

Instructions for Completing Private Duty Nursing Prior Authorization Forms

Private duty nursing services (PDN) require prior authorization. You must submit a request for *new* services within three business days of the start of care date. You must submit *subsequent* requests at least seven days *prior* to the new start of care date, but you may submit up to 30 days prior to the start of care date. You may submit the request electronically to TMHP using our PA on the Portal. To access TMHP's PA on the Portal, go to TMHP's Prior Authorization web page at TMHP.com.

You must submit the following forms *each time* you request authorization for initial, revised or subsequent (recertifications) PDN services:

1. Completed **CCP Prior Authorization Request Form**.
2. Completed **Home Health Plan of Care (POC)** form (appropriately signed and dated by the physician and RN).
 - a. The identification of the client and the date last seen by the ordering physician. The ordering physician must see the client within 30 days of the initial start of care, and at least once a year.
 - b. The identification of the Home Health Agency (HHA) requesting PDN services.
 - c. The identification (if known and applicable) of the Prescribed Pediatric Extended Care Center (PPECC) provider who provides ongoing skilled nursing services to the client identified in Section A.
 - d. The identification of the prescribing physician ordering PDN services.
 - e. Plan of Care Information to provide an overview of all of the services that the client identified in Section A is receiving/will receive, including the number, frequency and HCPCS codes for HHA visits, RN visits and LVN visits.
 - f. Required Signatures:
 - i. The signature of the RN who completed this form, and
 - ii. The signature of the physician ordering home health services, including private duty nursing.
3. Completed **Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers** form which includes:
 - a. The identification of the client and the responsible adult, and the requested start/end dates, and number of PDN hours requested per week.
 - b. A Nursing Care Plan Summary, which includes a problem list with specific measurable outcomes and current progress towards goals.
 - c. The Summary of Recent Health History or an updated 90-day summary for subsequent PDN services.
 - d. The Rationale for PDN hours and for subsequent PDN requests the rationale for the PDN hours to either increase, decrease, or stay the same. The rationale should include the medical necessity documentation to substantiate the request for PDN hours.
 - e. Completed Schedule of Services 24-hour daily flow sheet. The 24-hour daily flow sheet is divided in 15-minute increments using military time:
 - i. Fill in all of the nursing needs that take place for all 7-day and all 24-hour periods.

Note: *The Home Health Plan of Care (POC) form provided by TMHP is available for use; however, providers may use a different Plan of Care form if desired, if it includes comparable fields.*

Indicate who is performing that service at that specific time in the column labeled **Care Giver**. If the client requires assistance with activities of daily living (ADLs) or health related functions that do not need to be provided by a nurse as determined by the Registered Nurse performing the assessment, these should be documented on the flowsheet as well.

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- ii. Please note that some 15-minute time slots will have no nursing activity and some nursing needs may take more than 15 minutes to accomplish. Please complete these activities accordingly on the form.
 - iii. All nursing activities should be included on the 24-hour schedule. All non-nursing activities that are provided by a qualified aide must be included on the 24-hour schedule.
 - iv. Medical abbreviations may be used on the 24-hour schedule. Examples of acceptable abbreviations are listed on page 2 of the Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers form.
- f. The Acknowledgements indicates all pages of the addendum were completed and reviewed with the client/parent/guardian and physician prior to obtaining their dated signatures, client/responsible adult has provided written consent to the treatment, the client has identified contingency and discharge plans as well as acknowledging the other statements in that section.
- g. The Acknowledgement of Coordination of Approved Skilled Nursing Hours is applicable for when the Schedule of Services 24-hour daily flow sheet includes skilled nursing services provided by a PDN and a Prescribed Pediatric Extended Care Center (PPECC). By signing this form you are acknowledging that the client/responsible adult understands:
- i. PDN and PPECC services are both considered skilled nursing services;
 - ii. Subsequent approval of either PDN or PPECC services will not increase the number of approved skilled nursing hours unless there is a documented change in the client's medical condition;
 - iii. Upon subsequent approval of PDN or PPECC services the provider who submitted the initial prior authorization request that established the number of authorized skilled nursing hours will have their authorized hours reduced; and
 - iv. The number of authorized skilled nursing hours will not increase unless a revised prior authorization request is submitted to TMHP and approved.
4. For extended 6-month authorizations, the **THSteps-CCP Prior Authorization Private Duty Nursing 6-Month Authorization** form must also be completed.

Note: Requests received without the required information mentioned above will be placed in pending status until a complete request has been received or timeframe guidelines have exhausted.

For additional information, please refer to the "Private Duty Nursing (CCP)" section of the Home Health Nursing and Private Duty Nursing Services Handbook in the *Texas Medicaid Provider Procedures Manual*.