

Nurses in Independent Practice

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

wisconsin **Medicaid**
and BadgerCare
Information for Providers
Department of Health and Family Services

Contacting Wisconsin Medicaid

Web Site		<i>dhfs.wisconsin.gov/</i>
The Web site contains information for providers and recipients about the following: <ul style="list-style-type: none"> • Program requirements. • Publications. • Forms. • Maximum allowable fee schedules. • Professional relations representatives. • Certification packets. 		Available 24 hours a day, seven days a week
Automated Voice Response System		(800) 947-3544 (608) 221-4247
The Automated Voice Response system provides computerized voice responses about the following: <ul style="list-style-type: none"> • Recipient eligibility. • Prior authorization (PA) status. • Claim status. • Checkwrite information. 		Available 24 hours a day, seven days a week
Provider Services		(800) 947-9627 (608) 221-9883
Correspondents assist providers with questions about the following: <ul style="list-style-type: none"> • Clarification of program requirements. • Recipient eligibility. • Resolving claim denials. • Provider certification. 		Available: 8:30 a.m. - 4:30 p.m. (M, W-F) 9:30 a.m. - 4:30 p.m. (T) Available for pharmacy services: 8:30 a.m. - 6:00 p.m. (M, W-F) 9:30 a.m. - 6:00 p.m. (T)
Division of Health Care Financing Electronic Data Interchange Helpdesk		(608) 221-9036 e-mail: <i>wiedi@dhfs.state.wi.us</i>
Correspondents assist providers with <i>technical</i> questions about the following: <ul style="list-style-type: none"> • Electronic transactions. • Companion documents. • Provider Electronic Solutions software. 		Available 8:30 a.m. - 4:30 p.m. (M-F)
Web Prior Authorization Technical Helpdesk		(608) 221-9730
Correspondents assist providers with Web PA-related <i>technical</i> questions about the following: <ul style="list-style-type: none"> • User registration. • Passwords. • Submission process. 		Available 8:30 a.m. - 4:30 p.m. (M-F)
Recipient Services		(800) 362-3002 (608) 221-5720
Correspondents assist recipients, or persons calling on behalf of recipients, with questions about the following: <ul style="list-style-type: none"> • Recipient eligibility. • General Medicaid information. • Finding Medicaid-certified providers. • Resolving recipient concerns. 		Available 7:30 a.m. - 5:00 p.m. (M-F)

T Table of Contents

Preface	5
Provider Information	7
Scope of Services	7
Services Provided by Registered Nurses	7
Supervision of Delegated Tasks	7
Services Provided by Licensed Practical Nurses	7
Classification of Nursing Services	8
Wisconsin Medicaid Certification Requirements	8
Requirements for Providing Ventilator-Dependent Services	8
Demonstration Renewals	9
Age-Specific Requirements	9
Child to Adult Transition Period Requirements	9
Skills Acquisition Session Schedules	10
Changes in Certification	10
Rights and Responsibilities	11
Universal Precautions	11
Unacceptable Practices	11
Fees Prohibited by Wisconsin Medicaid	11
Private Duty Nursing Requirements	12
Emergency and Back-Up Procedures	12
Verifying Recipient Eligibility	12
Limited Benefit Categories	12
Distribution of Medicaid Information	13
Written Statement of Recipient Rights	13
Contracts with Recipient and/or Family	13
Terminating Service to a Recipient	14
Recipient Responsibilities	14
Arrangements with Nurses in Independent Practice	14
Scheduling Providers	14
Freedom from Liability for Covered Services	14
Covered Services and Related Limitations	15
Private Duty Nursing Benefit	15
Recipient Eligibility for Private Duty Nursing Services	15
Ventilator-Dependent Recipients	15
Recipients Who Are Not Eligible for Private Duty Nursing Services	16
Hours of Care That Qualify as Private Duty Nursing Services	16
Private Duty Nursing Services Reimbursement Requirements	16
Place of Service for Private Duty Nursing Recipients	16
Providing Disposable Medical Supplies	17

Coordination Services for Ventilator-Dependent Recipients	17
Documenting Coordination Services	17
Reimbursable Coordination Responsibilities	17
Change in Coordinators	18
Coordination Services for Recipients Not Ventilator-Dependent	18
Coordination Services Documentation	18
Coordination Responsibilities	18
Change in Coordinators	18
Case Sharing	19
Provider Responsibility	19
Case Sharing Documentation	19
Plan of Care	19
Prior Authorization Request Form	19
Reimbursement Not Available	19
Travel and Record-Keeping Time	20
Documentation Requirements	21
Required Information for Medical Record	21
Physician Signature	22
Documentation Requirements of Supervising Nurses	22
Availability of Records to Others	22
Record Maintenance After Termination as Wisconsin Medicaid Provider	23
Plan of Care	25
Plan of Care Documentation Methods	25
Submitting Another Format for the Recipient's Plan of Care	25
Obtaining Plan of Care Forms	25
Developing the Plan of Care	25
Physician's Orders and Signature	26
Start of Care	26
Certification Period	26
Verbal Orders	26
Verbal Orders for Initial Certification	26
Verbal Orders for Subsequent Certification	26
Verbal Orders Within Any Certification Period	26
Plan of Care Requirements	27
Medical Necessity and the Plan of Care	27
Changes to the Plan of Care	28
Prior Authorization	29
Responsibility for Prior Authorization	29
Services Requiring Prior Authorization	29
Limits on Authorized Services	29
Requesting Private Duty Nursing Hours	30
Hours of Private Duty Nursing for Children	30

ARCHIVAL USE ONLY
 Refer to the Online Handbook
 for current policy

Requesting Pro Re Nata Hours	31
Flexible Use of Weekly Hours	31
Requesting Flexible Use of Hours.....	31
Amending Prior Authorization Requests to Include Flexible Hours.....	31
Required Documentation for Prior Authorization Requests.....	32
Prior Authorization Request Form.....	32
Private Duty Nursing Prior Authorization Acknowledgment.....	32
Prior Authorization Attachments	32
Submitting Prior Authorization Requests	33
Prior Authorization Effective Dates.....	33
Prior Authorization Responses.....	33
Prior Authorization Backdating	33
Initial Requests	33
Extraordinary Circumstances	33
Subsequent Requests Will Not Be Backdated	34
Returned Requests	34
Amendment Requests.....	34
Denied Requests	34
Amending an Approved or Modified Prior Authorization Request	34
Enddating a Prior Authorization Request	35
Out-of-State Private Duty Nursing.....	35
Out-of-State Prior Authorization Request Requirements.....	35
Procedure for Obtaining Authorization for Out-of-State Travel	36
Claims Submission.....	37
Claims Submission Options.....	37
Paper Claims Submission	37
Obtaining the UB-92 Claim Form	37
Follow-Up to Claims Submission	37
Billing Across Midnight	38
Daylight Savings Time	38
Codes for Prior Authorization and Claims	39
Revenue Codes	39
Date of Service.....	39
Procedure Codes	39
Modifiers	39
Start-of-Shift Modifiers	39
Professional Status Modifiers	39
Case Coordination Modifier	39
Units of Service.....	40
Rounding Guidelines	40
Prior Authorization Number	40
Diagnosis Code	40

ARCHIVAL USE ONLY
 Refer to the Online Handbook
 for current policy

Appendix	41
1. Wisconsin Medicaid Private Duty Nursing — A Guide for Medicaid Recipients and Their Families	43
2. Private Duty Nursing Prior Authorization Acknowledgment	47
3. Prior Authorization/Home Care Attachment (PA/HCA) Completion Instructions (for photocopying)	49
4. Prior Authorization/Home Care Attachment (PA/HCA) (for photocopying)	57
5. Sample Prior Authorization/Home Care Attachment (PA/HCA) for Private Duty Nursing Ventilator-Dependent Recipient Services	63
6. Prior Authorization Request Form (PA/RF) Completion Instructions for Private Duty Nursing Services of Nurses in Independent Practice	67
7. Sample Prior Authorization Request Form (PA/RF) for Private Duty Nursing Services	71
8. Sample Prior Authorization Request Form (PA/RF) for Private Duty Nursing for a Ventilator-Dependent Recipient	73
9. Sample Prior Authorization Request Form (PA/RF) for Private Duty Nursing for a Ventilator-Dependent Recipient with a Request for Case Coordination	75
10. Prior Authorization Amendment Request Completion Instructions (for photocopying)	77
11. Prior Authorization Amendment Request (for photocopying)	81
12. National Uniform Billing Committee Revenue Codes for Private Duty Nursing Services	83
13. Procedure Code and Modifier Chart for Private Duty Nursing Services	85
14. Rounding Guidelines for Private Duty Nursing Services	87
15. UB-92 (CMS 1450) Claim Form Completion Instructions for Private Duty Nursing Services Provided by Nurses in Independent Practice	89
16. Sample UB-92 Claim Form for Private Duty Nursing Services Provided by Nurses in Independent Practice Including Shifts Spanning Midnight	97
17. Sample UB-92 Claim Form for Private Duty Nursing Services Provided to Ventilator-Dependent Recipients by Nurses in Independent Practice	99
18. Disposable Medical Supplies Included in Home Care Reimbursement Rate	101
Index	103

ARCHIVAL USE ONLY
 Refer to the Online Handbook
 for current policy

Preface

This Nurses in Independent Practice Handbook is issued to all Medicaid-certified nurses in independent practice. The information in this handbook applies to Medicaid and BadgerCare.

Medicaid is a joint federal and state program established in 1965 under Title XIX of the federal Social Security Act. Wisconsin Medicaid is also known as the Medical Assistance Program, WMAP, MA, Title XIX, and T19.

BadgerCare extends Medicaid coverage through a Medicaid expansion under Titles XIX and XXI. The goal of BadgerCare is to fill the gap between Medicaid and private insurance without supplanting or crowding out private insurance. BadgerCare recipients receive the same benefits as Medicaid recipients, and their health care is administered through the same delivery system.

Wisconsin Medicaid and BadgerCare are administered by the Department of Health and Family Services (DHFS). Within the DHFS, the Division of Health Care Financing is directly responsible for managing Wisconsin Medicaid and BadgerCare.

Unless otherwise specified, all information contained in this and other Medicaid publications pertains to services provided to recipients who receive care on a fee-for-service basis. Refer to the Managed Care section of the All-Provider Handbook for information about state-contracted managed care organizations.

Handbook Organization

The Nurses in Independent Practice Handbook consists of the following chapters:

- Provider Information.
- Rights and Responsibilities.
- Covered Services and Related Limitations.
- Documentation Requirements.
- Plan of Care.
- Prior Authorization.
- Claims Submission.
- Codes for Prior Authorization and Claims.

All-Provider Handbook

All Medicaid-certified providers receive a copy of the All-Provider Handbook, which includes the following sections:

- Certification and Ongoing Responsibilities.
- Claims Information.
- Coordination of Benefits.
- Covered and Noncovered Services.
- Informational Resources.
- Managed Care.
- Prior Authorization.
- Recipient Eligibility.

Providers are required to refer to the All-Provider Handbook for information about these topics.

Wisconsin Medicaid and BadgerCare Web Sites

Publications (including provider handbooks and *Wisconsin Medicaid and BadgerCare Updates*), maximum allowable fee schedules, telephone numbers, addresses, and more information are available on the following Web sites:

- dhfs.wisconsin.gov/medicaid/.
- dhfs.wisconsin.gov/badgercare/.

Publications

Medicaid publications apply to both Wisconsin Medicaid and BadgerCare. Publications interpret and implement the laws and regulations that provide the framework for Wisconsin Medicaid and BadgerCare. Medicaid publications provide necessary information about program requirements.

Legal Framework

The following laws and regulations provide the legal framework for Wisconsin Medicaid and BadgerCare:

- Federal Law and Regulation:
 - ✓ Law — United States Social Security Act; Title XIX (42 US Code ss. 1396 and following) and Title XXI.
 - ✓ Regulation — Title 42 CFR Parts 430-498 and Parts 1000-1008 (Public Health).
- Wisconsin Law and Regulation:
 - ✓ Law — Wisconsin Statutes: 49.43-49.499 and 49.665.
 - ✓ Regulation — Wisconsin Administrative Code, Chapters HFS 101-109.

Laws and regulations may be amended or added at any time. Program requirements may not be construed to supersede the provisions of these laws and regulations.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

P Provider Information

The Nurses in Independent Practice Handbook contains information regarding the private duty nursing (PDN) services provided under Wisconsin Medicaid's PDN benefit as defined in HFS 105.19 and 107.12, Wis. Admin. Code. This handbook also includes information regarding PDN services for ventilator-dependent recipients as defined in HFS 107.12 and 107.113, Wis. Admin. Code.

Providers should also refer to the Certification and Ongoing Responsibilities section of the All-Provider Handbook for information about certification, provider rights, and recertification.

Scope of Services

The policies in this handbook apply to nurses in independent practice (NIP) providing PDN services and PDN services for recipients dependent on a ventilator for life support. Nurses in independent practice delivering services to Medicaid recipients are expected to follow the laws regulating their profession.

The professional scope of services and standards of practice are defined in ch. N 6, "Standards of Practice for Registered Nurses and Licensed Practical Nurses," and ch. N 7, "Rules of Conduct," Wis. Admin. Code.

Services Provided by Registered Nurses

The following nursing services may only be performed by a registered nurse (RN):

- The initial evaluation visit.
- Initiating the physician's plan of care (POC) and any necessary revisions.
- Providing those services that require the care of an RN as defined in ch. N 6, Wis. Admin. Code.

