

## OHCA Guideline

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| <b>Policy:</b>  | <b>317:30-555-561 Private Duty Nursing</b>  |
| Last Review Date:   | January 10, 2018  |
| Effective Date:   | October 9, 2025   |
| Next Review:  | March 1, 2026   |
| * This document is not a contract, and these guidelines do not encompass every possible situation. Although all items contained in these guidelines may be met, this does not reflect or imply the responsibility of this agency or department to change the plan provision to include the stated services as an eligible benefit.  |   |
| <input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria   |   |
| <b>Summary</b>  |   |
| <b>Purpose</b>  | <p>To provide guidelines to assure medical necessity and consistency in the prior authorization process.</p> <p>Private duty nursing (PDN) is medically necessary care provided on a regular basis by a Licensed Practical Nurse (LPN) or Registered Nurse (RN). PDN is the level of care that would routinely be provided by the nursing staff of a hospital or skilled nursing facility. The care is provided in the members' primary residence or assists the member outside the home during transport to medical appointments and emergency room visits in lieu of transport by ambulance.</p> <p>SoonerCare children up to 21 years of age who have complex special health care needs may qualify for in-home nursing service as part of the SoonerCare PDN benefit package. These children require community-based alternatives to institutional care. Members are determined to be eligible for PDN through the medical authorization process.</p> |
| <b>CPT Codes Covered Requiring Prior Authorization (PA)</b>   |   |
| <p>Prior authorization code/unit requests – In order to streamline the PA/claims process, group codes have been created. You will submit your PA request using the appropriate group code below (modifiers not required) and you will continue to file your claims using the appropriate CPT code and modifiers.</p> <ul style="list-style-type: none"> <li>T1000 – Private duty – independent nursing service(s) – licensed, up to 15 minutes per unit</li> </ul> <p>*Please see CPT codebook for full definition of codes.</p>  |   |
| <b>Modifiers</b>  |   |
| <p>See criteria below 317:30-5-561. Private duty nursing (PDN) payment rates for the TU modifier.</p> <ul style="list-style-type: none"> <li>TU – Overtime payment rate for private duty nursing</li> </ul> <p>* Please see CPT codebook for full definition of codes.</p>  |   |
| <b>Approval Criteria</b>  |   |
| <p><b>GENERAL:</b></p> <p><b>317:30-5-559. How private duty nursing (PDN) services are authorized</b></p> <p>PDN services may be initiated after completion of the following steps:</p> <ol style="list-style-type: none"> <li>(1) A treatment plan for the patient has been created by an eligible PDN provider per Oklahoma Administrative Code (OAC) 317:30-5-560.</li> <li>(2) A prior authorization request is submitted with the appropriate Oklahoma Health Care Authority (OHCA) required data elements and the treatment plan.</li> <li>(3) An assessment (telephonic, virtual, or face-to-face) has been conducted by an OHCA care management nurse, per OAC 317:30-5-558 (3); and</li> </ol> |   |

(4) An OHCA physician, or his or her designee, has determined the medical necessity of the service, including but not limited to, scoring the member's needs on the OHCA PDN assessment.

#### **317:30-5-560. Treatment plan**

(a) An eligible organization must create a treatment plan for the member as part of the authorization process for private duty nursing (PDN) services. The initial treatment plan must be signed by the member's attending physician [medical doctor (MD) or doctor of osteopathy (DO)], a physician assistant (PA) or advanced practice registered nurse (APRN).

(b) The treatment plan must include all of the following:

- (1) Diagnosis.
- (2) Prognosis.
- (3) Anticipated length of treatment.
- (4) Number of PDN requested hours per week.
- (5) Assessment needs and frequency (e.g., vital signs, glucose checks, neuro checks, respiratory).
- (6) Medication method of administration and frequency.
- (7) Age-appropriate feeding requirements (diet, method and frequency).
- (8) Respiratory needs.
- (9) Mobility requirements include need for turning and positioning, and the potential for skin breakdown.
- (10) Developmental deficits.
- (11) Casting, orthotics, therapies.
- (12) Age-appropriate elimination needs.
- (13) Seizure activity and precautions.
- (14) Age-appropriate sleep patterns.
- (15) Disorientation and/or combative issues.
- (16) Age-appropriate wound care and/or personal care.
- (17) Communication issues.
- (18) Social support needs.
- (19) Name, skill level and availability of all caregivers.
- (20) Other pertinent nursing needs such as dialysis, isolation.

#### **317:30-5-560.1. Prior authorization requirements**

(a) Authorizations are provided for a maximum period of six (6) months.

(b) Authorizations require:

- (1) A treatment plan for the member.
- (2) An assessment (telephonic, virtual, or face-to-face) to be conducted by an Oklahoma Health Care Authority (OHCA) care management nurse, per Oklahoma Administrative Code (OAC) 317:30-5-558 (2); and
- (3) An OHCA physician, or his or her designee, determines medical necessity, including use of the OHCA private duty nursing (PDN) assessment.

(c) The number of hours authorized may differ from the hours requested on the treatment plan based on the review of an OHCA physician.

#### **317:30-5-560.2. Record documentation**

(a) The treatment plan must be updated and signed by the attending physician [medical doctor (MD) or doctor of osteopathy (DO)], a physician assistant (PA) or advanced practice registered nurse (APRN) at least annually.

(b) Copies of the attending physician's orders and, at a minimum, the last thirty (30) days of medical records for the actual care provided must be maintained and include the following:

- (1) The beginning and ending time of the care, including the signature of the person providing care.
- (2) The nurse's credentials.

- (3) All provisions of the treatment plan, such as vital signs, medication administration, glucose/neuro checks, vital signs, respiratory assessments and all applicable treatments must be documented; and
- (4) Meeting the record retention requirements set forth in Oklahoma Administrative Code (OAC) 317:30-3-15.

**317:30-5-561. Private duty nursing (PDN) payment rates**

- (a) All PDN services, including overtime, are reimbursed per the methodology described in the Oklahoma Medicaid State Plan.
- (b) Overtime payment for PDN services is only available for nursing staff who are providing services to members with tracheostomies or who are medically dependent on a ventilator for life support at least six (6) hours per day. This excludes members who are on non-invasive C-PAP or Bi-PAP devices only.
- (c) In accordance with the Department of Fair Labor Standards Act, a worker must receive overtime pay for every hour that is worked over forty (40) hours in a work week. A work week is defined as any set seven (7) day period.

**Additional Information**

Prior authorization does not guarantee approval - additional documentation may be required. Supplier generated forms and physician letters of medical necessity are not a substitute for the comprehensive medical record.