

**Affected Programs:** BadgerCare Plus Standard Plan, Medicaid

**To:** HealthCheck “Other Services” Providers, Home Health Providers, Nurse Practitioners, Nurses in Independent Practice, HMOs and Other Managed Care Programs

## Reminders and More Information about Important Changes for Private Duty Nursing Providers

This *ForwardHealth Update* pertains to information originally published in the March 2010 *Update* (2010-15), titled “Important Changes for Private Duty Nursing Providers,” for providers of private duty nursing (PDN) services to members who are enrolled in the BadgerCare Plus Standard Plan and Medicaid. This *Update* includes reminders about certain important changes for PDN providers and more information about preparing claims for services provided on days when clocks are adjusted to accommodate changes to daylight-saving time.

The information in this *Update* applies to PDN services for members dependent on a ventilator for life-support and PDN services for members who are not ventilator dependent.

Effective for dates of service (DOS) on and after May 1, 2010, ForwardHealth implemented important changes for providers of private duty nursing (PDN) services to members who are enrolled in the BadgerCare Plus Standard Plan and Medicaid. This *ForwardHealth Update* pertains to information originally published in the March 2010 *Update* (2010-15), titled “Important Changes for Private Duty Nursing Providers,” which introduced and detailed these changes. This *Update* includes reminders about certain important changes for PDN providers and more information about preparing claims for services provided on days when clocks are adjusted to accommodate changes to daylight-saving time.

The information in this *Update* applies to PDN services for members dependent on a ventilator for life-support and services for members who are not ventilator dependent.

### Claims with Dates of Service on Transitions to and from Central Standard Time

Private duty nursing services provided on consecutive DOS during which Central Daylight Time (CDT) changes to Central Standard Time (CST) or CST changes to CDT are required to be billed on separate claim details as one DOS per claim detail. Private duty nursing services provided on consecutive days spanning the transition from CDT to CST or from CST to CDT cannot be billed on the same claim detail as a range of dates.

Typically it is less complicated to prepare claims using separate claim details for each DOS than it is to prepare claims using range dates.

Attachment 2 of this *Update* is an example claim for the following situation:

- Private duty nursing services were provided every day for six consecutive days.

- Some of the PDN services were provided on a day of transition from CDT to CST (i.e., the clock was set back an hour).
- The provider is claiming for five shifts of 10 hours per shift except for 11 hours on the time change date.
- Each shift began at 9:00 p.m. and ended at 7:00 a.m.

In this situation the “personal work log” used as the basis for the completed claim form sample in Attachment 2 might look like the example shown in Attachment 1 of this *Update*.

### **Reminder of Information Required on Claims**

Regardless of the method by which a claim is submitted to ForwardHealth (e.g., Provider Electronic Solutions, Direct Data Entry, 837 Health Care Claim: Institutional, and paper), providers are required to complete claims for PDN services using the claim form completion instructions that are in effect for the DOS billed on the claim. Refer to Attachment 9 of *Update 2010-15* for PDN claim form completion instructions for DOS on and after May 1, 2010. Refer to page 10 of *Update 2010-15* for guidance when billing PDN services that were provided on consecutive days spanning two different 13-week segments. Note that a single claim may contain more than one claim detail.

### **HealthCheck Screen Documentation Required with Some Prior Authorization Requests**

Requests for prior authorization (PA) or to amend a PA to include PDN services provided by a pediatric community care (PCC) provider must include documentation from the PCC that a HealthCheck screen was completed for the child since PDN services provided by a PCC are covered only as a HealthCheck “Other” service. The HealthCheck screen needs to be completed no more than 365 days before the date ForwardHealth receives the request.

If the PDN Prior Authorization Liaison (PAL) is not a PCC and the required HealthCheck documentation is not submitted with the PA request, ForwardHealth will adjudicate the request for PDN services, but the PCC provider will not be authorized to provide PDN services. When the required HealthCheck documentation is obtained, the PAL may submit a request to amend the authorized PA to add the PCC provider. ForwardHealth’s policy for backdating amendments applies. Refer to provider-specific publications for more information on backdating.