- Initiating appropriate preventive and rehabilitative procedures.
- Regularly evaluating the recipient's needs.

Registered nurses may accept only those delegated medical acts that an RN is qualified to perform based on his or her nursing education, training, and experience.

Supervision of Delegated Tasks

Supervision of delegated tasks by the RN or physician must be provided in accordance with standards of their respective professions. When an RN delegates (or assigns) another person to perform a task, the RN assumes responsibility for the proper performance of that task. The supervising provider is required to document the supervision in the medical record. Refer to the Documentation Requirements chapter of this handbook for documentation requirements of supervising nurses.

Services Provided by Licensed Practical Nurses

A licensed practical nurse (LPN) may only provide nursing under the general supervision and delegation of an RN or the direction and delegation of a physician, in accordance with all of the following:

- HFS 105.19(3), Wis. Admin. Code.
- HFS 107.12(3)(b), Wis. Admin. Code.
- Chapters N 2 and N 6, Wis. Admin. Code, relating to the practice of nursing.

In accordance with ch. N 6.04(2), Wis. Admin. Code, if a recipient's condition becomes complex, the LPN may perform delegated nursing or medical acts beyond basic nursing care *only* under the *direct* supervision of an RN or physician.

The policies in this handbook apply to nurses in independent practice (NIP) providing PDN services and PDN services for recipients dependent on a ventilator for life support.

ARCHIVAL USE ONLY
Refer to the Online Handbook for current policy

An LPN's duties include the following:

- Performing nursing acts delegated by an RN under ch. N 6.03, Wis. Admin. Code.
- Assisting the recipient in learning appropriate self-care techniques.
- Meeting the nursing needs of the recipient according to the written POC. Nursing services are required to be within the professional scope of the LPN's practice.

In accordance with HFS 107.12(2)(c) and 105.19(3), Wis. Admin. Code, an LPN is required to indicate on the Prior Authorization Request Form (PA/RF), HCF 11018, the name, credentials, and license number of the RN or physician who has agreed to provide supervision of his or her performance.

Classification of Nursing Services

Nurses in independent practice should use the following criteria to determine whether a service is skilled (i.e., requires the skills of an RN or LPN):

- The inherent complexity of the service. For example, some services (such as intravenous or intramuscular injections or insertion of catheters) are classified as skilled nursing services on the basis of their complexity alone.
- The medical condition of the recipient. The recipient's medical condition may be such that a medically oriented task that would ordinarily be considered unskilled may be considered a skilled service because it only can be safely and effectively provided by an RN or LPN.
- The accepted professional standards of medical and nursing practice.

Wisconsin Medicaid Certification Requirements

Nurses in independent practice are required to obtain and maintain Wisconsin Medicaid certification, and are required to renew their certification every two years. Wisconsin Medicaid will reimburse only those medically necessary services provided by nurses who are Wisconsin Medicaid certified on the date(s) the services are provided.

For more information on becoming certified, or to obtain a certification packet, visit the Wisconsin Medicaid Web site or contact Wisconsin Medicaid Provider Services.

Medicaid program requirements may not be construed to supersede the provisions for registration or licensure under s. 15.08 and 441, Wis. Stats. Refer to the Department of Regulation and Licensing Web site at drl.wi.gov/ for more information about registration and licensure requirements.

Providers are required to submit certification information separately from PA requests. Certification information submitted with a PA request will not be processed; all certification and PA materials will be returned to the provider to resubmit separately.

Requirements for Providing Ventilator-Dependent Services

In addition to their Medicaid certification, NIP who provide services to ventilator-dependent recipients are required to be recognized by a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or by a nursing home that is state-approved for ventilator care as having the necessary respiratory care skills to serve recipients who are ventilator-dependent for life support. Certification requirements for providing PDN to ventilator-dependent recipients are

Nurses in independent practice are required to obtain and maintain Wisconsin Medicaid certification, and are required to renew their certification every two years.

detailed in Wisconsin Medicaid certification packets.

To be reimbursed by Wisconsin Medicaid for PDN services provided to ventilator-dependent recipients, nurses are required to do the following:

- Become certified as an NIP by Wisconsin Medicaid.
- Send the following to Wisconsin Medicaid upon the completion of the respiratory skills acquisition demonstration and before the renewal deadline:
 - ✓ Current documentation of their respiratory skills recognition certificate from a hospital accredited by JCAHO or proof of age-appropriate respiratory skills acquisition from a nursing home that is state approved for ventilator care.
 - ✓ A copy of their valid cardiopulmonary resuscitation card (Basic Life Support for Health Care Providers Program from the American Red Cross or American Heart Association).
 - ✓ A completed Declaration of Skill Acquisition — Respiratory Care Services form. This form is located in the Wisconsin Medicaid Independent Nurse Certification Packet.
- Receive confirmation of the receipt of these materials and approval from Wisconsin Medicaid.

Submit all certification, renewal, and documentation of training to the following address:

Wisconsin Medicaid
 Provider Maintenance
 6406 Bridge Rd
 Madison WI 53784-0006

Demonstration Renewals

Within 24 months from the date of their last respiratory skills acquisition demonstration, nurses are required to repeat the recognition process; otherwise, their certification will lapse.

As a courtesy, Wisconsin Medicaid sends a reminder letter prior to the renewal deadline. However, if a nurse does not receive this letter, it is still the nurse’s responsibility to repeat the respiratory skills acquisition recognition and submit the required documentation to Wisconsin Medicaid by the renewal deadline.

Age-Specific Requirements

Nurses providing PDN services to ventilator-dependent recipients are required to submit documentation of Medicaid-approved recognition of age-specific skills acquisition demonstrations for the pediatric and/or adult recipients they serve. Refer to the Wisconsin Medicaid Independent Nurse Certification Packet for further details about age-specific requirements. Wisconsin Medicaid pediatric certification applies to children ages 0-16. Wisconsin Medicaid adult PDN certification applies to adults ages 17 and older.

Child to Adult Transition Period Requirements

A transitional ventilator-dependent recipient is a recipient who is between the ages of 16 and 18.

An NIP who is certified to provide services to ventilator-dependent pediatric recipients (but not adult recipients) may continue to submit claims for services to a recipient for whom authorization has been granted prior to the recipient aging into the transition period. The nurse may continue claiming for authorized services provided up to 24 months past the recipient’s 17th birthday, or until the nurse’s next respiratory skills acquisition renewal date, whichever comes first. At that time, the NIP is required to meet the Wisconsin Medicaid adult certification requirement to continue providing services to this recipient.

A nurse certified only for pediatric care may not provide PDN to any adult ventilator-dependent recipient over the age of 17 unless the nurse began providing uninterrupted service to the recipient before the recipient’s 17th birthday.

Nurses providing PDN services to ventilator-dependent recipients are required to submit documentation of Medicaid-approved recognition of age-specific skills acquisition demonstrations for the pediatric and/or adult recipients they serve.

APPROPRIATE ONLY
 Refer to the Online Handbook for current policy

Skills Acquisition Session Schedules

For further information on respiratory skills acquisition, refer to the Training page of the Provider section of the Medicaid Web site.

Changes in Certification

A nurse's Wisconsin Medicaid certification is maintained only if his or her information on file with Wisconsin Medicaid is current. Nurses are required to inform Wisconsin Medicaid in advance of any changes, such as changes in licensure, age-specific skill acquisition sessions, group affiliation, name, ownership, and physical or payee address.

Nurses in independent practice who no longer wish to renew their certification to provide PDN to ventilator-dependent recipients *but* intend to continue providing PDN to nonventilator-dependent recipients are required to submit a PDN affidavit to Wisconsin Medicaid if one is not already on file. Providers should refer to the Independent Nurse certification packet for a PDN affidavit.

Nurses are required to inform Wisconsin Medicaid in advance of any changes, such as changes in licensure, age-specific skill acquisition sessions, group affiliation, name, ownership, and physical or payee address.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Rights and Responsibilities

Each provider is responsible for reading all Wisconsin Medicaid publications for nurses in independent practice (NIP), such as *Wisconsin Medicaid and BadgerCare Updates*, the All-Provider Handbook, and service-specific handbooks, and also for following the Medicaid policies and procedures as specified in these publications.

Each provider is also responsible for the timely submission of his or her own complete and accurate information to Wisconsin Medicaid. This includes recipient records, prior authorization (PA) requests, claims, and any other situation where information is required.

Universal Precautions

All nurses are required to follow universal precautions for each recipient for whom services are provided. All nurses are required to have the necessary orientation, education, and training in the epidemiology, modes of transmission, and prevention of the Human Immunodeficiency Virus (HIV) and other transmissible infections.

As specified in HFS 105.19(6), Wis. Admin. Code, all nurses are required to use the protective measures that are recommended by the national Centers for Disease Control and Prevention. This includes those measures that pertain to medical equipment and supplies intended to minimize the risk of infection from HIV and other blood-borne pathogens.

Unacceptable Practices

Activities such as sleeping on the job, breaching recipient confidentiality, and fraudulent documentation or billing are not compliant with nursing standards or Medicaid rules and could result in one or more of the following:

- Referral to the Board of Nursing, which could limit, suspend, revoke, or deny renewal of a nurse's license.
- Referral to the Wisconsin Department of Justice (DOJ) for investigation of possible criminal action.
- Potential recovery of payments for services.
- Termination of Medicaid certification.

Fees Prohibited by Wisconsin Medicaid

Wisconsin Medicaid providers may not charge Wisconsin Medicaid recipients or other providers for the following fees:

- Referral fees (e.g., a monthly amount for the opportunity to participate in the care of the recipient).
- Finder's fees (e.g., an amount for finding the recipient).
- Coordination fees (e.g., an amount per hour for coordinating a recipient's care).

Such fees are considered "kickbacks" and are in violation of federal and state laws (s. 49.49[2], Wis. Stats.). Wisconsin Medicaid refers any suspect activity to the Wisconsin DOJ.

All nurses are required to follow universal precautions for each recipient for whom services are provided.

Private Duty Nursing Requirements

In accordance with HFS 105.19(4)(c) Wis. Admin. Code, the following duties are required of both registered nurses and licensed practical nurses when providing private duty nursing (PDN) services:

- Arranging for or providing health care counseling within the scope of nursing practice to the recipient and recipient's family in meeting the needs related to the recipient's condition.
- Providing coordination of care for the recipient, including ensuring that provisions are made for all required hours of care for the recipient.
- Accepting only those delegated medical acts for which current written or verbal orders exist and for which the nurse has appropriate training or experience.
- Within 24 hours of providing service, preparing written clinical notes that document the care provided and incorporating them into the recipient's medical records within seven days. (For further information, refer to the Documentation Requirements chapter of this handbook.)
- Promptly informing the physician and other personnel participating in the recipient's care of changes in the recipient's condition and needs.

Emergency and Back-Up Procedures

As required by HFS 105.19(8), Wis. Admin. Code, all NIP are required to have the following back-up and emergency procedures in place:

- Have arranged with another nurse to provide services to the recipient in the event the scheduled nurse is temporarily unable to provide services. Providers are required to retain written documentation of the backup coverage plan signed by the alternate nurse and to inform recipients of

the alternate nurse's name whenever possible before the alternate nurse provides services.

- Have a written plan for recipient-specific emergency procedures in case of a life-threatening situation, fire, or severe weather conditions. Nurses are required to review this plan with the recipient or the recipient's legal representative prior to implementing these procedures.
- Take appropriate action in the case of accident, injury, or adverse change in the recipient's condition. Nurses are required to immediately notify the recipient's physician, guardian (if any), and any other responsible person designated in writing by the recipient or recipient's legal representative.

When developing the back-up and emergency plans, the NIP should take into consideration what course of action should be taken by the nurse, the alternate nurse, and the recipient's family if the back-up or emergency plan fails for any reason.

Verifying Recipient Eligibility

Providers should always verify a recipient's eligibility for Wisconsin Medicaid before delivering services, both to determine eligibility for the current date and to discover any limitations to the recipient's coverage. The Medicaid Eligibility Verification System (EVS) provides eligibility information that providers can access a number of ways. Refer to the Important Telephone Numbers page at the beginning of this handbook for more information about accessing the EVS.

Limited Benefit Categories

Some Medicaid recipients covered under limited benefits categories have limited coverage. The EVS identifies recipients with limited benefits. Providers may refer to the Recipient Eligibility section of the All-Provider Handbook for more information on the different limited benefits categories.

When developing the back-up and emergency plans, the NIP should take into consideration what course of action should be taken by the nurse, the alternate nurse, and the recipient's family if the back-up or emergency plan fails for any reason.

Distribution of Medicaid Information

Nurses are strongly encouraged to photocopy and distribute the brochure titled *Wisconsin Medicaid Private Duty Nursing — A Guide for Medicaid Recipients and Their Families* to all recipients and their families. The brochure helps providers explain the following:

- The extent and limitations of the PDN benefit.
- The Medicaid PA process.
- The rights and responsibilities of PDN recipients and their families.
- The course of action available to recipients and their families who are dissatisfied with PDN services covered under Wisconsin Medicaid.

Refer to Appendix 1 of this handbook for a copy of the brochure.

Written Statement of Recipient Rights

In accordance with HFS 105.19(5), Wis. Admin. Code, all nurses providing services under the PDN benefit are required to furnish a written statement of recipient rights to the recipients they serve. Each provider is required to share the statement with the recipient and the recipient's legal representative prior to providing services.

The recipient or legal representative is required to acknowledge the receipt of the statement of recipient rights in writing and the signed statement must be included in the recipient's medical record.

