

Private Duty Nursing

Per Medicaid Policy, Private Duty Nursing services require an authorization for services provided. Request must be submitted within 10 business days. Please note: The **request** must meet medical necessity and there is no guarantee the service will be authorized.

To request a Private Duty Nursing authorization, Providers will submit via the DDE portal. If you're an employee without a User ID to logon, you can fax the Private Duty Nursing prior authorization request form to the fax number included on the form. Please Note: the system will need to be accessed to obtain the status of your request.

How to submit a Private Duty Nursing Request

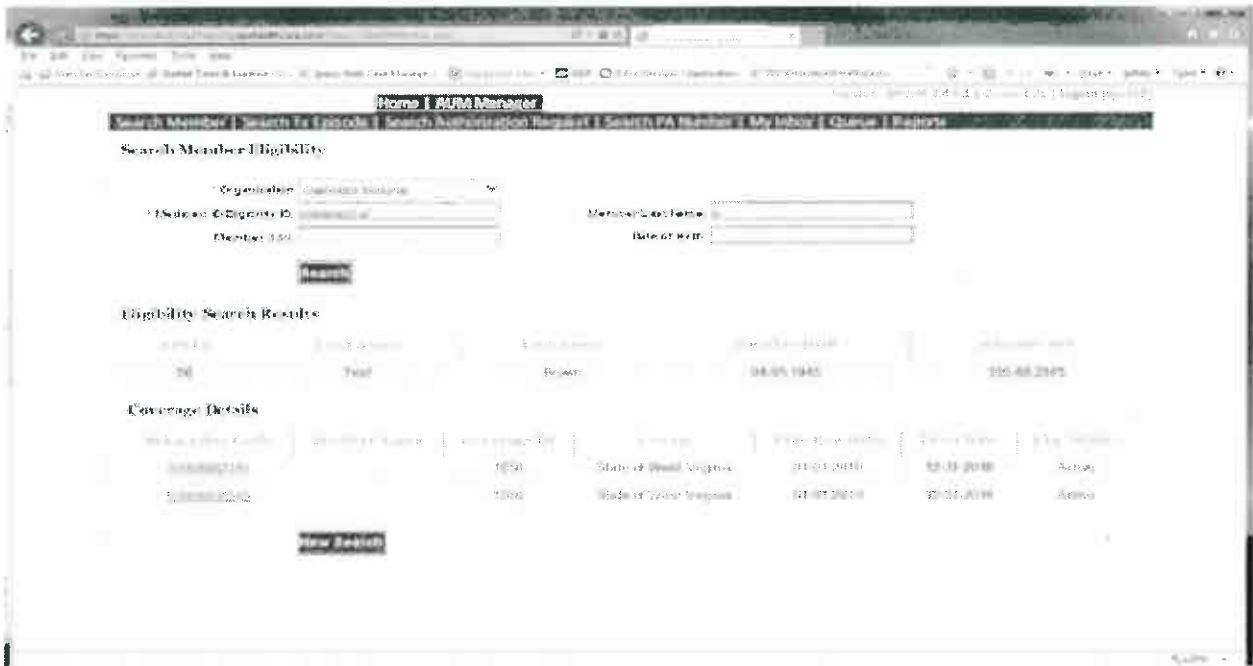
Go to <https://providerportal.kepro.com> and enter you login ID and password



Click on AUM Manager Tab

Click on Search member and enter the WV Medicaid ID number and the member's last name then click Search.
(Hint: you can enter the first initial of the last name and click search)

Under "Coverage Details," click on the subscriber code that matches the one you entered on the Search Member screen that has not termed.



This will bring you to the Treatment Episode Screen which shows all the previous requests for the member. Click on the ADD NEW MEDICAL REQUEST button.



Member Demographics

The screenshot shows a web application interface for adding a new member. The form is titled "New Member" and includes a navigation menu on the left with options like "Search Member", "Search by Provider", "Search by Referring Provider", "My Profile", "Change", and "Reports". The main form area has a header with "Member Name" and "Category" fields. Below this, there are sections for "Personal Information", "Contact Information", and "Address Information". The "Address Information" section is highlighted with a red box and contains fields for "Address Line 1", "Address Line 2", "City", "State", and "Country". There are also fields for "Phone Number" and "Email Address". At the bottom, there are "Save" and "Save & Continue" buttons.