If the PCC is the PAL and the required HealthCheck documentation is not submitted, the PA request will be returned. ForwardHealth will not backdate any PA or amendment request for PDN services if the PAL is a PCC and the HealthCheck screening documentation requirements are not met. All PDN providers on the case are responsible for coordinating services with other providers, executing the plan of care (POC), and maintaining continuity of care for the member. Incomplete and/or improperly completed PA requests and amendment requests could result in delays in obtaining PA and possibly a lapse in coverage. Each provider on the case is advised to verify that the PDN PAL submits complete and accurate PDN PA and amendment requests. The PAL is responsible for making available to other PDN providers on the case the PA request and amendment request(s) for their review. For the purposes of PA for PDN services, ForwardHealth accepts any one of the following as documentation of a HealthCheck screen:

- A screen print from the HealthCheck Online Inquiry area of the Portal indicating the date of the last HealthCheck screening.
- A copy of the HealthCheck provider’s billing form showing a claim for a comprehensive HealthCheck screening.
- A copy of the HealthCheck provider’s Remittance Advice showing a claim for a comprehensive HealthCheck screening.

- A HealthCheck referral from the HealthCheck provider.
- A letter on the HealthCheck provider's letterhead indicating the date on which they performed a comprehensive HealthCheck screening of the member.

Providers are reminded that all HealthCheck "Other Services" must be medically necessary and prior authorized. Pediatric community care providers should not submit claims for services provided before their authorized grant date as specified on the decision notice letter. For more information about HealthCheck and HealthCheck "Other Services," refer to the HealthCheck service area in the Online Handbook on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

*Note:* A Wisconsin Medicaid-certified PCC provider for children ages 0 to 20, must be licensed as a group day care under DCF 251, Wis. Admin. Code, and accredited by the Joint Commission on Accreditation of Healthcare Organizations as an ambulatory care facility.

### **A Reminder That the Prior Authorization Liaison Is Required to Provide the Authorized Services Requested**

The PDN PAL is required to provide PDN services to the member. The PAL is required to provide PDN services to the member before amending the PA in effect or requesting a subsequent PA for the member. If the PAL has not provided services to the member, the PAL may request an amendment to the PA only to enddate the PA and is not eligible to request a subsequent PA for PDN services.

All PDN providers on the case are responsible for coordinating services with other providers, executing the POC, and maintaining continuity of care for the member. Prior authorization requests and amendment requests submitted by an unqualified PDN PAL could result in delays in obtaining PA and possibly a lapse in

authorization for PDN services. Each provider on the case is advised to verify that the provider identified as the PAL is qualified to serve as the PAL.

In addition to providing PDN services to the member, the PAL must maintain the required credentials, Wisconsin license(s), and Wisconsin Medicaid certification to continue serving as the PAL. As a reminder, for the provider to serve and to continue serving as the PAL, the provider is required to *provide* PDN services (to ventilator-dependent members or non-ventilator-dependent members) to the member *and* be one of the following:

- A Wisconsin licensed registered nurse (RN) who is Wisconsin Medicaid certified as a nurse in independent practice (NIP).
- A Wisconsin licensed RN employed by or under contract to a home health agency certified by Wisconsin Medicaid to provide PDN.
- A Wisconsin licensed RN employed by or under contract to a Wisconsin Medicaid certified PCC provider.

### **A Reminder About Adding Private Duty Nurse Providers to the Case**

Wisconsin Medicaid-certified PDN providers need to obtain certain documents from the PAL before providing services. Refer to page 3 of *Update 2010-15* under the subheading Responsibilities for the documents the PAL is to share with PDN providers who will be providing services. Every PDN provider on the case is required to obtain, review, and copy for their records the PA decision notice letters for PA requests and PA amendment requests and are advised to review the PA and PA amendment requests that the PAL submits to ForwardHealth.

Providers are reminded that a provider coming into an existing case with a current PA needs to obtain the same documents as do the other provider's on the case. In addition to satisfying other requirements, before providing PDN services to the member, the new

provider must read, countersign, and date the POC. The new provider's name is required to be included on the POC when the POC is updated for the subsequent certification period(s) that the provider will be working on the case. For more detail, refer to Elements 23, 31, and 32 of the Prior Authorization/Care Plan Attachment (PA/CPA) Completion Instructions, F-11096A (03/10), for DOS on and after May 1, 2010.

ForwardHealth requires notice that another PDN provider is joining the case *only* when the PA is amended to add an allowable procedure code for PDN services (99504, S9123, or T1026). ForwardHealth will return all other PA amendment requests submitted for the purpose of notifying ForwardHealth that a provider is being added to the case. However, when the POC is updated it must include the names of all providers as instructed for Element 23 of the Prior Authorization/Care Plan Attachment (PA/CPA), F-11096 (03/10). Refer to *Update* 2010-15 for more information about the documents that the PAL is to make available to the other PDN providers sharing the case.