In addition to rights held by all Wisconsin Medicaid recipients, each recipient of PDN services has the right to:

- Be fully informed of all rules and regulations affecting him or her.
- Be fully informed of the services that are to be provided by the nurse and of related charges, including any charges for services for which the recipient may be responsible.
- Be fully informed of one's own health condition, unless medically contraindicated.
- Participate in the planning of services, including referral to a health care institution or to another agency.
- Refuse treatment to the extent permitted by law and to be informed of the medical consequences of that refusal.
- Confidential treatment of personal and medical records.
- Receive education on self cares so that the recipient can, to the extent possible, maximize his or her functional independence. Family, other persons living with the recipient, or other parties designated by the recipient should also be instructed on the recipient's cares so that these persons can assist the recipient.
- Have his or her property treated with respect.
- Complain about the care that was provided or not provided, and to seek resolution of the complaint without fear of recrimination.

Contracts with Recipient and/or Family

Recipients or their legal representatives arrange for services with Wisconsin Medicaid-certified providers. Wisconsin Medicaid is *not* the employer of NIP and does not provide employment references or wage verification information. Nurses in independent practice are self employed.

In accordance with HFS 105.19(5), Wis. Admin. Code, all nurses providing services under the PDN benefit are required to furnish a written statement of recipient rights to the recipients they serve.

Terminating Service to a Recipient

As stated in HFS 105.19(9), Wis. Admin. Code, a nurse may discharge a recipient in the following circumstances:

- The recipient requests a discharge.
- The recipient's physician decides the recipient should be discharged. Providers should retain the physician order that recommends discharging the recipient.
- The nurse documents that continuing to provide services to the recipient presents a direct threat to the nurse's health or safety and further documents the refusal of the attending physician to authorize discharge of the recipient with full knowledge and understanding of the threat to the nurse.

A nurse is required to recommend discharge to the physician and recipient if the recipient no longer requires PDN services or requires services beyond the nurse's capability.

Any nurse resigning from a case should discharge the recipient and submit a Prior Authorization Amendment Request, HCF 11042, to Wisconsin Medicaid to enddate the PA. Refer to the Prior Authorization chapter of this handbook for further information.

When a nurse discharges a recipient who still requires care, that nurse should make a reasonable attempt to ensure continuity of care. The nurse is required to issue a notification of discharge to the recipient or legal representative at least two weeks (if possible) prior to cessation of services. In all circumstances, the nurse is required to provide assistance in arranging for the continuity of all medically necessary care prior to discharge.

Recipient Responsibilities

Arrangements with Nurses in Independent Practice

Nurses in independent practice are self-employed and are not employees of Wisconsin Medicaid. It is the responsibility of the recipient or his or her legal representative to arrange for care with each NIP, including the care coordinator. Recipients are strongly encouraged to verify the qualifications, malpractice insurance, and background information of each NIP before hiring the nurse.

Scheduling Providers

While the NIP may assist the recipient in scheduling nurses, it is still the recipient's or his or her legal representative's responsibility to keep a calendar or otherwise track the names, dates, and times for each nurse who will provide PDN services to the recipient.

Freedom from Liability for Covered Services

Nurses may not charge a recipient for covered PDN services furnished under Wisconsin Medicaid.

Private duty nursing services are not subject to copayment.

Nurses may not bill a recipient if the nurse fails to do the following:

- Meet Wisconsin Medicaid requirements.
- Comply with Wisconsin Medicaid policy and is denied Medicaid reimbursement.
- Obtain necessary PA to perform the services and is denied Medicaid reimbursement.

Refer to the Covered and Noncovered Services section of the All-Provider Handbook for more information on recipient liability for covered services.

Nurses may not charge a recipient for covered PDN services furnished under Wisconsin Medicaid.

Covered Services and Related Limitations

A covered service is a service, item, or supply for which Medicaid reimbursement is available when *all* program requirements are met. For a covered service to meet program requirements, the service must be provided by a qualified Medicaid-certified provider to an eligible recipient.

In addition, the service must meet all applicable program requirements, including, but not limited to, prior authorization, claims submission, prescription, and documentation requirements. The service must also be medically necessary as defined by HFS 101.03(96m), Wis. Admin. Code.

Refer to the Covered and Noncovered Services section of the All-Provider Handbook for more information about covered services, medical necessity, services that are not separately reimbursable, and emergency services.

Private Duty Nursing Benefit

The private duty nursing (PDN) benefit covers medically necessary services that are appropriate to the diagnosis(es) and medical condition(s) of a recipient who meets Wisconsin Medicaid's PDN eligibility criteria.

Recipient Eligibility for Private Duty Nursing Services

According to HFS 107.12(1)(a), Wis. Admin. Code, a recipient is eligible for PDN services if all of the following are true:

- He or she requires a total of eight or more hours of direct skilled nursing care in a 24-hour period according to the plan of care (POC).

- He or she does not reside in a hospital or nursing facility.
- He or she has a written POC specifying the medical necessity for PDN services.

Ventilator-Dependent Recipients

In accordance with HFS 107.113(1), Wis. Admin. Code, a ventilator-dependent recipient is eligible for respiratory care when he or she meets all of the eligibility criteria for PDN and:

- Is medically dependent on a ventilator for at least six hours per day. In addition, the recipient is required to meet one of the following two conditions:
 - ✓ Has been hospitalized for at least 30 consecutive days for his or her respiratory condition. The 30 consecutive days may occur in more than one hospital or nursing facility.
 - ✓ If the recipient has been hospitalized for less than 30 days, the recipient's eligibility for services will be determined by Wisconsin Medicaid's Chief Medical Officer on a case-by-case basis, and may include discussions with the recipient's pulmonologist and/or primary care physician to evaluate the recipient's diagnosis, prognosis, history of hospitalizations for the respiratory condition, and weaning attempts, when appropriate.
- Has adequate social support to be treated at home.
- May have ventilator care safely provided at home.

The PDN benefit covers medically necessary services that are appropriate to the diagnosis(es) and medical condition(s) of a recipient who meets Wisconsin Medicaid's PDN eligibility criteria.

PROVIDER USE ONLY
Refer to the Online Handbook
for current policy

Recipients Who Are Not Eligible for Private Duty Nursing Services

If the recipient requires fewer than eight hours of direct skilled nursing services in a 24-hour period, he or she may be eligible for other home health services and should be referred to a home health agency.

A recipient cannot be eligible concurrently for both PDN and home health skilled nursing services.

Hours of Care That Qualify as Private Duty Nursing Services

Wisconsin Medicaid requires that the POC include the actual amount of time to be spent on medically necessary direct cares requiring the skills of a licensed nurse (HFS 107.12[1][f], Wis. Admin. Code).

A recipient qualifies for PDN if he or she requires eight or more hours of direct skilled nursing services. Add up the total hours of direct skilled nursing care provided by all caregivers, including home health agencies, nurses, and skilled cares provided by family or friends. If the total time required for these cares is equivalent to eight hours or more, the recipient is eligible for PDN.

For this purpose, skilled nursing tasks covered by Wisconsin Medicaid may include, but are not limited to, the following:

- Application of dressings involving prescription medications and aseptic techniques.
- Gastrostomy feedings (include the time needed to begin, disconnect, and flush — not the entire time the feeding is dispensing).
- Injections.
- Insertion and sterile irrigation of catheters.
- Nasopharyngeal and tracheostomy suctioning.
- Treatment of extensive decubitus ulcers or other widespread skin disorders.

Private Duty Nursing Services Reimbursement Requirements

Wisconsin Medicaid covers PDN services as part of the PDN benefit if the services:

- Meet Wisconsin Medicaid's criteria to be classified as PDN services.
- Are prior authorized.
- Are prescribed by a physician in accordance with s. 49.46(2), Wis. Stats.
- Are provided to recipients eligible under s. 49.47(6)(a), Wis. Stats.
- Are implemented according to HFS 107, Wis. Admin. Code.
- Are provided in accordance with the recipient's POC. Services provided to the recipient that are not listed on the POC are not covered services. Refer to the Plan of Care chapter of this handbook for more information.

A recipient qualifies for PDN if he or she requires eight or more hours of direct skilled nursing services.

Place of Service for Private Duty Nursing Recipients

As stated in HFS 107.12(1)(a), Wis. Admin. Code, recipients who are eligible to receive PDN services in the home may use approved hours of service outside the home setting during those hours when a recipient's normal life activities take him or her outside the home setting.

Wisconsin Medicaid considers a recipient's home or residence to be the place where the recipient makes his or her home. The recipient's residence may be a single family home or an apartment unit. The recipient may reside with other household members. Hospital inpatient and nursing facilities are not allowable places of service while the recipient is receiving PDN services.

Providing Disposable Medical Supplies

The cost of routine disposable medical supplies (DMS) used by nurses while caring for the recipient, including routine DMS mandated by the Occupational Safety and Health Administration, is covered in the reimbursement rate. Nurses in independent practice (NIP) are expected to provide these supplies only during the billable hours in which they provide nursing services. Nurses are not expected to provide recipients with supplies for use when they are not directly providing billable nursing services.

When Wisconsin Medicaid includes DMS in the reimbursement rate, nurses may *not* do any of the following:

- Charge the recipient for the cost of DMS.
- Use supplies obtained by the recipient and paid for by Wisconsin Medicaid.
- Submit claims to Wisconsin Medicaid for the cost of the supplies.

Refer to Appendix 18 of this handbook for a list of DMS included in the home care reimbursement rate.

Coordination Services for Ventilator-Dependent Recipients

When more than one NIP is providing care to a ventilator-dependent recipient, Wisconsin Medicaid reimburses up to five hours per month per recipient for coordination services performed by a registered nurse (RN). A licensed practical nurse (LPN) may *not* provide coordination services.

Hours for coordination services are included in the daily and weekly hour limits for each nurse under HFS 107.113(5)(d), Wis. Admin. Code. Any services provided beyond the limits are not reimbursed by Wisconsin Medicaid.

Wisconsin Medicaid does not reimburse for coordination services and direct nursing care provided at the same time. Dates and times of coordination services must be documented in the medical record, including the extent and scope of the specific coordination services provided.

Documenting Coordination Services

The designated RN should document all coordination services. Documentation in the recipient's medical record is to include the extent and scope of specific care coordination provided.

Other information that must be included in the documentation is as follows:

- The type of services completed.
- The date and time of the services.
- The signature and title of the RN providing coordination services.

The coordinating RN's name and license number must be documented on both the Prior Authorization Request Form (PA/RF), HCF 11018, and on the recipient's POC.

Reimbursable Coordination Responsibilities

Reimbursable coordination services include assisting the recipient or legal representative in coordinating all home care services and any services provided by other health and social service providers. Reimbursable coordination services also include assisting the recipient to acquire additional nurses and scheduling nurses to provide authorized care for the ventilator-dependent recipient.

Nurses providing coordination services are not responsible for completing or submitting PA requests or claims for reimbursement for other NIP.

The cost of routine disposable medical supplies (DMS) used by nurses while caring for the recipient, including routine DMS mandated by the Occupational Safety and Health Administration, is covered in the reimbursement rate.

ARCHIVAL USE ONLY
Refer to the Online Handbook for current policy

Change in Coordinators

When a change in coordinators occurs on a ventilator-dependent case, documentation in the medical record must include the name of the new coordinator and the date he or she will assume coordination responsibilities. The POC should also be updated to reflect the change in coordinators.

In addition, the nurse assuming coordination responsibilities should submit an amendment to Wisconsin Medicaid requesting case coordination, indicating his or her name and the date case coordination duties will begin under this name. The appropriate procedure code and modifier must be included in the amendment to be reimbursed by Wisconsin Medicaid. Refer to the Prior Authorization chapter of this handbook for further information on submitting amendments to Wisconsin Medicaid.

Coordination Services for Recipients Not Ventilator-Dependent

When more than one nurse is providing care to a non-ventilator-dependent recipient, Wisconsin Medicaid requires an RN on the case to provide coordination services in accordance with HFS 107.12(1)(d)1.c., Wis. Admin. Code. An LPN may *not* provide coordination services.

Wisconsin Medicaid does not reimburse RNs for coordination services for recipients of the PDN benefit who are not ventilator-dependent. As specified in HFS 107.12(1)(f), Wis. Admin. Code, Wisconsin Medicaid reimburses nurses only for the actual time spent in direct skilled nursing services requiring the skills of a licensed nurse.

Coordination Services Documentation

The designated RN shall document all coordination services. Documentation in the recipient's medical record is to include the extent and scope of specific care coordination provided (HFS 107.12[3][c], Wis. Admin. Code).

Other information that must be included in the documentation is as follows:

- The type of services completed.
- The date and time of the services.
- The signature and title of the RN providing coordination services.

Each POC and PA/RF submitted by a nurse must include the name and license number of the coordinating RN.

Coordination Responsibilities

Coordination services responsibilities include assisting the recipient or legal representative in coordinating all home care services and other services provided by other health and social service providers.

Registered nurses providing coordination services are not responsible for completing or submitting PA requests or claims for reimbursement for other NIP.

Change in Coordinators

When a change in coordinators occurs on a nonventilator-dependent case, documentation in the medical record must include the name of the new coordinator and the date he or she will assume coordination responsibilities. The POC should also be updated to reflect the change in coordinators. There is no need to submit an amendment with the change to Wisconsin Medicaid.

When more than one nurse is providing care to a non-ventilator-dependent recipient, Wisconsin Medicaid requires an RN on the case to provide coordination services in accordance with HFS 107.12(1)(d)1.c., Wis. Admin. Code.

Wisconsin Medicaid may deny or recoup payment for covered services that fail to meet program requirements.

