

## Private Duty Nursing

### **DOCUMENTATION REQUIRED:**

- Current Letter of Medical Necessity
  - signed and dated by MD
  - detailing the member's history and current physical conditions
  - need for Private Duty Nursing and hours/day requested.
- Current 485 or Plan of Care
  - Must include certification date (no greater than 60 day span)
  - Must include frequency requested
  - Must be signed by MD

**PLEASE NOTE:** ALL forms/documentation must be signed by the same referring doctor. If forms or documentation or incomplete or incorrect, the PA will be cancelled. The 30 day retro rule will apply.

### **INITIAL PDN REQUEST:**

- Initial PDN requests must have all items listed above. Once the correct documentation and forms are received, the request will be pended to care management for review. After review by care management, the decision will be put into the system and the decision will be mailed to member and online for provider to view.

### **485 or Plan of Care UPDATE:**

- A new 485 or Plan of Care must be submitted every 60 days for continuous approval.
- Submit HCA-13A with:
  - Amended box checked in the top right hand corner
  - currently approved PA number in Box 3
- Submit completed and signed 485 or Plan of Care and Letter of Medical Necessity

**CHANGE OF PROVIDER:**

New provider will need to submit all documentation required for an Initial PDN (see above)

- include a complete change of provider form. (SC-16 available on the website at [www.okhca.org](http://www.okhca.org))

**INCREASE OR DECREASE OF HOURS REQUESTED:**

- Submit HCA-13A with:
  - Amended box checked in the top right hand corner
  - currently approved PA number in Box 3
- Submit amended and completed Letter of Medical Necessity supporting requested change
- Submit updated 485 or Plan of Care

**PLEASE NOTE:** Once the correct documentation and forms are received, the request will be pended to Care Management for review. After review by Care Management, the decision will be available for the requesting provider to review on the SoonerCare Provider Portal. The decision will be mailed to the member.

**CONTINUATION PAPERWORK AFTER INITIAL PDN PAPERWORK EXPIRES:**

Provider will need to submit all documentation required for an Initial PDN (see above).

**APPEALS FOR DENIED OR REDUCED SERVICES:**

Only the member or the member's caregiver can appeal a denial or reduction in services. There is a 20 day limit on the appeal from the date of the letter mailed to the member or caregiver.

**IMPORTANT FACTS ABOUT PRIVATE DUTY NURSING PA REQUESTS:**

- All documentation must be submitted completed and correct or PA will be cancelled.
- The 30 day retro rule does apply. This means if you have an authorization but are required to submit an updated 485 or Plan of Care and this is not received prior to 30 days after the end date on the 485 or Plan of Care, the provider **WILL LOSE** authorization for the days that fall greater than 30 days.
- i.e., The 485 ends on 5/31/13; the provider has 30 days from the 5/31/13 date to submit the new 485 and have it date stamped into the system. If the 485 is not received until July 4, the provider would lose the days from June 1st-June 5<sup>th</sup> as those dates fall outside the 30 day range.

Any questions regarding prior authorizations must be made through the SoonerCare Helpline (1-800-522-0114).

It can take up to 24 hours for updates and new PA's to be reflected in the system.