If the address is not correct, change it and click Save and Continue. If everything is correct, simply click Save and Continue.

Provider

The screenshot shows a web application interface for adding a new provider. The form is titled "New Provider" and includes a navigation menu on the left with options like "Search Member", "Search by Provider", "Search by Referring Provider", "My Profile", "Change", and "Reports". The main form area has a header with "Member Name" and "Category" fields. Below this, there are sections for "Personal Information", "Contact Information", and "Referring Provider". The "Referring Provider" section is highlighted with a red box and contains a dropdown menu for "Referring Provider" and a "Name" field. There are also fields for "Address Line 1", "Address Line 2", "City", "State", and "Country". At the bottom, there are "Save" and "Save & Continue" buttons.

This brings you to the Provider Information screen. If you chose the referring provider option, this will auto-populate. This information cannot be changed.

If you are the servicing provider, you will need to attach the referring physician information to the request. To find physician:

- Click on the Search provider
- Enter the physician's name in the Name field and change Any Words to ALL WORDS and click Search or
- You can select NPI from the dropdown on the right side and enter the NPI number and click search
- DO NOT ENTER ANY OTHER INFORMATION IN ANY OTHER FIELDS. JUST NAME OR NPI NUMBER.
- Once you have found the physician you are looking for, click the paper clip to attach.
- Enter your direct phone number where you can be reached in the Contact Phone field
- Click Save and Continue,

Administrative

Administrative

Member Name: [Redacted] APIS Member ID: [Redacted] Auth Request ID: [Redacted] Status: [Redacted] Reason for Request: [Redacted] Request with Start Date: [Redacted]

Request Type: Private Duty Nursing

Procedure Type: In-Home Services

Admission Type: In-Home Services

Type of Admission/Procedure: In-Home Services

Request Start Date: 10/1/2014

Request End Date: 10/1/2014

[Print] [Save] [Save & Approve]

Answer all questions with the red *, so date of referral is not needed. Procedure Type=Private Duty Nursing. Type of Admission/Procedure=In-Home Services. If your start date is within 10 business days of admission date, the authorization type will be Prior. Please note: If an admission is within 10 business days of the date you are submitting, please choose Prior authorization and not retrospective. This will ensure your request does not pend incorrectly for eligibility to process prior to UM review.

Administrative

Administrative

Member Name: [Redacted] APIS Member ID: [Redacted] Auth Request ID: [Redacted] Status: [Redacted] Reason for Request: [Redacted] Request with Start Date: [Redacted]

Request Type: Private Duty Nursing

Procedure Type: In-Home Services

Admission Type: In-Home Services

Type of Admission/Procedure: In-Home Services

Request Start Date: 10/1/2014

Request End Date: 10/1/2014

Reason for Request: [Redacted]

Failure to request prior authorization

Medicaid covered service denied by-Member's primary payer-If this reason is chosen, documentation will need to be provided

Other: If this reason is chosen, please make sure to provide as much information as possible.

Retrospective Medicaid Eligibility-Only choose if Medicaid coverage has been backdated to cover date of service.

[Print] [Save] [Save & Approve]

If any other time span, the authorization type will be 'Retrospective Request.' Per BMS policy, there are timelines to request an authorization. If a request is submitted outside of the designated 10 day timeline, a retrospective policy denial letter will be issued. A retrospective reason will need to be selected and there are four options

- Failure to request prior authorization
- Medicaid covered service denied by-Member's primary payer-If this reason is chosen, documentation will need to be provided
- Other: If this reason is chosen, please make sure to provide as much information as possible.
- Retrospective Medicaid Eligibility-Only choose if Medicaid coverage has been backdated to cover date of service.