Case Sharing

If more than one type of Medicaid-certified home care provider provides care to a recipient, the case becomes a shared case. All NIP sharing a case with personal care agencies or home health agencies should document their communication with the other providers regarding recipient needs, POC, and scheduling. This will ensure coordination of services and continuity of care, while also preventing duplication of services being provided to a recipient.

According to HFS 101.03(96m)(b)6, Wis. Admin. Code, medically necessary services cannot be duplicative with respect to other services being provided to the recipient. When providers of more than one service type share a case, NIP need to integrate that information into the recipient's POC and the PA request. This information must be included regardless of the payer source for services of other providers on a shared case.

Provider Responsibility

When multiple providers are caring for a recipient or "case sharing," each provider is responsible for doing the following:

- Obtaining a PA separately for the services he or she will perform.
- Communicating and coordinating the PA request with other case-sharing providers to assure appropriate care and reimbursement.

Case Sharing Documentation

To reduce the chance of PA request returns and expedite the PA process, each provider is required to document specific information about the case. Wisconsin Medicaid may return the PA request if information provided is incomplete and/or inconsistent.

Plan of Care

Each provider is required to indicate the following on the recipient's POC:

- The total number of home care hours that the recipient requires.
- The names of all the providers that will be sharing the case.
- The number of hours that each provider will be providing care.

Prior Authorization Request Form

Each provider is required to indicate the following in Element 19 of the PA/RF:

- The number of hours per week the provider will provide care.
- "Shared case with (name of the other provider). Total hours for all providers will not exceed total hours on the POC."

Reimbursement Not Available

Wisconsin Medicaid may deny or recoup payment for covered services that fail to meet program requirements. Medicaid reimbursement is also not available for noncovered services.

Refer to the Covered and Noncovered Services section of the All-Provider Handbook for more information about services that do not meet program requirements, noncovered services, and situations when it is permissible to collect payment from recipients for noncovered services.

Nurses in independent practice may not receive Medicaid reimbursement for the services stated in HFS 107.113(5) and 107.12(4), Wis. Admin. Code. These services include, but are not limited to, the following:

- Any service that fails to meet the recipient’s medical needs or places the recipient at risk for a negative treatment outcome.
- Services that are not medically necessary as defined in HFS 101.03(96m), Wis. Admin. Code, including, but not limited to, services that are the following:
 - ✓ Duplicative with respect to other services provided.
 - ✓ Provided solely for the convenience of the recipient, recipient’s family, or a provider.
 - ✓ Not cost-effective compared to an alternative medically necessary service that is reasonably accessible to the recipient.
- Any home health services under HFS 107.11, Wis. Admin. Code.

- Skilled nursing services performed by a recipient’s spouse or parent if the recipient is under age 18.
- Any services that do not make effective and appropriate use of available services.
- Services that were provided but not documented.
- Any services not included in the physician’s POC for the recipient.
- Services provided without PA.
- Parenting.
- Supervision of the recipient when supervision is the only service provided.

Travel and Record-Keeping Time

Wisconsin Medicaid includes the cost for record keeping and travel time in the rates established for PDN services. The time spent on these activities is not separately reimbursable by Wisconsin Medicaid.

W Wisconsin Medicaid includes the cost for record keeping and travel time in the rates established for PDN services.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Documentation Requirements

Each provider is responsible for the preparation and maintenance of accurate, complete, legible, and concise medical documentation and financial records consistent with the requirements of HFS 106.02(9)(a), Wis. Admin. Code. Wisconsin Medicaid requires that documentation show a complete and accurate description of the recipient's condition and progress in dated and signed notes.

Each individual provider is required to retain records for a period of not less than *five years* from the date of payment.

Providers should also refer to the Certification and Ongoing Responsibilities section of the All-Provider Handbook for information about documentation requirements.

Required Information for Medical Record

In accordance with HFS 105.19(7), Wis. Admin. Code, nurses in independent practice (NIP) are required to include the following information in each recipient's medical record:

- Recipient identification information.
- The recipient's condition, problems, progress, and services rendered.
- Any relevant hospital information supplied by the hospital, including discharge information, diagnosis, current patient status, and post-discharge plan of care (POC).
- An initial evaluation and assessment of the recipient.
- All medical orders, including the current physician written POC and all interim physician's orders. Refer to the Plan of Care chapter of this handbook for further information about a physician's verbal orders.

- A consolidated list of medications, including start and stop dates, dosage, route of administration, and frequency. This list must be reviewed and updated for each nursing visit, if necessary.
- Progress notes written as frequently as necessary to clearly and accurately document the recipient's status and services provided. A "progress note" is a written notation, timed, dated and signed by a member of the health team providing covered services, that summarizes facts about the care furnished and the recipient's response during a given period of time.
- Clinical notes written, timed, signed, and dated the day service is provided and incorporated into the medical record within seven days. A copy of these notes should be maintained in the record in the recipient's home. These notes are a notation of contact with a recipient that document the private duty nursing services provided and should do the following:
 - ✓ Describe the recipient's medical status, including signs and symptoms.
 - ✓ List the time, date, and a description of treatment and drugs administered and the recipient's reaction.
 - ✓ Describe any changes in the recipient's physical or emotional condition and any nursing intervention.
- Written summaries of the recipient's care provided by the nurse to the physician at least every 62 days.

Each individual provider is required to retain records for a period of not less than *five years* from the date of payment.

ARCHIVAL USE ONLY
Refer to the Online Handbook for current policy

The following information must be included in the documentation concurrent to the notation of service in both progress notes and clinical notes:

- The date and time of service.
- The signature and title of the performing provider.

All physician-ordered treatments and interventions included in the POC must be documented in the recipient's medical record.

For ventilator-dependent recipients, the ventilator settings and parameters and the ventilator checks must also be documented in the recipient's medical record.

Physician Signature

In accordance with HFS 107.113(2) and 107.12(1)(d)2, Wis. Admin. Code, the written POC shall be reviewed, signed, and dated by the recipient's physician as often as required by the recipient's condition but at least every 62 days and *prior to* the end of the certification period on the recipient's POC. If the subsequent POC is not signed by the physician prior to the end of the previous certification period, the nurse is working without orders, and these services are not reimbursable by Wisconsin Medicaid.

Documentation Requirements of Supervising Nurses

The supervising registered nurse (RN) is required to document his or her review of the daily documentation of the delegated or assigned tasks completed by a licensed practical nurse (LPN) under the RN's supervision. This should be done at the same time that the review of the POC is performed. The supervising RN is also required to document

any direct supervision performed. Appropriate documentation includes but is not limited to:

- Date, time, and location of supervision activities.
- Nursing acts supervised and the result of the supervised activities.

The LPN is required to maintain a copy of the supervising RN's documentation in the recipient's medical record.

Availability of Records to Others

Wisconsin Medicaid requires all providers to maintain a recipient's original medical record or a copy that can be reproduced.

To ensure continuity of care, providers are strongly encouraged to leave a copy of the recipient's original medical record in the recipient's home. Nurses should also make a copy of the medical record available at the request of the recipient or the recipient's legal representative. Recipients have a right to a copy of their medical record and are not responsible for keeping, maintaining, or providing a copy of their medical record.

All providers, including NIP, are required to make documentation and financial records available to Wisconsin Medicaid upon request. Examples of these types of records include, but are not limited to, the following:

- Clinical notes.
- Interim orders.
- Plans of care.
- Prior authorization requests.
- Progress notes.
- Protocols.
- Timesheets.

In accordance with HFS 107.113(2) and 107.12(1)(d)2, Wis. Admin. Code, the written POC shall be reviewed, signed, and dated by the recipient's physician as often as required by the recipient's condition but at least every 62 days and *prior to* the end of the certification period on the recipient's POC.

Record Maintenance After Termination as Wisconsin Medicaid Provider

Termination as a Wisconsin Medicaid provider does not end a provider's responsibility to retain and provide access to fully maintained records.

Termination as a Wisconsin Medicaid provider does not end a provider's responsibility to retain and provide access to fully maintained records. An alternative arrangement for record retention and maintenance does not relieve providers of the responsibility to provide access to these records for a period of not less than five years. Refer to the Certification and Ongoing Responsibilities section of the All-Provider Handbook for more information on record retention and maintenance.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

P Plan of Care

In accordance with HFS 107.12(1)(d), Wis. Admin. Code, Wisconsin Medicaid requires that each recipient have a written plan of care (POC). Private duty nursing (PDN) services are required to be provided according to the recipient's POC, as stated in HFS 105.19(2), Wis. Admin. Code.

Plan of Care Documentation Methods

When completing and submitting the POC, nurses in independent practice (NIP) providing PDN services may use either the Prior Authorization/Home Care Attachment (PA/HCA), HCF 11096, or the recipient's POC in another format that contains *all* of the components requested in the completion instructions of the PA/HCA.

When completed according to the completion instructions, the PA/HCA contains the information Wisconsin Medicaid requires to adjudicate a provider's PA request for home care services.

Wisconsin Medicaid requires complete and accurate information to adjudicate PA requests submitted for home care services. Incomplete PA requests will be returned to the provider.

Submitting Another Format for the Recipient's Plan of Care

Providers who choose to submit the recipient's POC in another format are required to include all of the components requested in the PA/HCA Completion Instructions, HCF 11096A. Prior authorization requests received without the requested information will be returned to the provider.

Providers choosing this option should note that the nurse and physician who sign the POC are required to attest to the respective Wisconsin

Medicaid certification statements in Section VI of the PA/HCA Completion Instructions.

To speed processing and reduce the number of returned PA requests, providers are strongly encouraged to verify that all requested information is included with the PA request when choosing to submit a version of the POC other than the PA/HCA.

Obtaining Plan of Care Forms

The completion instructions and PA/HCA are located in Appendices 3 and 4 of this handbook for photocopying and may also be downloaded and printed from the Medicaid Web site.

Developing the Plan of Care

The POC should be based on the orders of a physician, a registered nurse's (RN) assessment based on a visit to the recipient's home, and in consultation with the physician, the recipient or, as appropriate, the recipient's legal representative, the recipient's family, and other members of the household.

When developing the POC, the RN should also assess the recipient's social and physical environment, including the following:

- Family involvement.
- Living conditions.
- The recipient's functional status.
- Any pertinent cultural factors.

Licensed practical nurses may not develop the POC; however, they are required to read and sign the POC. Wisconsin Medicaid expects each NIP on the case to read and sign the POC, regardless of which NIP develops it.

Private duty nursing (PDN) services are required to be provided according to the recipient's POC, as stated in HFS 105.19(2), Wis. Admin. Code.

APPROVAL USE ONLY
Refer to the Online Handbook
for current policy

Physician's Orders and Signature

All skilled nursing services require a physician's order or prescription. Wisconsin Medicaid will not reimburse for services provided *before* a physician's order or prescription is obtained. The order or prescription shall be in writing or given verbally and later be reduced to writing by the nurse. All orders or prescriptions must be reviewed, signed, and dated by the prescribing physician as stated in HFS 107.02(2m), Wis. Admin. Code.

The initial POC containing the physician's orders must be reviewed, signed, and dated by the physician within 20 working days following the recipient's start of care. All subsequent POC must be reviewed, signed, and dated by the physician *prior to* the beginning of the new certification period as specified in HFS 107.12(1)(d), Wis. Admin. Code.

Start of Care

The start of care date is the date of the recipient's first billable home care visit. This date remains the same on all subsequent POC until the recipient is discharged from uninterrupted service.

Certification Period

Each certification period may last no longer than 62 days. The 62-day period corresponds with the certification period dates in Element 4 of the PA/HCA and includes both the "From" date and the "To" date. The POC expires at the end of the 62-day certification period.

Wisconsin Medicaid requires that all components of the POC be reviewed and signed by a physician at least every 62 days (HFS 105.19[2], Wis. Admin. Code). If multiple physicians order services, orders are combined on one POC and signed by the primary physician at least every 62 days. The nurse has the responsibility to sign and confirm the date that the information on the POC was reviewed with the physician, to verify that the POC is complete, and to keep a current and complete POC on file.

Once the physician signs the POC, it serves as the physician's orders for the length of the certification period.

The physician must sign and date all subsequent POC *prior to* the beginning certification date on the POC. Otherwise, the nurse is providing services without orders, and such services will not be reimbursed by Wisconsin Medicaid. Refer to Appendix 5 of this handbook for an example of the certification period on the PA/HCA.

Verbal Orders

At times the physician may give an order to the nurse verbally.

Verbal Orders for Initial Certification

To facilitate immediate access to home care services, Wisconsin Medicaid allows NIP to be reimbursed for services provided under verbal orders. The nurse is required to reduce the verbal orders to writing and transmit the orders to the physician immediately and obtain the physician's signature and date on those orders within 20 working days.

Verbal Orders for Subsequent Certification

Once care has started, *verbal orders may not be obtained for subsequent certification periods*. For ongoing cases, the physician must review, sign, and date renewed or (as necessary) revised orders before the end of the certification period for the NIP to continue to be reimbursed without interruption after starting care of the recipient.

Verbal Orders Within Any Certification Period

An *urgent* situation may prompt the physician to issue verbal orders. Such verbal orders *during* the authorized certification period are the direct result of changes in the patient's condition necessitating an immediate modification to the POC. For example, the recipient's adverse reactions to a currently prescribed medication or treatment may result in a physician verbally ordering a change to the recipient's treatment or medication.

Each certification period may last no longer than 62 days.

ARCHIVAL USE ONLY
Refer to the Online Handbook for current policy

When verbal orders are necessary within a certification period, the nurse must document the orders, reduce them to writing, and sign and date them. The NIP has 10 days from the date the physician gave the orders to obtain the physician's signature and date on those orders, as stated in HFS 107.12(1)(e), Wis. Admin. Code.