### **Plan of Care Review Reminder**

The POC must be updated regularly and the updated POC must be reviewed, signed, and dated by a physician. There are no changes to the requirements for providers to update and maintain the POC. For example, the POC must be updated no less often than once every 62 days (for NIP and PCC providers) and 60 days (for home health agencies [HHAs]). If the case is shared with an HHA, the updated POC must be reviewed, signed, and dated no less often than once every 60 days. Refer to the provider-specific ForwardHealth publications for POC requirements.

### **Documentation of Providers Sharing the Case with Private Duty Nursing Providers**

The plan of care must include the names of other providers if the case is shared. The completion instructions for the PA/CPA require the names of PDN, personal care, and home health providers sharing the

case to be included in Element 23. The POC must contain no less information than is required for the PA/CPA. The names, not the license number or National Provider Identifier, of the other Medicaid-certified providers on the case are required.

### **Registered Nurse Supervisor Information**

The Wisconsin Medicaid requirement for RN supervision of licensed practical nurse (LPNs) has not changed. Also, refer to N 6, Board of Nursing at <http://www.legis.state.wi.us/rsb/code/n/n006.pdf> for LPN supervision requirements.

The PA request should not include the name or license number of the RN Supervisor. The name of the RN supervisor should be documented in the LPN's copy of the member's medical record. Refer to page 7 of *Update* 2010-15 for the documentation requirements.

### **Managing Authorized Units Within 13-Week Segments**

Unused hours authorized for one 13-week segment do not carry over to another 13-week segment. If the member's condition changes and more hours will be needed to provide medically necessary services, the POC needs to be updated and reviewed, signed, and dated by the attending physician. If the change in condition is temporary and pro re nata (PRN) hours are needed, then the physician orders must specify the dates when additional medically necessary services are to begin and end. To obtain PA for medically necessary PRN hours, the PAL is required to submit an amendment request. Pro re nata hours will not be authorized for any 13-week segment that is authorized for flexible use of hours.

### **Information Regarding Managed Care Organizations**

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations

are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

P-1250

# Attachment 1

## Example of a Personal Work Log of Provided Private Duty Nursing Hours

The table below is an example of a “personal work log” of provided PDN hours used as the basis for the completed UB-04 Claim form sample shown in Attachment 2.

<b>Week Day and Dates of Service —</b>	<b>Start Time</b>	<b>End Time</b>	<b>Start of Shift Modifier</b>	<b>Start Time</b>	<b>End Time</b>	<b>Start of Shift Modifier</b>	<b>Hours Worked</b>	<b>Week</b>
Friday, 11/05/10				2100	0000	UH	3	1
Saturday, 11/06/10	0000	0700	UJ	2100	0000	UH	10	
<b>Sunday, 11/07/10</b>	<b>0000</b>	<b>0700</b>	<b>UJ</b>	<b>2100</b>	<b>0000</b>	<b>UH</b>	<b>11</b>	2
Monday, 11/08/10	0000	0700	UJ	2100	0000	UH	10	
Tuesday, 11/09/10	0000	0700	UJ	2100	0000	UH	10	
Wednesday, 11/10/10	0000	0700	UJ				7	
						<b>Sum</b>	<b>51</b>	

# Attachment 2

## Sample UB-04 Claim Form for Private Duty Nursing Services Including Shifts Spanning Daylight Changes

1 <b>IM. BILLING PROVIDER</b> 1 W. WILSON 03 ANYTOWN, WI 55555-5555 (444) 444-4444		2 <b>JED</b>		3a PAT. CNTL # <b>1234</b> b. MED. REC. # <b>7654321</b>		4 TYPE OF BILL <b>332</b>	
8 PATIENT NAME				9 PATIENT ADDRESS			
MEMBER, IM A.				ON FILE			
10 BIRTHDATE <b>07151955</b>		11 SEX <b>F</b>		12 DATE		13 ADMISSION HR	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACOT STATE	
30		31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE	
34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE DATE		37 OCCURRENCE CODE	
38		39 CODE		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
0550		S9123 UH		110510		3.0	
0550		S9123 UJ, UH		110640		10.0	
0550		S9123 UJ, UH		110710		11.0	
0550		S9123 UJ, UH		110810		20.0	
0550		S9123 UJ		111010		7.0	
PAGE		OF		CREATION DATE		TOTALS	
XYZ INSURANCE		51 HEALTH PLAN ID		52 REL. INFO		53 AGG. BLN	
T19 MEDICAID		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	
SAME		59 PREL.		60 INSURED'S UNIQUE ID		61 GROUP NAME	
7707		62 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 OPERATING NPI	
M-7		B3 123456789X		022222220		ATTENDING PHYSICIAN	
OI						I.M.	

Date of time change from Central Daylight Time to Central Standard Time