

New Documentation Requirements for Pediatric Home Health Services; Billing Reminder

Q: What is the purpose of this notification?

A: Effective **October 28, 2024**, home health providers submitting prior authorization requests for non-skilled Medicaid pediatric member services must include supporting documentation.

Q: What type of documentation will be required?

A: Supporting documentation includes:

- a doctor's referral or a letter of medical necessity; **and**
- the member's current plan of care indicating which activities of daily living and instrumental activities of daily living the member is being assisted with; **and**
- the nurse's most recent assessment of the member; **and**
- any additional medical or agency notes that may facilitate the review of the member's services. (**if applicable**)

Q: What lines of business will be impacted?

A: This update impacts the Medicaid line of business only.

Q: Who is considered a pediatric member?

A: Neighborhood defines pediatric members as anyone 18 years of age or younger.

Q: What services and codes are impacted by this update?

A: The following table outlines the services and codes impacted by this update:

Service	Code List
Attendant care services; per 15 minutes	S5125
Homemaker service, NOS; per 15 minutes	S5130

Q: What is the billing reminder?

A: Any private duty nursing or home health aide services identified in a pediatric member's individualized education program (IEP) should be billed to the local education agency or school district, instead of Neighborhood.

New Documentation Requirements for Adult Day Services

Q: What is the purpose of this notification?

A: Effective **October 28, 2024**, Neighborhood will require adult day providers to include supporting documentation when submitting prior authorization request for member services.

Q: What type of documentation will be required for ongoing enrollments?

A: Provider must attach the following:

- Copy of office notes from the member's last office visit with their primary care physician; visit must have taken place within the past year or occurred due to a change in the member's condition (**if applicable**); **and**
- Copy of member's plan of care signed by the member or the member's representative; **and**
- Copy of the latest quarterly plan of care review; **and**
- Latest progress notes from adult day care.

Q: What type of documentation will be required for initial enrollments?

A: In addition to office notes and a signed plan of care, providers must submit a completed copy of the adult day assessment.

Q: What lines of business will be impacted?

A: This update impacts the INTEGRITY (MMP) and Medicaid lines of business.

Q: How long will approved authorizations be active?

A: Approved authorizations will be active for six months.

Q: Does this change require an update to the existing prior authorization form?

A: Yes, the [Adult Day E-Form](#) will be updated as of October 28, 2024.