Plan of Care Requirements

As specified in and supported by HFS 107.12(1)(d), 105.19(8), 107.02(2)(f), and 106.02(9), Wis. Admin. Code, the POC must contain medication and treatment orders and medically necessary hours of care as ordered by a physician, in addition to the following elements:

- Treatment orders.
- Medication orders.
- Measurable and time-specific goals.
- Methods for delivering needed care, and an indication of which other professional disciplines, if any, are responsible for delivering care.
- Provisions for care coordination by an RN when more than one nurse is necessary to staff the recipient's case.
- A description of functional status, mental status, dietary needs, and allergies.
- A dated physician's signature signifying that the physician has reviewed the POC.
- Nursing and emergency interventions.
- Parameters for all pro re nata (PRN) orders.
- A plan for medical emergencies.
- A plan to move the recipient to safety in the event of a condition that threatens the recipient's immediate environment.
- Other items as appropriate to the recipient's case.

Plans of care for ventilator-dependent recipients must also include the following elements:

- Ventilator settings and parameters.
- Procedures to follow in the event of accidental extubation.

Medically necessary hours of skilled nursing care as ordered by a physician are to include hours that may be claimed by professional providers *and* hours of care routinely provided by the family and other volunteer caregivers.

In addition to the elements required on the POC by HFS 107.12(1)(d), Wis. Admin. Code, NIP should include a brief clinical history and summary of the recipient's condition to expedite the PA request. This additional information may decrease the frequency of returned PA requests.

For a sample POC documented on the PA/HCA, providers may refer to Appendix 5 of this handbook.

Medical Necessity and the Plan of Care

The recipient's health status and medical need, as reflected in the POC, provide the basis for determinations as to whether services provided are reasonable and medically necessary.

Each nurse is responsible, along with the physician, for the contents of the POC relating to the medical necessity of care, accuracy of all information submitted, and relevance of the POC to the recipient's current medical condition. A nurse is required to do the following:

- Promptly notify the recipient's physician of any change in the recipient's condition that suggests a need to modify the POC.
- Implement any changes that were made to the POC.

Providers are required to include a complete, detailed, and accurate description of the recipient's medical condition and needs in the POC. The POC should be developed and reviewed concurrently with and in support of other health care providers providing services to the recipient in the home.

The recipient's health status and medical need, as reflected in the POC, provide the basis for determinations as to whether services provided are reasonable and medically necessary.

Refer to the Online Handbook for current policy.

Changes to the Plan of Care

When the recipient's medical needs change, NIP are required to notify the physician so that the physician may order a change to the POC to reflect the recipient's current medical needs.

It is illegal to add or change orders on a POC after it has been signed by a physician. To add or change orders, providers are required to attach a signed copy of the new physician orders to the POC. Orders that will continue into the next certification period must be incorporated into the next POC prior to it being signed by the physician.

The use of correction fluid or correction tape on a POC is not an acceptable practice. Wisconsin Medicaid may recoup any reimbursement based on a POC with correction fluid or correction tape. When correcting errors on a POC before it is signed, a nurse should cross out the error with a single line and place his or her initials and the date next to the correction. Wisconsin Medicaid will return a POC with other methods of correction to the provider.

It is illegal to add or change orders on a POC after it has been signed by a physician.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Prior Authorization

Prior authorization (PA) is approval of coverage of services by Wisconsin Medicaid before the provision of the services. Prior authorization is required for all private duty nursing (PDN) services before they are provided. Wisconsin Medicaid does not reimburse providers for services provided either before the grant date or after the expiration date indicated on the approved Prior Authorization Request Form (PA/RF), HCF 11018. If the provider delivers a service either before the grant date or after the expiration date of an approved PA, or provides a service that requires PA without obtaining PA, the provider is responsible for the cost of the service. In these situations, providers may not collect payment from the recipient.

All PDN services require PA as stated in HFS 107.12(2)(a), Wis. Admin. Code.

When requesting PA for services, providers should note the following:

- Chapter HFS 107.02(3), Wis. Admin. Code, provides Wisconsin Medicaid with the authority to require PA for covered services. It also provides procedures for PA documentation and departmental review criteria used to authorize coverage and reimbursement.
- A request for PA does not guarantee approval.
- Prior authorization does not guarantee payment. To receive Medicaid reimbursement, provider and recipient eligibility on the date of service as well as all other Medicaid requirements must be met.
- Providers are required to submit PA requests *separately* from their certification materials.

For more information about general PA policies, obtaining PA forms and attachments, and submitting PA requests, refer to the Prior Authorization section of the All-Provider Handbook.

Responsibility for Prior Authorization

Each nurse is personally responsible for submitting a complete, accurate, and timely PA request including all attachments. Neither the case coordinator nor the physician are responsible for completing or submitting PA requests for other nurses on the case. Additionally, the recipient and/or family members are not permitted to complete or submit a PA request.

Failure to fully complete the PA/RF or other required attachments may delay processing.

By requesting PA for services, a provider attests through the documentation to Wisconsin Medicaid that, to the best of his or her knowledge, care is medically necessary.

Services Requiring Prior Authorization

All PDN services require PA as stated in HFS 107.12(2)(a), Wis. Admin. Code. Wisconsin Medicaid does not reimburse for PDN if the services are provided without an approved PA.

Limits on Authorized Services

Authorization is limited to 12 hours in each 24-hour period and 60 hours in a calendar week for any one nurse, as stated in HFS 107.12(2)(b), Wis. Admin. Code. These limitations include all services for all recipients who are receiving Medicaid-covered services from the nurse. Wisconsin Medicaid will not approve a PA request for two consecutive 12-hour periods.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

A 24-hour period should not be confused with a calendar day. For the purposes of Wisconsin Medicaid PDN services:

- Each calendar day is a 24-hour period that begins at midnight and ends at midnight.
- A calendar week begins with Sunday, ends with Saturday, and consists of seven consecutive calendar days.

Requesting Private Duty Nursing Hours

When submitting a PA request for PDN, the scheduled number of hours requested should reflect the daily care needs of the recipient. The following should be considered when requesting PDN hours:

- Type of medically necessary skilled service needed.
- Stability and predictability of the recipient's clinical course.
- Availability of family/other caregivers.

The physician's orders for PDN should be written in hours per day and days per week.

Hours of Private Duty Nursing for Children

To determine the hours of PDN care for children, providers should consider the extent to which the family and/or other unpaid caregivers are capable of providing medical cares.

Approval of PDN for 24 hours per day may be considered for children in the following circumstances:

- For short-term care after institutional discharge or after in-home exacerbations with significant medical changes, allowing time to teach the family or caregivers and to stabilize the child and develop routine care techniques.

- For short-term care if a single parent or caregiver is hospitalized or if one family member or caregiver is hospitalized and the other is not capable of providing care. Private duty nursing for 24 hours per day may fill the gap until other caregivers can be taught cares, or until the usual family member or caregiver can resume them.
- If the family or caregivers are not *capable* of providing *any* needed cares.

Private duty nursing may be approved for family member or caregiver work time. For example, if the family member or caregiver works outside the home, a reasonable number of PDN hours may be approved to allow for the family member or caregiver's absence from cares for work and commuting to and from work.

If overnight PDN is medically necessary, PDN may be approved for family or caregivers' sleep time. Private duty nursing may be approved for the night shift so the family or caregivers can sleep. Sleep time may be approved during the day if the family member or caregiver works during the night.

Private duty nursing may be approved for medically necessary services if the family needs time to perform family or other similar *responsibilities* of the family or caregivers such as grocery shopping, medical appointments, or picking up medical supplies.

Private duty nursing may be approved for the child's school hours when it is medically necessary for a nurse in independent practice (NIP) to accompany the child to school. In many cases, the child meets Wisconsin Medicaid's eligibility criteria for PDN, but is cared for at school by nurses' aides or laypersons, with a school registered nurse (RN) available as needed.

When submitting a PA request for PDN, the scheduled number of hours requested should reflect the daily care needs of the recipient.

Flexible hours allow PDN recipients and their families to use authorized hours of care over an extended period of time.

When determining the number of PDN hours that will be approved, the following elements will be considered:

- The child's school time.
- The family or caregivers' work schedule.
- Any other pertinent information.

Requesting Pro Re Nata Hours

Pro re nata (PRN), or "as needed," hours may be requested when there is a reason to expect a deviation in the number of scheduled hours needed due to a change in the recipient's needs. Pro re nata hours must be medically necessary and the physician's orders on the plan of care (POC) must specify the number and purpose of the PRN hours requested.

If after using all the PRN hours granted it is found that additional hours are needed, providers may request an amendment to the PA for more PRN hours. The amendment must include documentation stating the dates all previously granted PRN hours were used and the activities performed during each PRN hour.

Flexible Use of Weekly Hours

Flexible hours allow PDN recipients and their families to use authorized hours of care over an extended period of time. Hours may be used in varying amounts over the approved period of time to meet the needs of the recipient and his or her family. Flexible hours might be used in situations in which a primary caregiver is unable to provide as many hours of care as usual due to an acute illness. Even though flexible use of hours may be approved, the hours must still be medically necessary. Any PDN hours used over those hours approved in the flexibility period are not reimbursable by Wisconsin Medicaid.

Flexibility of hours can be requested to be used in week-long blocks of time. The most common blocks of time are periods of 1, 2, 4, 6, 8, and 9 weeks. Nurses should develop a record-keeping system to keep track of the hours of care used. This will help to prevent exceeding the number of hours approved in the period in which flexibility has been authorized.

One suggestion for tracking use of hours is to use the certification period in Element 4 of the Prior Authorization/Home Care Attachment (PA/HCA), HCF 11096.

Any time flexibility is requested, the date that each flexibility period starts must be clearly specified in the POC (Element 15 of the PA/HCA).

Requesting Flexible Use of Hours

To request flexibility in the use of PDN hours, recipients and their families should discuss the following with the NIP and physician:

- Hours of medically necessary care required.
- The time period in which flexibility will be used.

For example, if it is determined that up to 16 hours per day for seven days per week for a total of 112 hours per week of PDN services are required and the hours will be used flexibly over an eight-week period, the request would read as follows:

Private duty nursing RN/licensed practical nurse (LPN) up to 16 hours per day, seven days per week (total of 112 hours per week). Hours to be used flexibly, one to 24 hours per day, not to exceed 896 hours in an eight-week period all providers combined.

Refer to Appendix 5 of this handbook for an example of requesting flexible hours.

Amending Prior Authorization Requests to Include Flexible Hours

If an existing PA request has been approved without flexibility and it is determined that the use of flexible hours would be of benefit, providers should request an amendment to the PA request and obtain new orders from the physician. The amendment must explain the reason flexibility is needed and include the specific date that the use of flexible hours will start.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

If a change occurs in the recipient's medical condition or a family medical crisis arises (e.g., the extended illness of a primary caregiver), and the coverage for these events cannot be accommodated within the authorized use of the flexible hours during the flexibility period, nurses should submit a request for additional hours through an amendment to the original PA request. The amendment must explain the reason for the additional hours in detail; however, most events can be accommodated through the use of flexibility.

Required Documentation for Prior Authorization Requests

Nurses in independent practice are required to submit the following forms for PA requests:

- Prior Authorization Request Form.
- Private Duty Nursing Prior Authorization Acknowledgment, HCF 11041.
- Either the PA/HCA or the recipient's POC in another format that contains *all* of the components requested in the completion instructions of the PA/HCA.

Prior Authorization Request Form

The PA/RF is used by Wisconsin Medicaid and is mandatory for providers when requesting PA. The PA/RF serves as the cover page of a PA request. Refer to Appendices 6-9 of this handbook for completion instructions and sample PA/RFs. Refer to the Prior Authorization section of the All-Provider Handbook for information on obtaining the PA/RF.

Providers are required to indicate the provider, recipient, and basic service information on the PA/RF. Each PA request is assigned a unique seven-digit number. This PA number must be indicated on a claim for the service because it identifies the service as one that has been prior authorized.

The total hours requested on the PA/RF cannot exceed the number of hours on the physician-signed POC.

In accordance with HFS 107.12(2)(c), Wis. Admin. Code, an LPN is required to indicate on the PA/RF the name, credentials, and license number of the RN or physician who has agreed to provide supervision of the LPN's performance. Refer to Appendix 8 of this handbook for a sample PA/RF.

As specified in HFS 107.12(2)(d), Wis. Admin. Code, a PA request for care for a recipient who requires more than one nurse to provide medically necessary care shall include the name and license number of the RN performing coordination responsibilities. Refer to Appendix 7 of this handbook for a sample PA/RF.

For a ventilator-dependent recipient receiving PDN services, a PA request shall include the name and license number of the RN who is responsible for coordination of all care provided under Wisconsin Medicaid for the recipient in his or her home as stated in HFS 107.113(3)(a), Wis. Admin. Code. Refer to Appendix 8 of this handbook for a sample PA/RF.

Private Duty Nursing Prior Authorization Acknowledgment

Wisconsin Medicaid requires nurses to submit a completed and signed Private Duty Nursing Prior Authorization Acknowledgment with all PA requests. This form acknowledges that the recipient or the recipient's legal representative has read the POC and PA request. The Private Duty Nursing Prior Authorization Acknowledgment, is located in Appendix 2 of this handbook for photocopying and may also be downloaded and printed from the Medicaid Web site.