Service Selection

The screenshot shows a web application interface for 'Member NPI Management'. The main heading is 'New Request'. Below this, there are several tabs: 'Request Information', 'Request Details', 'Request History', 'Request Status', and 'Request Actions'. The 'Request Information' tab is selected. The form contains the following fields and sections:

- Member Information:** Member Name (First Name, Last Name), NPI Number (NPI), Auth Request ID (ID), Status (Status), Request ID (Request ID), Request Category (Category), Request Type (Request Type), Request Status (Request Status), Requested By (Requested By), Auth Start Date (Auth Start Date).
- Add Service:** Service Provider (dropdown), Service Code (dropdown), Service Start Date (calendar), Place of Service (dropdown), Service End Date (calendar).
- Annotations:** Status (dropdown), Note (text area), Attach Document (button), Attach (button), Save (button).
- Notes and Attachments:** (empty section)

If you chose the servicing provider option, this will auto-populate. This information cannot be changed. If you are the referring provider, you will need to attach the Servicing Provider information to the request.

To find Servicing Provider:

- Click on the Search provider
- Enter the name in the Name field and change Any Words to ALL WORDS and click Search or
- You can select NPI from the dropdown on the right side and enter the NPI number and click search
- DO NOT ENTER ANY OTHER INFORMATION IN ANY OTHER FIELDS. JUST NAME OR NPI NUMBER.
- Once you have found the provider you are looking for, click the paper clip to attach.
- Click Save and Continue.

Service Selection

The screenshot shows the same web application interface as the previous one, but with the 'Add Service' section filled out. The 'Service Code' dropdown is set to 'T1000'. The 'Place of Service' dropdown is set to 'Home'. The 'Service End Date' is set to a date 90 days after the start date. The 'Annotations' section is also visible.

You are now ready to choose your service code. Private Duty Nursing has one service code to choose-T1000. The units will auto-populate to 5760. If there are fewer units needed, please change. DO NOT change units if more units are needed. The additional units can be indicated in the annotations section. Place of Service=Home. The service end date will auto-populate to allow for a 90 day span. Please DO NOT change end date. Click Save and Continue

Diagnosis

The screenshot shows a web-based medical application interface. At the top, there is a navigation bar with 'Home' and 'AIM MyWorkbook'. Below this is a search bar with options for 'Search Member', 'Search To Episode', 'Search Appointment Request', 'Search PA Number', 'My Jobs', 'Queue', and 'Reports'. A table displays patient information with columns for 'Member Name', 'Last Name', 'APR Member ID', 'Auth Request ID', 'Status', 'Reason', 'Process', and 'Request'. The 'Diagnosis' section includes a dropdown menu for 'Diagnosis', a 'Diagnose Code Type' dropdown set to 'ICD10', and text input fields for 'Symptoms & Exact Date' and 'Symptoms Description'. 'Add' and 'Save' buttons are located below these fields. An 'Annotations' section contains 'Status' and 'Note' fields.

The Diagnosis screen is the next mandatory screen. ICD-10 diagnosis are required. The diagnosis code should be in the correct format for the date of service submitted. If your date of service requires an ICD-9 diagnosis code, prior to entering the letter and numbers before the decimal, click the search options button, select ICD-9 and click save.

This screenshot shows the same 'Diagnosis' screen as above, but with the 'Diagnosis' dropdown menu open. The dropdown list displays several ICD-10 codes, including 'E85.01', 'E85.02', 'E85.03', 'E85.04', 'E85.05', 'E85.06', 'E85.07', 'E85.08', 'E85.09', 'E85.10', 'E85.11', 'E85.12', 'E85.13', 'E85.14', 'E85.15', 'E85.16', 'E85.17', 'E85.18', 'E85.19', 'E85.20', 'E85.21', 'E85.22', 'E85.23', 'E85.24', 'E85.25', 'E85.26', 'E85.27', 'E85.28', 'E85.29', 'E85.30', 'E85.31', 'E85.32', 'E85.33', 'E85.34', 'E85.35', 'E85.36', 'E85.37', 'E85.38', 'E85.39', 'E85.40', 'E85.41', 'E85.42', 'E85.43', 'E85.44', 'E85.45', 'E85.46', 'E85.47', 'E85.48', 'E85.49', 'E85.50', 'E85.51', 'E85.52', 'E85.53', 'E85.54', 'E85.55', 'E85.56', 'E85.57', 'E85.58', 'E85.59', 'E85.60', 'E85.61', 'E85.62', 'E85.63', 'E85.64', 'E85.65', 'E85.66', 'E85.67', 'E85.68', 'E85.69', 'E85.70', 'E85.71', 'E85.72', 'E85.73', 'E85.74', 'E85.75', 'E85.76', 'E85.77', 'E85.78', 'E85.79', 'E85.80', 'E85.81', 'E85.82', 'E85.83', 'E85.84', 'E85.85', 'E85.86', 'E85.87', 'E85.88', 'E85.89', 'E85.90', 'E85.91', 'E85.92', 'E85.93', 'E85.94', 'E85.95', 'E85.96', 'E85.97', 'E85.98', 'E85.99'. The 'Symptoms & Exact Date' and 'Symptoms Description' fields are visible, along with 'Add' and 'Save' buttons.

