

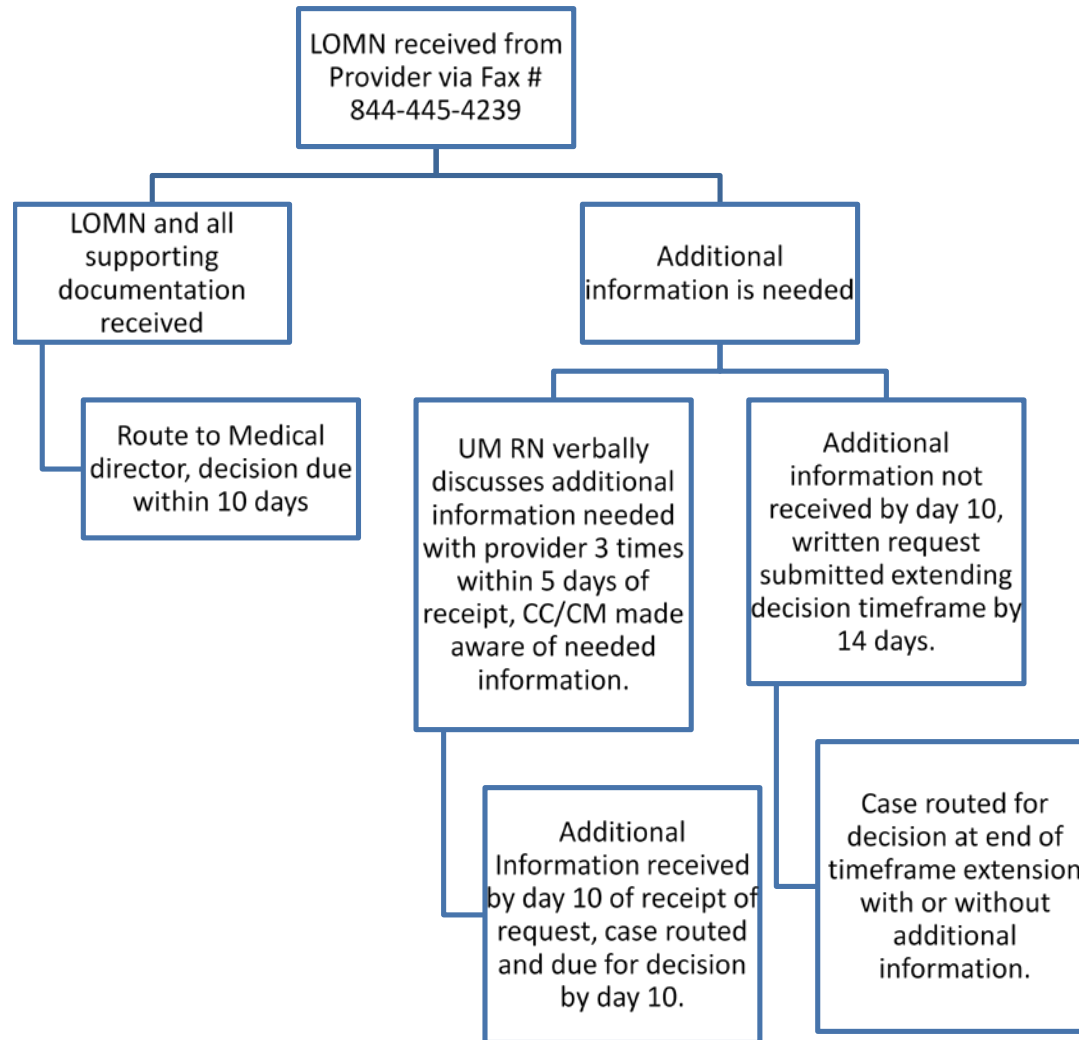
Private Duty Nursing Authorization Process



Overview of PDN Authorization Process

- Once a request is received the authorization nurse has 24 hours to determine if more information is required to present to the medical director or all information is complete to forward the case to the medical director to render a decision.
- If additional information is needed, notification will be made to home care agency, ordering doctor, and Care Coordinator.
- If all information is received, decision made within 10 days.
- If information not received, decision timeframe is extended by 14 days.
- Please see PDN request work flow.

Private Duty Nursing Request Workflow



Information Needed - Letter of Medical Necessity

- Must be on the requesting provider's letterhead or the provider's employer letterhead
- Must be signed by the requesting provider
- When the requesting provider is a PA or NP, the supervising physician needs to be noted
- Provider's name clearly printed below the signature and dated
- Clearly state level of care requested (Private Duty Skilled Nursing or Home Health Aide Services)
- Summary of medical history / needs requiring level of care requested
- LOMN must clearly outline how all requested hours would be scheduled, for all days that services are being requested
- If request is for an "episode of care," the LOMN must have clear start and end date for the episode
- If services are requested to cover caregiver work obligations, a Work Verification letter from the caregiver's employer is required (must be updated annually).
- If services are requested to support the member while at school: an IEP, school and bus schedule as well as a school calendar are also required.

Denial Process

- Authorization nurse will send out Denial Letter and contact ordering physician to notify them of denial and offer peer to peer
- Authorization nurse will notify agency of Denial
- Authorization nurse will notify the Care Coordinator on day of decision of the denial
- Care Coordinator will contact caregiver/member of denial
 - Education given to caregiver/member on the right to appeal the denial decision

Appeal Process

- Denial/reduction
 - 60 days to file an appeal
 - If hours previously approved, hours can continue if appeal request is made within 10 days
 - Families can request a state fair hearing if not happy with appeal hearing decision