Prior Authorization Attachments

Providers are required to attach a copy of either the PA/HCA or the recipient's POC in another format that contains *all* of the components requested in the completion instructions of the PA/HCA to the PA request. Refer to the Plan of Care chapter of this handbook for more information.

Wisconsin Medicaid requires nurses to submit a completed and signed Private Duty Nursing Prior Authorization Acknowledgment with all PA requests.

Submitting Prior Authorization Requests

For initial or renewal requests, providers are encouraged to submit PA requests at least 30 days before they plan to begin providing services. Prior authorization requests may be submitted no earlier than 62 days prior to the requested effective date.

Refer to the Prior Authorization section of the All-Provider Handbook for specific instructions on submitting PA requests by mail, fax, or the Web. Providers are encouraged to retain copies of all PA requests and supporting documentation before sending them to Wisconsin Medicaid.

Prior Authorization Effective Dates

Each approved PA request has a grant (start) date and an expiration (end) date. Prior authorization requests are approved for varying periods of time based on clinical justification submitted. Refer to the Prior Authorization section of the All-Provider Handbook for further information on grant and expiration dates.

Prior Authorization Responses

Prior authorization decisions are made within 20 working days from the receipt of *all* information necessary to process the request. (Most decisions are made within 10 working days.)

After the clerical and clinical reviews of the PA request are complete, one of the following decisions is made for the PA request:

- Approved.
- Approved with modification.
- Returned to the provider for additional information or clarification.
- Denied.

It is essential that providers refer to the Prior Authorization section of the All-Provider Handbook for detailed information about each type of response.

Providers should review the comments made by Wisconsin Medicaid on the PA/RF and take appropriate action. Providers are required to keep the recipient informed throughout the entire PA process.

Prior Authorization Backdating

Backdating a PA request to a date prior to Wisconsin Medicaid's initial receipt of the request may be allowed in limited circumstances.

Each nurse is solely responsible for submitting PA requests in a timely manner. Failure to do so may result in denied PA requests.

Initial Requests

An initial PA request may be backdated up to 14 calendar days from the first date of receipt by Wisconsin Medicaid. For backdating to be authorized, both of the following criteria must be met:

- The provider specifically requests backdating in writing on the PA request.
- The request includes clinical justification for beginning the service before PA was granted.

Extraordinary Circumstances

In the following cases, a PA request *may* be backdated for more than 14 days:

- A court order or hearing decision requiring Wisconsin Medicaid coverage is attached to the PA request.
- The recipient is retroactively eligible. (Indicate in Element 19 of the PA/RF that the service was provided during a period of retroactive recipient eligibility. Indicate the actual date the service was provided in Element 14.)

For initial or renewal requests, providers are encouraged to submit PA requests at least 30 days before they plan to begin providing services.

ARCHIVAL USE ONLY
Refer to the All-Provider Handbook for current policy

Subsequent Requests Will Not Be Backdated

Wisconsin Medicaid will not backdate subsequent PA requests for continuation of ongoing services. To prevent a lapse in coverage, all subsequent PA requests must arrive at Wisconsin Medicaid prior to the expiration date of the previous PA.

Returned Requests

An initial PA request returned for additional information may be backdated 14 calendar days from the date it was initially received by Wisconsin Medicaid if the additional corrected information is returned with the original PA/RF. Reasons for returned requests are outlined in the Prior Authorization section of the All-Provider Handbook.

Amendment Requests

Prior authorization amendment requests may be backdated 14 calendar days from the date of receipt by Wisconsin Medicaid if the request is for urgent situations in which medical necessity could not have been predicted.

Denied Requests

Once a PA request has been denied, that PA number can no longer be used. A new PA number must be used with a new request. A new request following a denial may be backdated to the original date the denied request was received by Wisconsin Medicaid when all of the following criteria are met:

- The earlier grant date is requested.
- The denied PA request is referred to in writing.
- The new PA request has information to justify approval.
- The request for reconsideration submitted with additional supporting documentation is received within 14 calendar days of the adjudication date on the original denied PA request.

Amending an Approved or Modified Prior Authorization Request

Under certain circumstances, providers may amend an approved or modified PA. Examples of these types of circumstances include, but are not limited to, the following:

- The recipient's Medicaid identification number changes.
- There is a short-term change in the recipient's medical condition and the frequency of a service needs to be modified temporarily, regardless of whether it is an increase or decrease in level of care or hours. Physician orders that reflect the change are required.
- A provider reduces the number of hours of service because another provider begins to share the case. Requests for additional services by another provider may be denied if the number of hours on the first PA are not reduced at the same time.
- There is a change in case coordination responsibilities on a ventilator-dependent recipient's case.

Providers may also submit a reconsideration request in the form of an amendment when a request has been modified. Providers may request reconsideration by submitting an amendment request with additional documentation that supports the original request. The amendment request should be received within 14 calendar days of the adjudication date on the original PA/RF or amendment. If the amendment request is approved, Wisconsin Medicaid will notify the provider of the effective date.

Note: If there is a significant, long-term change that requires a new POC, then Wisconsin Medicaid recommends that providers enddate the current PA and submit a new PA request.

Wisconsin Medicaid will not backdate subsequent PA requests for continuation of ongoing services.

The amendment request should include:

- A completed Prior Authorization Amendment Request, HCF 11042, describing the specific change requested and the reason for the request. Provide sufficient detail for Wisconsin Medicaid to determine the medical necessity of the requested services.
- A copy of the PA/RF to be amended (*not* a new PA/RF).
- A *copy* of the updated PA/HCA, the recipient's POC in another format that contains *all* of the components requested in the completion instructions of the PA/HCA, or the physician's orders. If current orders continue to be compatible with the new request, new orders are not necessary.
- Additional supporting materials or medical documentation explaining or justifying the requested changes.

The completion instructions and Prior Authorization Amendment Request are located in Appendices 10 and 11 of this handbook for photocopying and may also be downloaded and printed from the Medicaid Web site.

Ending a Prior Authorization Request

When a recipient chooses to discontinue receiving prior authorized services or a provider chooses to discontinue delivering prior authorized services, the billing provider should request the PA be ended. This will facilitate the recipient's eligibility for other care, if necessary.

To enddate a PA, the provider should submit an amendment request and amend the expiration date of the PA to show the actual date of discharge.

An NIP may accompany a recipient who is traveling out-of-state only when a PA amendment request is submitted requesting out-of-state travel.

Out-of-State Private Duty Nursing

Occasionally, a recipient may request that an NIP accompany him or her on out-of-state travel to assist with skilled nursing needs. An NIP may accompany a recipient who is traveling out-of-state only when a PA amendment request is submitted requesting out-of-state travel.

For additional policy details on out-of-state certification, providers may refer to the Certification and Ongoing Responsibilities and the Prior Authorization sections of the All-Provider Handbook.

Out-of-State Prior Authorization Request Requirements

An NIP is required to meet the following requirements when accompanying a recipient on out-of-state travel:

- The recipient must be eligible for PDN services as defined in the Covered Services and Related Limitations chapter of this handbook.
- Authorization for cares provided when accompanying a recipient out-of-state can not exceed the number of hours the recipient is authorized to receive on his or her current PA.
- Authorization is limited to 12 hours in each 24-hour period and 60 hours in a calendar week for any one nurse.

Nurses in independent practice requesting to accompany a recipient on out-of-state travel are responsible for verifying licensure requirements in the state(s) in which they will be providing services.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Procedure for Obtaining Authorization for Out-of-State Travel

An NIP requesting authorization to accompany a recipient out-of-state is required to submit a Prior Authorization Amendment Request. The request should include:

- A physician's order indicating the recipient is medically stable to travel to the out-of-state destination.
- The reason for the travel.
- The name of the state to which the recipient is traveling.
- The dates of travel.
- The name of a contact physician in the state of destination (if one is available).
- A copy of the current PA/RF.

Each NIP that will be accompanying the recipient needs to amend his or her own PA.

A An NIP requesting authorization to accompany a recipient out-of-state is required to submit a Prior Authorization Amendment Request.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Claims Submission

To receive reimbursement, claims and adjustment requests must be received by Wisconsin Medicaid within 365 days of the date of service (DOS). To receive reimbursement for claims and adjustment requests for coinsurance, copayment, and deductible must be received by Wisconsin Medicaid within 365 days of the DOS.

For more information about exceptions to the claims submission deadline, Medicaid remittance information, adjustment requests, and returning overpayments, refer to the Claims Information section of the All-Provider Handbook.

Claims Submission Options

When billing Wisconsin Medicaid, providers may submit claims electronically or on paper. All claims, whether electronic or paper, are subject to the same Medicaid processing and legal requirements.

Providers are encouraged to submit claims electronically. Electronic claims submission:

- Improves cash flow.
- Reduces clerical effort.
- Reduces billing and processing errors.
- Allows flexible submission methods.
- Adapts to existing systems.
- Offers efficient and timely payments.

For further information on submitting claims electronically, providers should refer to the Claims Information section of the All-Provider Handbook.

Providers are required to submit a paper claim, not an electronic claim, when submitting a claim that requires additional documentation.

Paper Claims Submission

Providers submitting paper claims are required to use the UB-92 claim form. Refer to Appendices 15-17 of this handbook for claim instructions and sample claims.

Wisconsin Medicaid denies claims for private duty nursing services that are submitted on any paper claim form other than the UB-92 claim form. Photocopied claims are acceptable for submission as long as the claims are legible. Do not attach documentation to the claim unless it is specifically requested by Wisconsin Medicaid.

To expedite processing of paper claims, follow these suggestions:

- Supply all data accurately.
- Supply all data in a legible manner on the face of the claim form by printing or typing information.
- Follow the claim form instructions exactly as stated in this handbook or subsequent publications.

Obtaining the UB-92 Claim Form

Wisconsin Medicaid does not supply the UB-92 claim form. Forms may be obtained from a number of commercial form suppliers.

Follow-Up to Claims Submission

It is the provider's responsibility to initiate follow-up procedures on claims submitted to Wisconsin Medicaid. The Medicaid remittance information indicates processed claims either as paid, pending, or denied.

When billing Wisconsin Medicaid, providers may submit claims electronically or on paper.

ARCHIVAL USE ONLY
Refer to the Online Handbook for current policy

Wisconsin Medicaid does not take any further action on a denied claim until the provider corrects the information and resubmits the claim. If Wisconsin Medicaid pays a claim incorrectly, the provider is responsible for submitting an Adjustment/Reconsideration Request, HCF 13046, to Wisconsin Medicaid. Refer to the All-Provider Handbook for detailed information regarding:

- Adjustment requests.
- Denied claims.
- Overpayment.
- Good Faith claims.
- Remittance information.

Providers may contact Provider Services with questions regarding delays in payment or other claims submission questions. The Adjustment/Reconsideration Request form is available on the Forms page of the Wisconsin Medicaid Web site.

Billing Across Midnight

Providers are required to bill for each DOS that care was provided. If a nurse provides care for a recipient across midnight, *the nurse is required to split the billing over two DOS since the shift extends over two dates.* This means that two modifiers must be used, one for the hours of the shift occurring before midnight, and another to designate the hours of the shift occurring after midnight on the next calendar day.

For example, if a nurse begins care for a recipient at 8:00 p.m. on December 1 and ends care at 4:00 a.m. on December 2, the nurse should bill for four hours of care on December 1 with modifier “UH” and four hours of care on December 2 with modifier “UJ.” Refer to Appendix 13 of this handbook for a list of modifiers and their descriptions and Appendix 16 of this handbook for a sample claim form of two shifts spanning midnight.

Daylight Savings Time

Wisconsin Medicaid reimburses only for the number of hours actually worked. Providers who work when daylight savings time ends are still required to adhere to the limitations on authorized services. Authorization is limited to 12 hours in each 24-hour period and 60 hours in a calendar week for any one nurse. Nurses are expected to adjust their schedules in advance to accommodate changes in the clock time.

If a nurse provides care for a recipient across midnight, *the nurse is required to split the billing over two DOS since the shift extends over two dates.*

ARCHIVAL USE ONLY

Refer to the Online Handbook for current policy

Codes for Prior Authorization and Claims

This chapter contains information about the codes required for certain components of prior authorization (PA) requests and claims submission for nurses in independent practice (NIP).

Revenue Codes

Providers are required to use a revenue code when submitting claims to Wisconsin Medicaid. Refer to Appendix 12 of this handbook for a list of revenue code examples. For the most current and complete list of revenue codes, contact the American Hospital Association National Uniform Billing Committee. Providers should use the appropriate revenue code that best describes the service performed.

Date of Service

Under specific circumstances, providers may enter up to four dates of service (DOS) on one line for each revenue and procedure code when submitting claims. For further information on series billing, refer to Form Locator 43 of the claim form instructions in Appendix 15 of this handbook.

Procedure Codes

When submitting PA requests and claims for private duty nursing (PDN) services, NIP are required to use the Healthcare Common Procedure Coding System procedure codes listed in Appendix 13 of this handbook.

Nurses providing services to ventilator-dependent recipients may use the *Current Procedural Terminology* procedure code listed in Appendix 13 of this handbook on PA requests and claims.

Modifiers

All NIP are required to use nationally recognized modifiers with procedure codes on PA requests and claim forms. Refer to Appendix 13 of this handbook for a complete list of all modifiers, their definitions, and the procedure codes to which they apply. No more than four modifiers can be entered for each day on the claim form.

Start-of-Shift Modifiers

Nurses providing PDN are required to use state-defined start-of-shift modifiers on claims. Start-of-shift modifiers are not required on PA requests.

