

Private Duty Nursing Prior Authorization/Updated Documentation Requirements Provider Notice

This notice is meant to inform Community First Health Plans, Inc. (Community First) Providers of the prior authorization process for Private Duty Nursing (PDN) services, including updates to documentation requirements for specific services requested. Community First performs authorization of all PDN services.

PDN Requirements

The following requirements must be met to obtain PDN services:

- The documentation submitted with the request must be consistent and complete (see “*Required Clinical Documentation*” below).
- The requested services must be for nursing services as defined by the Texas Nursing Practice Act and its implementing regulations.
- Medical Necessity for requested services must be clearly documented, including specifics of client’s condition and caregiving needs. The amount and duration of PDN must always be commensurate with the client’s medical needs. Requests for services must reflect changes in the client’s condition that affect the amount and duration of PDN.
- The explanation of the Member’s current medical needs must be sufficient to support a determination by Community First’s Medical Director/Physician Reviewer that the requested services correct or ameliorate the Member’s disability, physical or mental illness, or chronic condition.
- The Member’s nursing needs cannot be met on an intermittent or part-time basis through Texas Medicaid (Title XIX) home health services skilled nursing services. (Please reference [TMPPM § 4.1.4, Medicaid Buy-In Program for Employed Individuals with Disabilities.](#))
- Services are dependent on PDN staffing and availability.

Required Clinical Documentation

The following documentation must be submitted to Community First:

- Comprehensive documentation of the Member’s medical diagnosis and health status, including documentation of the Skilled Care needs and medication administration record that support the need for skilled home care nursing services.
- Discharge summary or recent progress note if Member is being discharged from an inpatient setting. (NOTE: If Member requests PDN services for discharge from inpatient setting, subspecialist visit notes are not required.)
- Completed [CCP Prior Authorization Request Form \(F00012\)](#)

- Form must identify the delineated scope and duration of PDN hours being requested to include:
 - HCPC code (T1000),
 - Associated modifiers (TE, TD) to delineate the scope of services, as well as
 - UA (specialized services), and
 - U6 (MDCP) modifier, as appropriate.

An appropriate diagnosis from the Diagnosis Codes table must be submitted when modifier UA is used to obtain additional reimbursement for clients with a tracheostomy or who are ventilator dependent.

Diagnosis codes for use with Modifier UA only						
J9500	J9501	J9502	J9503	J9504	J9509	J95850
Z430	Z930	Z9900	Z9911	Z9912	Z9981	Z9989

- An assessment of the available support system including, but not limited to, the following:
 - Availability of the Member’s primary caregiver; and
 - Ability of the Member’s primary caregiver to provide care; and
 - School attendance and availability of coverage for services by school district, if applicable; and
 - Primary caregiver’s work schedules, as applicable
- Verification that the home care agency can safely deliver the required care at home.
- Verification that the home environment is safe, accessible, and can be modified to accommodate the home care plan.
- Verification of primary caregiver’s employment schedule annually, as applicable.

PDN Authorization Requests

Routine authorization requests for PDN services will be processed within three (3) business days from the date Community First receives a complete request.

- An **initial prior authorization** request must be received within three (3) business days of the start of care.
 - A complete request for initial authorizations is defined within [TMPPM § 4.1.4.5, Initial Authorization](#).
- A **current authorization recertification** must be received at least seven (7) but no more than 30 calendar days before the expiration.

- A complete request for recertifications is defined within [TMPPM § 4.1.4.9, Recertifications](#).
- The [CCP Prior Authorization Request Form \(F00012\)](#) must identify the delineated scope and duration of PDN services being requested to include:
 - HCPC code (T1000),
 - Associated modifiers (TE, TD) to delineate the scope of services, as well as
 - UA (specialized services), and
 - U6 (MDCP) modifier, as appropriate.

Authorization Extensions

Community First does not provide PDN authorization extensions due to inability to obtain required signatures. Medically necessary PDN will be authorized retrospectively within thirty (30) days of the start of care date.

Increase in Units

For an increase in the units on the prior authorization, when the Member has active authorization, submit the following:

- Completed [CCP Prior Authorization Request Form \(F00012\)](#)
- Reason for revision
- Dates of service for new hours
- Provider signature

Provider Change

In the event of a Provider change, submit the following:

- Change of Provider form
- Date of last service with prior agency
- Date of service to start with new agency
- Primary caregiver with signature and date

More Information

All requests for PDN prior authorization must be submitted to Community First electronically or by fax. Requests are received by the Utilization Management department and processed during regular business hours.



FAX

STAR Kids: 210-358-6274

STAR: 210-358-6381

ELECTRONICALLY

[Community First Provider Portal](#)

If you have questions, please call 210-358-6030, Monday through Friday, 8 a.m. to 5 p.m., or log in to the secure [Community First Provider Portal](#).

For additional guidance, please refer to the [TMHP PDN Authorization Request Packet](#). Below is a list of TMHP forms included in this packet.

- Instructions for Completing Private Duty Nursing Prior Authorization Forms (F00071)
- Children’s Services Comprehensive Care Program (CCP) Prior Authorization Request Form Instructions (F00012)
- CCP Prior Authorization Request Form
- Home Health Plan of Care (POC) Instructions (F00028)
 - An alternative, more inclusive POC, appropriately signed by the ordering Provider and PDN agency nurse (RN), may replace this requirement
- Home Health POC Form (F00028)
- Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers (F00020)
 - Including 24-hour flowsheet
- CCP Prior Authorization Private Duty Nursing 6-Month Authorization Form (F00070)
 - When asking for more than three (3) months

The [TMHP PDN Authorization Request Packet](#) is for reference only. Please complete all required forms and documentation and return to Community First.