Enter the letter and numbers before the decimal of the diagnosis code, wait for the dropdown list, and choose the code from the list, enter symptoms in the Symptoms box, and click the Add button under the Symptoms box. Do this for as many diagnoses codes you have.

Evaluation

Please answer all questions with a red * and all required fields. If caregiver is not willing to receive education services, an explanation is required. If attach is chosen, the information must be attached by using the annotations box or the system will not allow the user to move to next screen. If you cannot attach the required documentation, choose Fax and fax the information to the designated fax number.

Treatment Plan Screen does not require information to be entered. However, this information can be completed if you choose

Medications

This brings you the Medications screen. This is not a mandatory screen but if you want to list medications, please leave the answer as NO, and either copy and paste, or download and attach list in the Annotations/Note sections. If you are going to fax, enter a note in the Annotations/Note Section, WILL FAX, click the blue SAVE button under the notes section. Click Save and continue to the Summary and Submit page.

Summary and Submit

The Summary and Submit page allows you to scroll the document from the beginning to the end. Look over it to make sure all things have been entered correctly, scroll back up to the top of the page and click SUBMIT in the top left hand corner and NOT the SUBMIT button at the bottom of the request. Clicking the submit button at the bottom of the page does not allow the submitter to see any errors or warning boxes that require action.

A warning box may be received. If so, click continue.

And then Click OK, once the message that your request was successfully submitted has displayed.



Private Duty Nursing Helpful Tips

- This benefit is only eligible for WV Medicaid Members under the age of 21
- A signed Physician or APRN plan of care is required within 7 business days and must include all of the following information
 - Diagnosis and Procedure
 - Medical History
 - Prognosis
 - Approximate length of time needed
 - Medical Justification including the orders
 - Documentation that the member is medically stable, except for acute episodes that PDN can manage
- Nursing Plan of Care must include all of the following information on the CMS 485 form:
 - 1. Proposed start of care date;
 - 2. International Classification of Diseases (ICD) diagnosis and procedures codes;
 - 3. Justification for skilled nursing services eight hours or more in a 24 hour period;
 - 4. Description of needs must include interventions, measurable objectives and short and long term goals with timeframes;
 - 5. Medications new or changed including dose, frequency and route;
 - 6. Technology dependent:
 - a. Ventilator dependent and one of the following: (1 or
 - Mechanical ventilator support is necessary for at least eight hours per day and not at maintenance level; or
 - 2) Oxygen supplementation for ventilator dependent members at or below an inspired fraction of 40% (FI02 of 0,40).
- A new authorization for extension of services must be submitted within 7 business days prior to expiration of services
- If an individual is also covered under a Waiver program, there can be no duplication of services.
- Private duty nursing exclusions include:
 - Member is residing in a nursing facility, hospital, residential care facility, intermediate care facility for developmental disabilities (ICF/IID) or personal care home at the time of delivery of PDN services;
 - Care solely to allow the member's family or caregiver to work or go to school;
 - Care solely to allow respite for caregivers or member's family;
 - Care at maintenance level;
 - Only the agency authorized to provide the PDN services can bill. If the agency finds it necessary to subcontract services due to staffing needs, the services provided by the subcontractor are not reimbursable by Medicaid.
 - PDN services for members 21 years of age or older.
- Providers can access the Private Duty Nursing Provider Manual at:
http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter_532_Private_Duty_Nursing.pdf