Providers should choose the start-of-shift modifier that most closely represents the time each shift began. For each day, enter the modifiers in the order of occurrence. If a single shift spans over midnight from one day to the next, providers are required to use two start-of-shift modifiers. Refer to the Claims Submission chapter of this handbook for more information about billing across midnight.

Professional Status Modifiers

Nurses providing services to ventilator-dependent recipients are required to use one of two nationally recognized modifiers to indicate their professional status. Professional status modifiers are required on PA requests and claims.

Case Coordination Modifier

Registered nurses providing reimbursable coordination services to ventilator-dependent recipients are required to use *both* modifier “U1” (indicating coordination services) and a start-of-shift modifier on claims. Only the “U1” modifier is required on PA requests; a start-of-shift modifier is not required.

No more than four modifiers can be entered for each day on the claim form.

Units of Service

Private duty nursing services are rounded and billed in half-hour increments. If billing multiple DOS on a single line (series billing), refer to the instructions in Form Locator 43 of the UB-92 Claim Form Instructions in Appendix 15 of this handbook. *All* conditions outlined in Form Locator 43 must be followed when series billing.

Rounding Guidelines

The rounding guidelines for PDN services are as follows:

- If the visit ends in an increment between one and 30 minutes in length, round the time to 30 minutes and bill the service as a quantity of .5.
- If the visit ends in an increment over 30 minutes in length, round up or down to the nearest 30-minute increment, using the common rules of rounding listed in Appendix 14 of this handbook.

Prior Authorization Number

Each PA request is assigned a unique seven-digit number. This PA number must be indicated on a claim for the service because it identifies the service as one that has been prior authorized. Nurses are responsible for including the correct PA number on the claim form. Only one PA number is allowed per claim.

Diagnosis Code

Providers are responsible for submitting PA requests and claims using the most current diagnosis codes. Claims submitted using outdated or incorrect codes will be returned to the provider.

All claims for services provided to ventilator-dependent recipients must list *International Classification of Diseases, Ninth Revision, Clinical Modification* code V46.11 (Dependence on respirator, status) as the primary diagnosis code on the claim form. Wisconsin Medicaid will not reimburse claims for respiratory services without this code.

Claims for PDN services that do not include services provided to a ventilator-dependent recipient do not require a specific diagnosis code.

Providers are responsible for submitting PA requests and claims using the most current diagnosis codes.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

A Appendix

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 1
Wisconsin Medicaid Private Duty Nursing — A Guide for Medicaid
Recipients and Their Families
(for photocopying)

ARCHIVAL USE ONLY
(A copy of the Wisconsin Medicaid Private Duty Nursing — A Guide for Medicaid Recipients
and Their Families brochure is located on the following pages.)
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
(This page was intentionally left blank.)
Refer to the Online Handbook
for current policy



QUESTIONS AND ANSWERS ABOUT PDN

IS IT POSSIBLE TO APPEAL A PRIOR AUTHORIZATION DECISION?

- You may appeal a prior authorization decision by requesting a fair hearing before an independent administrative hearing officer.
- Before beginning the appeal process, you should discuss the decision with your provider to make sure that the provider submitted all the necessary information in the prior authorization request.
- If additional information or corrections are needed, the provider may submit the prior authorization request for reconsideration.

WHAT IF CHANGES OCCUR IN YOUR NEEDS OR THE FAMILY'S ABILITY TO PROVIDE CARE AFTER THE PDN SERVICES ARE APPROVED?

- If changes occur, inform your PDN provider, who will then notify your physician and Wisconsin Medicaid.
- The Plan of Treatment can be modified and the PA Request may be amended with the approval of the Medicaid consultants.
- The Plan of Treatment must be re-evaluated and signed by your physician every 62 days, even if no changes occur.

ARE THERE LIMITS ON HOW MANY HOURS OF PDN CARE A RECIPIENT MAY RECEIVE?

Yes. PDN only covers the time spent by a licensed nurse performing skilled nursing tasks. If additional health care is authorized, family and PDN care may be supplemented by home health aides and personal care workers. Together, you, your family, and the PDN provider(s) should discuss how these hours will be coordinated.

CAN PDN RECIPIENTS USE THEIR AUTHORIZED HOURS FLEXIBLY?

Yes. You may use your authorized PDN hours flexibly over periods of time up to eight weeks in length. If you choose flexible scheduling, the provider(s) will indicate this preference in the prior authorization request or in an amendment to the existing prior authorization.

Flexible use of PDN hours allows most recipients to accommodate changes in family schedules, unscheduled provider absences, hospitalizations, or other unforeseen needs.

WHAT IF A PROVIDER CANNOT MEET A RECIPIENT'S NEED FOR FLEXIBLE HOURS?

If an agency or individual provider is unable to meet your needs for flexibility, you may wish to work with additional PDN providers to ensure coverage of all the PDN hours authorized. Providers should include a provision regarding flexible time in your service agreement with them.

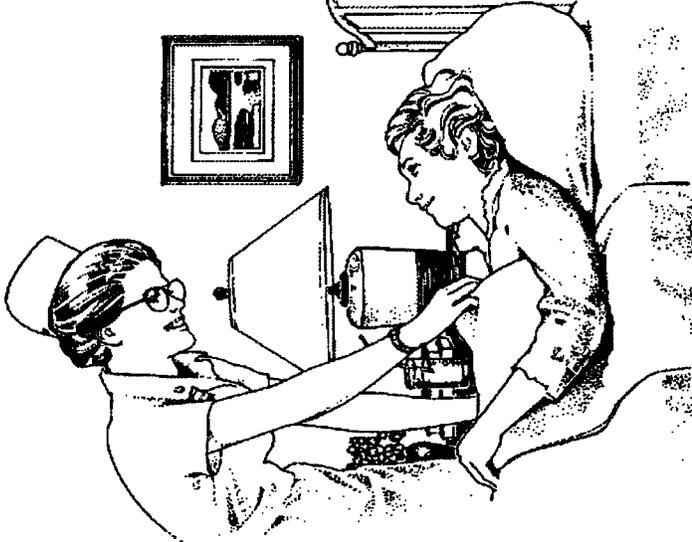
WHERE CAN RECIPIENTS GET MORE INFORMATION OR VOICE ANY CONCERNS THEY MAY HAVE ABOUT THEIR PDN CARE?

You can contact Medicaid Recipient Services by calling 1-800-362-3002 toll-free or 608-221-5720. Medicaid Recipient Services can:

- Answer questions about Medicaid coverage.
- Refer you to Medicaid-certified providers in your area.
- Refer you to state agencies that regulate the performance of home health care professionals.

Wisconsin Department of Health and Family Services
Division of Health Care Financing
POH 1122
April 1999

WISCONSIN MEDICAID



Private Duty Nursing

A GUIDE FOR
WISCONSIN MEDICAID RECIPIENTS AND
THEIR FAMILIES



**ABOUT WISCONSIN MEDICAID
PRIVATE DUTY NURSING**

Wisconsin Medicaid covers private duty nursing (PDN) for recipients with medical conditions that require eight or more hours of skilled nursing care in a 24-hour period.

- PDN supplements the care families and other health professionals are able to provide in the home.
- PDN services are generally provided in a recipient's home. However, PDN may also be provided outside the home if the recipient's normal activities, like school or work, require him/her to leave home.
- Recipients may use their authorized daily hours of PDN care flexibly over periods of time up to 8 weeks in length.
- The number of PDN hours covered daily is based on medical need and must be prior authorized by Wisconsin Medicaid medical consultants.
- Only Medicaid-certified home health agencies or independent nurses may provide Medicaid PDN.



**GUIDING RECIPIENTS THROUGH
THE PROCESS**

If it appears that you, the Medicaid recipient, may qualify for PDN services, the PDN provider will work with you and your physician to help you get the care you need.

If you do not require eight or more hours of skilled nursing care in a day, the PDN provider can refer you to providers of part-time intermittent skilled nursing care.

PLAN OF TREATMENT

The PDN provider will work with you and your physician to develop a Plan of Treatment, sometimes called a Plan of Care. A Plan of Treatment includes:

- A medical assessment.
- Medication and treatment orders.
- Treatment goals.
- Methods of care to be used.
- Plan for care coordination by nurses and other health professionals.

FAMILY SUPPORT

The PDN provider will ask questions about your family support needs, including:

- Your family's ability to provide medical care.
- Daily schedules — including hours of work, school, sleep, and care for other family dependents.



**GUIDING RECIPIENTS THROUGH
THE PROCESS (CONT.)**

REQUEST FOR PRIOR AUTHORIZATION

Based on the Plan of Treatment and the family support information, the provider will:

- Prepare a written prior authorization request.
- Obtain a signed statement from you or a responsible family member saying that you or he/she has read both the Plan of Treatment and the Prior Authorization Request.
- Submit the Prior Authorization Request and the Plan of Treatment to the Medicaid medical consultants who will review the request.

APPROVAL OF PDN

Medicaid medical consultants will review a request for prior authorization of PDN services within two weeks after it is received.

- If the information is not complete, the Prior Authorization Request will be returned to the provider.
- If the information is complete, the request will be approved, modified, or denied.
- If the request is modified or denied, you will receive a letter explaining the reason for the decision and what further steps you may take.

Appendix 2
Private Duty Nursing Prior Authorization Acknowledgment
(for photocopying)

ARCHIVAL USE ONLY
(A copy of the Private Duty Nursing Prior Authorization Acknowledgment is located on the following page.)
Refer to the Online Handbook
for current policy

**WISCONSIN MEDICAID
PRIVATE DUTY NURSING PRIOR AUTHORIZATION ACKNOWLEDGMENT**

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

The information on this form is mandatory. The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form.

INSTRUCTIONS

1. Allow the recipient, or recipient's parent, guardian, or legal representative, to read the plan of care and prior authorization (PA) request. Answer any questions the recipient may have.
2. Have the recipient or the recipient's legal representative sign and date this form.
3. Attach this completed form to the Prior Authorization Request Form (PA/RF), HCF 11018, and/or Prior Authorization Amendment Request, HCF 11042.
4. For more information on private duty nursing documentation, contact Wisconsin Medicaid Provider Services at (800) 947-9627 or (608) 221-9883.

Name — Recipient	Recipient Medicaid Identification Number
Prior Authorization Number	

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

I have read the attached Plan of Care and the PA request.

Name — Person Signing Form (Print)	Relationship to Recipient (If Person Signing Form Is Not Recipient)
SIGNATURE — Person Signing Form Check one of the following to identify person signing form. <input type="checkbox"/> Recipient <input type="checkbox"/> Recipient's Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Legal Representative	Date Signed

Appendix 3
Prior Authorization/Home Care Attachment (PA/HCA)
Completion Instructions
(for photocopying)

ARCHIVAL USE ONLY
(A copy of the Prior Authorization/Home Care Attachment [PA/HCA] Completion Instructions is located on the following pages.)
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
(This page was intentionally left blank.)
Refer to the Online Handbook
for current policy

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / HOME CARE ATTACHMENT (PA/HCA)
COMPLETION INSTRUCTIONS**

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The Prior Authorization/Home Care Attachment (PA/HCA), HCF 11096, is a plan of care (POC) that may be completed for Wisconsin Medicaid recipients receiving home care services. The information on this form is mandatory. The use of this form is voluntary and providers may develop their own form as long as it includes all the components requested on this form. If necessary, attach additional pages if more space is needed. Provide enough information for Wisconsin Medicaid medical consultants to make a reasonable judgment about the case.

Retain the original, signed PA/HCA. Attach a copy of the PA/HCA to the Prior Authorization Request Form (PA/RF), HCF 11018, and submit it to Wisconsin Medicaid along with any attached additional information. Providers may submit PA requests by fax to Wisconsin Medicaid at (608) 221-8616. Providers who wish to submit PA requests by mail may do so by submitting them to the following address:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

The provision of services which are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — RECIPIENT INFORMATION

Element 1 — Prior Authorization Number

Enter the unique seven-digit number from the PA/RF. Enter the same PA number in the spaces provided at the top of each subsequent page of the form.

Element 2 — Name and Telephone Number — Recipient

Enter the name and telephone number, including the area code, of the recipient. If the recipient's telephone number is not available, enter "N/A."

Element 3 — Start of Care Date

Enter the date that covered services began for the recipient in MM/DD/YY format (e.g., March 13, 2005, would be 03/13/05). The start of care date is the date of the recipient's first billable home care visit. This date remains the same on subsequent POC until the recipient is discharged.

Element 4 — Certification Period

Enter the beginning and ending dates of the recipient's certification period respectively in the "From" and "To" portions of this element in the MM/DD/YY format. The certification period identifies the period of time approved by the attending physician for the POC.

The "To" date can be *up to*, but not more than, 62 days later than the "From" date. (Medicare certified agencies should use the timeframe of up to, but not more than 60 days later.) For certification periods that cover consecutive 31-day months, providers should be careful not to exceed 62 days.

Services provided on the "To" date are included in the certification period. On subsequent periods of recertification, the certification period should begin with the day directly following the date listed as the "To" date in the immediately preceding certification period.

Example:

Initial Certification Period	
"From" date	12/01/04
"To" date	01/31/05

Subsequent Recertification Period	
"From" date	02/01/05
"To" date	04/03/05

SECTION II — PERTINENT DIAGNOSES AND PROBLEMS TO BE TREATED

Element 5 — Principal Diagnosis

Enter the principal diagnosis information. Include the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code, diagnosis code description, and the date of onset in MM/DD/YY format. If the recipient's condition is chronic or long-term in nature, use the date of exacerbation.

