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# Subacute Care Programs: Pediatric

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«Subacute level of care means a level of care needed by a patient who does not require hospital acute care but who requires more intensive licensed skilled nursing care than is provided to the majority of patients in a skilled nursing facility. Pediatric subacute services shall be provided by a licensed general acute care hospital with Distinct-Part (DP) skilled nursing beds or a Free-Standing (FS) certified nursing facility that enters into a contract with the Department of Health Care Services (DHCS). Subacute beds shall not be dual classified as swing beds.

Pediatric subacute level of care refers subacute care provided in Distinct-Part/Nursing Facilities Level B (DP/NF-B<<\*) in acute care hospitals, or Free-Standing Nursing Facilities Level B (FS/NF-B<<\*) who contract with the DHCS.

As defined by the California Welfare and Institutions Code Section 14132.25 in 2012, pediatric subacute services are the health care services needed by a person under 21 years of age who uses a medical technology that compensates for the loss of a vital bodily function.»

## **Eligibility and Services**

### **Eligibility Criteria**

To qualify for the pediatric subacute program, the patient must be under 21 years of age and need one of the following:

- Tracheostomy care with dependence on mechanical ventilation for a minimum of six hours each day.
- «Tracheostomy care requiring suctioning at least every six hours, room air mist or oxygen as needed, and dependence on one of the five (b thru f) treatment procedures listed below.
- Total parenteral nutrition or other intravenous nutritional support and one of the six (a thru f) treatment procedures listed below.
- Skilled nursing care in the administration of any three of the six (a thru f) treatment procedures listed below.
- Bi-phasic positive airway pressure or continuous positive airway pressure at least six hours a day, including assessment or intervention every three hours and lacking either cognitive or physical ability of the patient to protect his or her airway and dependence on one of the five treatment procedures in (a) to (e) below, inclusive of paragraph 2 above.»

«The medical necessity determination outlined in the Eligibility Criteria above is intended solely for the evaluation of a patient who is potentially eligible and meets the criteria to be transferred from an acute care setting to a subacute level of care.»

## Treatment Procedures

Treatment procedures include:

- a. Intermittent suctioning at least every eight hours and room air mist or oxygen as needed
- b. Continuous intravenous therapy including administration of therapeutic agents necessary for hydration or of intravenous pharmaceuticals; or intravenous pharmaceutical administration of more than one agent via a peripheral or central line, without continuous infusion
- c. Peritoneal dialysis treatments requiring at least four exchanges every 24 hours
- d. Tube feeding via nasogastric or gastrostomy tube
- e. Other medical technologies required continuously, which in the opinion of the attending physician and the Medi-Cal consultant require the services of a professional nurse
- f. «Bi-phasic positive airway pressure or continuous positive airway pressure at least six hours a day, including assessment or intervention every three hours and lacking either cognitive or physical ability of the patient to protect his or her airway and dependence on one of the five treatment procedures in (a) to (e).»

## Hours of Licensed Nursing Required Per Patient

«In alignment with CC&R regulations, Tit.22, Section 51215.8, (K) and (I ), pediatric subacute care units shall define, implement and maintain a system for determining patient requirements for nursing care based on patient needs with goals that are time limited, as demonstrated in each patient's comprehensive care plan.» Nursing personnel shall be sufficient to assure prompt recognition of any untoward change in patient condition, and to facilitate nursing, medical or other appropriate interventions. The pediatric subacute care unit shall utilize nursing staff in at least the following minimum ratios: a minimum daily average of 5.0 actual unduplicated licensed nursing hours per patient day and 4 actual certified nurse aide hours per patient day.

Each pediatric subacute unit shall provide:

- «An RN as the pediatric subacute unit's head nurse/nurse manager, and»
- A minimum of one RN per shift, not including the unit's head nurse/nurse manager, unless at least 80 percent of that nurse's time is spent in direct patient care. In this case, the remaining 20 percent of that nurse's time shall be spent in managerial duties for the pediatric subacute unit.

**Note:** Licensed nursing is restricted to the following professional classifications: Registered Nurse and Licensed Vocational Nurse.

## **Administrative Day**

Pediatric patients in acute care beds determined to be at the pediatric subacute level of care and requiring a pediatric subacute bed should receive authorization for acute care until transfer to a pediatric subacute bed.

## **Respiratory Therapy Services**

A Licensed Respiratory Care Practitioner must be present in the nursing facility 24 hours a day and may have assigned duties outside the pediatric subacute unit. Medically necessary respiratory care services should be provided by a licensed respiratory care practitioner as follows:

- 3.0 hours per patient day for each ventilator dependent patient
- 2.0 hours per patient day for each non-ventilator dependent patient

## **Registered Dietician Services**

A pediatric registered dietician shall provide a comprehensive nutrition assessment within seven working days of the child's admission to the pediatric subacute unit. The assessment should be followed by the development and implementation of a nutrition care plan in accordance with accepted pediatric nutrition standards of care.

