC) Program** is designed for Medicaid recipients up to 21 years of age having a medically complex condition which requires skilled nursing and therapeutic interventions which are provided on an ongoing basis during the daytime. Skilled nursing care refers to activities that must be performed by a licensed nurse over and above personal care activities such as turning/positioning or assistance with activities of daily living. PDHC eligibility requires that the Medicaid recipient must meet **ALL** of the following criteria. **Check all that apply for the recipient:**

- THE RECIPIENT IS BIRTH UP TO 21 YEARS OF AGE.
- THE RECIPIENT MUST BE A CANDIDATE FOR OUTPATIENT MEDICAL SERVICES IN THE HOME AND COMMUNITY BASED SETTINGS. THE RECIPIENT
- MUST REQUIRE SKILLED NURSING DUE TO A MEDICALLY COMPLEX CONDITION.

Please note that this checklist is a guide. Any checked criteria must also be reflected on the PDHC plan of care, which represents the official documentation to support the request for PDHC services.

<p>RESPIRATORY SYSTEM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ventilator Dependent <input type="checkbox"/> Bi-Pap/C-Pap Dependent <input type="checkbox"/> Daily oxygen titration protocol based on parameters prescribed by physician <input type="checkbox"/> Continuous oxygen administration <input type="checkbox"/> Intermittent oxygen administration with continuous pulse oximetry to monitor unstable respiratory status <input type="checkbox"/> Chest Physiotherapy – multiple times daily with complex medical condition that increases risk to patient <input type="checkbox"/> Tracheostomy Care <input type="checkbox"/> Tracheal, Nasal Pharyngeal, Oral Suctioning daily <input type="checkbox"/> Apnea monitor, continuous or required for sleep <p>GENITO-URINARY SYSTEM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intermittent urinary catheterization <input type="checkbox"/> Maintenance and daily care of an indwelling catheter <input type="checkbox"/> Vesicostomy with intermittent catheterizations <input type="checkbox"/> Vesicostomy with history of skin breakdown/infection <p>ENDOCRINOLOGIC SYSTEM</p> <ul style="list-style-type: none"> <input type="checkbox"/> BS/urine checks and SN >3/d <input type="checkbox"/> Insulin management – injections or pump <input type="checkbox"/> Administration of DDAVP 	<p>GASTROINTESTINAL SYSTEM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Continuous jtube/gtube feedings <input type="checkbox"/> Intermittent gtube feedings – 100% of nutrition <input type="checkbox"/> Intermittent gtube feedings – >1 enteral feeding daily with complicated oral feeds <input type="checkbox"/> NG tube placement, verification, and feedings <input type="checkbox"/> Colostomy/ileostomy with history of skin breakdown/infection <input type="checkbox"/> Colostomy/rectal irrigation <input type="checkbox"/> Rectal dilation <p>MUSCULOSKELETAL/SKIN SYSTEM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fracture precautions related to fragile bone diagnosis <input type="checkbox"/> Wound care requiring skilled nursing assessment and treatment protocol <input type="checkbox"/> Wound packing with iodoform gauze requiring skilled nursing assessment <input type="checkbox"/> Burn debridement and treatment protocol for 2nd/3rd degree burns <input type="checkbox"/> External fixator rotation for craniofacial disorders <p>CIRCULATORY SYSTEM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pacemaker with cardiac assessment 	<p>HEMATOLOGY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bleeding precautions <input type="checkbox"/> CVL/PICC with medication administration and/or parenteral nutrition <input type="checkbox"/> Portacath/mediport with medication administration >3 times per week <input type="checkbox"/> Blood draws weekly from CVL/PICC <input type="checkbox"/> CVL/PICC sterile dressing changes and site cap changes <input type="checkbox"/> Peripheral IV therapy >3 times per week <p>NEUROLOGIC SYSTEM</p> <ul style="list-style-type: none"> <input type="checkbox"/> VP shunt (recent placement or history of malfunction) requiring daily assessment <input type="checkbox"/> Seizure control protocol with routine antiepileptic medication administration >2 daily and history of seizure within last 3 months <input type="checkbox"/> Baclofen pump with nursing assessments for efficacy of treatment <p>MEDICATION ADMINISTRATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intravenous Continuous/Intermittent <input type="checkbox"/> IM or Subcutaneous administration of medications <input type="checkbox"/> Multiple complex medication administrations >2 times per day while at the PDHC
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