## **Occupational, Physical and Speech Therapy Services**

Each pediatric subacute care unit must define, implement and maintain a system for assessing and meeting patient needs for all appropriate physical, occupational and speech therapy services including supportive and maintenance programs. The appropriate therapist must develop a plan of treatment to be integrated into an individualized comprehensive plan of care consistent with an interdisciplinary team approach in meeting each child's needs.

**Note:** Physical therapy, speech therapy and occupational therapy services are not separately reimbursable for patients when billed in conjunction with modifier U2 indicating subacute. Supportive and maintenance therapy services will be included in the pediatric subacute care per diem rate. Therapy services are included in the supplemental rehabilitation therapy services per diem rate.

## Per Diem Rate

All items included in the NF per diem rate as provided for in California Code of Regulations (CCR), Title 22, Section 51511, except Section 51511(a), are included in the pediatric subacute rate. Section 51511(c) applies to pediatric subacute units except as provided for below.

In addition, the pediatric subacute per diem rate includes the following items:

- Oxygen and oxygen therapy equipment listed in the California Code of Regulations (CCR), Title 22, Section 51521(i)(8), as well as positive pressure apparatus, oxygen conserving devices, (for example, Oxymizer) and nebulizers (for example, Pulmoaide), except ventilator circuits billed with HCPCS code E1399 (Durable Medical Equipment, miscellaneous)
- Ventilators, including humidifiers, in-line condensers, in-line temperature measuring devices, calibration and maintenance
- Equipment and supplies necessary for continuous intravenous therapy
- Feeding pumps of all types
- Respiratory and inhalation therapy services administered by other than a physician
- Tracheostomy speaking valves
- CPT® codes 99000 or 99070 (These codes must not be billed separately)
- Registered dietician services
- Occupational, physical and speech therapy services provided within a supportive or maintenance program
- Developmental services
- Service coordinator activities

### Free-Standing Pediatric Subacute Per Diem Rate

In addition to the services identified above, the free-standing pediatric subacute per diem rate also includes the following:

- Portable imaging services

## **Supplemental Rehabilitation Therapy Services and Ventilator Weaning Services**

### **Introduction**

Supplemental rehabilitation therapy services and ventilator weaning services may be separately authorized and reimbursed for eligible pediatric subacute patients. Reimbursement for these services is in addition to the per diem rate for pediatric subacute level of care services. An approved *Treatment Authorization Request* (TAR) is required for these services and is the responsibility of the nursing facility. See following pages for information on ventilator weaning.

### **Supplemental Rehabilitation Therapy Services**

Pediatric subacute patients may receive two levels of therapy services (physical, occupational and speech therapy):

- Supportive or maintenance interventions: therapy services that are part of routine daily care provided by nurses based on instructions from licensed therapists. These interventions are part of the pediatric subacute level of care services (covered in the nursing facility's per diem rate) and, therefore, are not separately reimbursable.
- Supplemental rehabilitation therapy services: therapy services needed beyond the level of supportive or maintenance interventions, provided by a licensed therapist and require authorization.

### **TAR Requirements: Supplemental Rehabilitation Therapy Services**

Coverage for supplemental rehabilitation therapy services is separate from the pediatric subacute per diem rate. Authorization is required. «To request authorization for supplemental rehabilitation therapy services, the nursing facility must submit a separate *Long Term Care* (20-1) TAR form and must bill on the *UB-04* claim form.» Clearly mark "Pediatric Subacute Rehab Supp" directly above the *Provider Number* field on the LTC TAR (20-1) requesting authorization for these services.

The nursing facility must submit the initial request to the TAR Processing Center within 10 working days of the development of plan of treatment, accompanied by the physician's evaluation report.

**Note:** A TAR may be approved for a maximum period of three months. Subsequent reauthorizations may be approved for up to three months.

### Medical Necessity

The following documentation for medical necessity must be submitted with the TAR for supplemental rehabilitation therapy services:

A copy of the assessment by a pediatric physiatrist or physician who has knowledge and experience in pediatric rehabilitation that documents the following information:

- Clinical summary of the patient's current medical status
- Detailed summary of the patient's functional status upon admission to the pediatric subacute unit
- Documentation that the patient can tolerate a minimum of four hours per week – any combination of direct therapy provided by or under the direct supervision of a therapist
- Documentation that demonstrates the patient has the potential to achieve, or continue to achieve, measurable functional goals within specific time frames in such areas as mobility, activities of daily living, or the reduction of nursing care (including specific observations from the patient's clinical record substantiating this assessment)
- A detailed therapy assessment with a recommended supplemental therapy plan of treatment

### Plan of Treatment

A supplemental rehabilitation therapy services plan of treatment must document all of the following information:

- Specific type, number and frequency of direct therapy services to be performed by or under the supervision of the appropriate therapist.
- Therapeutic goals of the services provided by each discipline and anticipated duration of treatment (treatment timeline).

### Reauthorization

For reauthorization of supplemental rehabilitation therapy services, the nursing facility must submit the 20-1 TAR prior to the expiration of the initial TAR. A statement describing the patient's progress, documentation demonstrating the continued medical necessity of these services, an updated assessment and plan of treatment must also be submitted with the TAR along with documentation that demonstrates the continuing involvement of the rehabilitative physician in the direction of the rehabilitation plan of treatment.

### Rehabilitation Therapy Billing Codes

«Pediatric subacute providers must bill supplemental rehabilitation therapy services with the following revenue code, value code and value code amount combinations:»

**Rehabilitation Therapy Billing Codes Table**

<b>Supplemental Rehabilitation Therapy</b>	<b>«Value Code Amount»</b>	<b>«Revenue Code»</b>	<b>«Value Code»</b>
DP/NF-B	83	«0199»	«24»
FS/NF-B	97	«0199»	«24»

### **Ventilator Weaning Services**

Each pediatric subacute unit must define, implement and maintain a system for assessing on admission, and at least quarterly, the patients who are dependent, in part or completely, on mechanical ventilation for the appropriateness of reduction or elimination of the dependence.

#### TAR Requirements: Ventilator Weaning Services

Reimbursement for ventilator weaning services covers respiratory care practitioner and nursing time and is separate from the pediatric subacute per diem rate. Authorization is required. «To request authorization for ventilator weaning services, the nursing facility must submit a separate *Long Term Care (20-1)* TAR form and must bill on the *UB-04* claim form.» Clearly mark “Ventilator Weaning” directly above the *Provider Number* field on the *LTC TAR (20-1)* requesting authorization for these services.

The nursing facility must submit the initial request for ventilator weaning services accompanied by the physician’s evaluation within 10 working days of developing the plan of treatment.

Pediatric subacute care patients for whom ventilator weaning is authorized will remain eligible for pediatric subacute level of care for the duration of the authorization period for ventilator weaning.

**Note:** A TAR may be approved for a maximum period of three months. Subsequent reauthorizations may be approved for up to three months.

### Medical Necessity

The following documentation for medical necessity must be submitted with the TAR for ventilator weaning services.

Evaluation by a physician with knowledge and experience in pediatric mechanical ventilation care which documents the appropriateness of a weaning trial with, at a minimum:

- History of ventilator dependence including previous and current ventilator settings
- Clinical appropriateness for weaning attempts at present
- Description of previous weaning attempts and results
- Description of the weaning plan of treatment specifying measurable functional goals within specified time frames and post-weaning stabilization care intensity and duration

### Plan of Treatment

Plan of treatment developed by an appropriate health care professional specifying measurable functional goals within specified time frames and including, at a minimum, the following:

- A respiratory care practitioner's plan of treatment that shows documentation of the need for respiratory care practitioner time greater than three hours a day
- A nursing plan of treatment that documents the need for registered nurse assessments and subsequent skilled nursing care interventions at specified intervals, but in any case, more than three times in 24 hours
- Proposed changes in ventilatory parameters, including expected frequency of changes
- Criteria that will determine the end point of the weaning trial, including when the trial is to be considered unsuccessful
- Anticipated length of post-weaning observation and stabilization period



Reauthorization

For reauthorization of ventilator weaning services, the 20-1 TAR must be submitted by the nursing facility prior to the expiration of the initial TAR, accompanied by a statement describing the patient's progress, decreased ventilator dependence achieved, the physician's evaluation report updated to document continued medical necessity of these services, and an updated treatment plan.

Ventilator Weaning Services Billing Codes

«Pediatric subacute providers must bill ventilator weaning services with the following revenue code, value code and value code amount combinations:»

**Ventilator Weaning Services Billing Codes Table**

<b>Ventilator Weaning Services</b>	<b>«Value Code Amount»</b>	<b>«Revenue Code»</b>	<b>«Value Code»</b>
DP/NF-B	84	«0199»	«24»
FS/NF-B	98	«0199»	«24»

Long Term Care Providers

See the *Rates: Facility Per Diem* section in this manual for reimbursement rates.

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
«*	Also known as Skilled Nursing Facility (SNF) Level B»