Element 6 — Surgical Procedure and Other Pertinent Diagnoses

Enter the surgical procedure information, if any, that is relevant to the care rendered or the services requested. Include the appropriate ICD-9-CM diagnosis code, diagnosis code description, and the date of the surgical procedure in MM/DD/YY format. The month and year of the date of the surgical procedure must be included. Use "00" if the exact day of the month is unknown (e.g., March 2005, would be 03/00/05).

Enter all other diagnoses pertinent to the care rendered for the recipient. Include the appropriate narrative or ICD-9-CM diagnosis code, code description, and the date of onset in MM/DD/YY format. Include all conditions that coexisted at the time the POC was established or that subsequently developed. Exclude conditions that relate to an earlier episode not associated with this POC. Other pertinent diagnoses in this element may be changed to reflect changes in the recipient's condition.

If a relevant surgical procedure was not performed and there are no other pertinent diagnoses, enter "N/A" (do not leave the element blank).

SECTION III — BRIEF MEDICAL AND SOCIAL INFORMATION

Element 7 — Durable Medical Equipment

Identify the item(s) of durable medical equipment (DME) ordered by the attending physician and currently used by the recipient. Enter "N/A" if no known DME has been ordered.

Element 8a — Functional Limitations

Enter an "X" next to all items that describe the recipient's current limitations as assessed by the attending physician and the nurse or therapist. If "Other" is checked, provide further explanation in Element 8b.

Element 8b

If "Other" is checked in Element 8a, specify the other functional limitations.

Element 9a — Activities Permitted

Enter an "X" next to all activities that the attending physician permits and/or that are documented in the attending physician's orders. If "Other" is checked, provide further explanation in Element 9b.

Element 9b

If "Other" is checked in Element 9a, specify the other activities the recipient is permitted.

Element 10 — Medications

Enter the attending physician's orders for all of the recipient's medications, including the dosage, frequency, and route of administration for each. If any of the recipient's medications cause severe side effects or reactions that necessitate the presence of a nurse, therapist, home health aide, or personal care worker, indicate the details of these circumstances in this element.

Element 11 — Allergies

List any medications or other substances to which the recipient is allergic (e.g., adhesive tape, iodine, specific types of food). If the recipient has no known allergies, indicate "no known allergies."

Element 12 — Nutritional Requirements

Enter the attending physician's instructions for the recipient's diet. Include specific dietary requirements, restrictions, fluid needs, tube feedings, and total parenteral nutrition.

Element 13 — Mental Status

Enter an "X" next to the term(s) that most accurately describes the recipient's mental status. If "Other" is checked, provide further explanation.

Element 14 — Prognosis

Enter an "X" next to the one term that specifies the most appropriate prognosis of the recipient.

SECTION IV — ORDERS

Element 15 — Orders for Services and Treatments

Indicate the following as appropriate for each individual service:

- Number of recipient visits (e.g., home health skilled nursing, home health aide, or medication management), frequency of visits, and duration of visits ordered by the attending physician's orders (e.g., 1 visit, 3 times/week, for 9 weeks).
- Number of hours required for recipient visits (e.g., private duty nursing [PDN] or personal care), frequency of visits, and duration of visits ordered by the attending physician's orders (e.g., 8 hours/day, 7 days/week, for 9 weeks).
- Duties and treatments to be performed.
- Methods for delivering care and treatments.
- Procedures to follow in the event of accidental extubation, as applicable.
- Ventilator settings and parameters, as applicable.

Services include, but are not limited to, the following:

- Home health skilled nursing.
- Home health aide.
- Private duty nursing.

Orders must include all disciplines providing services for the recipient and all treatments the recipient receives regardless of whether or not the services are billable to Wisconsin Medicaid. Orders indicated on this POC should be as detailed and specific as those ordered and written by the attending physician.

Pro re nata (PRN), or "as needed," home care visits or hours may be ordered on a recipient's POC only when indicating how these visits or hours will be used in a manner that is specific to the recipient's potential needs. Both the nature of the services provided and the number of PRN visits or hours to be permitted for each type of service *must* be specified. Open-ended, unqualified PRN visits or hours do not constitute an attending physician's orders because both the nature and frequency of the visits or hours *must* be specified.

Nurses in independent practice (NIP) are required to include the name and license number of the registered nurse (RN) providing coordination services under this element. An NIP that is a licensed practical nurse is required to include the name and license number of the RN supervisor under this element.

Element 16 — Goals / Rehabilitation Potential / Discharge Plans

Enter the attending physician's description of the following:

- Achievable and measurable goals for the recipient.
- The recipient's ability to attain the set goals, including an estimate of the length of time required to attain the goals.
- Plans for the recipient's care after discharge.

SECTION V — SUPPLEMENTARY MEDICAL INFORMATION

Element 17 — Date Physician Last Saw Recipient

Enter the date the attending physician last saw the recipient in MM/DD/YY format. If this date cannot be determined during the home visit, enter "Unknown."

Element 18 — Dates of Last Inpatient Stay Within 12 Months

Enter the admission and discharge dates of the recipient's last inpatient stay within the previous 12 months, if known. Enter "N/A" if this element does not apply to the recipient.

Element 19 — Type of Facility for Last Inpatient Stay

Enter one of the following single-letter responses to identify the type of facility of the recipient's last inpatient stay, if applicable:

- A (Acute hospital).
- S (Skilled nursing facility).
- R (Rehabilitation hospital).
- I (Intermediate care facility).
- O (Other).
- U (Unknown).

This element must be completed if a surgical procedure was entered in Element 6. Enter "N/A" if this element does not apply to the recipient.

Element 20 — Current Information

For initial certifications, enter the clinical findings of the initial assessment visit for each discipline involved in the POC. Describe the clinical facts about the recipient that require home care services and include specific dates in MM/DD/YY format.

For recertifications, enter significant clinical findings about the recipient's symptoms, new orders, new treatments, and any changes in the recipient's condition during the past 60 days for each discipline involved in the POC. Document both progress and nonprogress for each discipline. Include specific dates in MM/DD/YY format.

Include any pertinent information about any of the recipient's inpatient stays and the purpose of contact with the physician, if applicable.

Element 21 — Home or Social Environment

Enter information that will justify the need for home care services and enhance the Wisconsin Medicaid consultant's understanding of the recipient's home situation (e.g., recipient lives with mentally disabled son who is unable to provide care or assistance to recipient). Include the availability of caretakers (e.g., parent's work schedule). The description may document problems that are, or will be, an impediment to the effectiveness of the recipient's treatment or rate of recovery.

Element 22 — Medical and / or Nonmedical Reasons Recipient Regularly Leaves Home

Enter all reasons that the recipient leaves home. Indicate both medical and nonmedical reasons, including frequency of occurrence of the trips (e.g., doctor appointment twice a month, barbershop once a month, school every weekday for three hours).

Element 23 — Back-up for Staffing and Medical Emergency Procedures

This element is required for all providers requesting PDN services. It is optional for all other home care providers.

Enter the back-up plan for staffing and medical emergency procedures. The following information must be included in this element:

- A plan for medical emergency, including:
 - ✓ A description of back-up personnel needed.
 - ✓ Provision for reliable, 24 hours a day, 7 days a week emergency service for repair and delivery of equipment.
 - ✓ Specification of an emergency power source.
- A plan to move the recipient to safety in the event of fire, flood, tornado warning or other severe weather, or any other condition which threatens the recipient's immediate environment.

ARCHIVAL USE ONLY

SECTION VI — SIGNATURES

Refer to the Online Handbook

Those signing the POC are to acknowledge their responsibilities and consequences for non-compliance. Provider-created formats must contain the following statement that is included on the PA/HCA:

"Anyone who misrepresents, falsifies, or conceals essential information required for payment of state and/or federal funds may be subject to fine, imprisonment, or civil penalty under applicable state and/or federal law."

Element 24 — Signature — Authorized Nurse Completing Form

The nurse completing this PA/HCA is required to sign this form. The signature certifies that the nurse has received authorization from the attending physician to begin providing services to the recipient.

Provider-created formats must contain the following statement accompanying the authorized nurse's signature:

"As the nurse completing this plan of care, I confirm the following: All information entered on this form is complete and accurate. I am familiar with all information entered on this form. I am responsible for ensuring that the plan of care is carried out as specified. I have received authorization from the attending physician to provide services to the recipient. I have reviewed the information in this document with the attending physician on the date specified."

(The date specified refers to the date requested in Element 25.)

Element 25 — Date Reviewed with Attending Physician

Enter the date the nurse signing in Element 24 reviewed the information contained in this document with the attending physician.

Element 26 — Date Received Physician-Signed Form

Enter the date the PA/HCA signed by the attending physician was received by the nurse or in the agency.

Element 27 — Name and Address — Attending Physician

Enter the attending physician's name and complete address. The street, city, state, and zip code must be included. The attending physician establishes the POC, certifies, and recertifies the medical necessity of the visits and/or services provided.

Elements 28 and 29 — Signature and Date Signed — Attending Physician

The attending physician is required to sign and date the PA/HCA within 20 working days following the initial start of care. A recertification of the POC requires the attending physician to sign and date the new PA/HCA prior to the continued provision of services to the recipient.

Provider-created formats must contain the following statement accompanying the attending physician's signature:

"The recipient is under my care, and I have authorized the services on this plan of care."

Verbal authorization may be obtained from the attending physician for the initial certification period PA request. The recipient may then begin receiving home care services; however, the attending physician is required to sign the PA/HCA within 20 working days of the start of care date.

The attending physician may not give verbal authorization for certification period renewal PA requests. The attending physician is required to sign the PA/HCA prior to the continued provision of services to the recipient; home care services may not be provided until the attending physician's signature is obtained on the form.

The form may be signed by another physician who is authorized by the attending physician to care for the recipient in his or her absence.

The nurse or agency staff may not predate the PA/HCA for the attending physician or write the date in the field after it has been returned. If the attending physician has left Element 29 blank, the nurse or agency staff should enter the date the signed PA/HCA was received in Element 26.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 4
Prior Authorization/Home Care Attachment (PA/HCA)
(for photocopying)

ARCHIVAL USE ONLY
(A copy of the Prior Authorization/Home Care Attachment [PA/HCA] is located on the following pages.)
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
(This page was intentionally left blank.)
Refer to the Online Handbook
for current policy

Prior Authorization Number

SECTION IV — ORDERS

15. Orders for Services and Treatments (Number / Frequency / Duration)

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

16. Goals / Rehabilitation Potential / Discharge Plans

Prior Authorization Number

SECTION V — SUPPLEMENTARY MEDICAL INFORMATION

17. Date Physician Last Saw Recipient	18. Dates of Last Inpatient Stay Within 12 Months (If Known) Admission Discharge	19. Type of Facility for Last Inpatient Stay (If Applicable)
---------------------------------------	---	--

20. Current Information (Summary from Each Discipline / Treatments / Clinical Facts)

21. Home or Social Environment

22. Medical and / or Nonmedical Reasons Recipient Regularly Leaves Home (Include Frequency)

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

23. Back-up for Staffing and Medical Emergency Procedures (Required for All Providers Requesting Private Duty Nursing Services / Optional for Other Home Care Services)

SECTION VI — SIGNATURES

Nurse Certification

As the nurse completing this PA/HCA, I confirm the following: All information entered on this form is complete and accurate. I am familiar with all information entered on this form. I am responsible for ensuring that the plan of care is carried out as specified. I have received authorization from the attending physician to provide services to the recipient. I have reviewed the information in this document with the attending physician on the date specified. (The date specified refers to the date entered in Element 25 of this form.)

24. SIGNATURE — Authorized Nurse Completing Form	25. Date Reviewed with Attending Physician	26. Date Received Physician-Signed Form
---	--	---

Physician Certification

The recipient is under my care, and I have authorized the services on this PA/HCA.

27. Name and Address — Attending Physician (Street, City, State, Zip Code)

28. SIGNATURE — Attending Physician	29. Date Signed — Attending Physician
--	---------------------------------------

Anyone who misrepresents, falsifies, or conceals essential information required for payment of state and/or federal funds may be subject to fine, imprisonment, or civil penalty under applicable state and/or federal laws.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 5
Sample Prior Authorization/Home Care Attachment (PA/HCA)
for Private Duty Nursing Ventilator-Dependent Recipient Services

(A copy of the Sample Prior Authorization/Home Care Attachment [PA/HCA] for Private Duty Nursing Ventilator-Dependent Recipient Services is located on the following page.)

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

**WISCONSIN MEDICAID
 PRIOR AUTHORIZATION / HOME CARE ATTACHMENT (PA/HCA)**

Instructions: Print or type clearly. Refer to the Prior Authorization/Home Care Attachment (PA/HCA) Completion Instructions, HCF 11096A, for detailed information on completing this form.

SECTION I — RECIPIENT INFORMATION				
1. Prior Authorization Number 1234567	2. Name and Telephone Number — Recipient (987) 654-3210			
3. Start of Care Date 04/01/05	4. Certification Period From 04/01/05 To 06/01/05			
SECTION II — PERTINENT DIAGNOSES AND PROBLEMS TO BE TREATED				
5. Principal Diagnosis (ICD-9-CM Code, Description, Date of Diagnosis) V46.11 Ventilator-dependent, 03/02/05			6. Surgical Procedure and Other Pertinent Diagnoses (ICD-9-CM Code, Description, Date of Procedure or Diagnoses) 31.29 Surgical Procedure — Tracheostomy, 03/02/05 518.81 Respiratory Failure, 03/02/05	
SECTION III — BRIEF MEDICAL AND SOCIAL INFORMATION				
7. Durable Medical Equipment LP6 ventilator, suction machine, ambu bag, concha humidifier				
8a. Functional Limitations 1 <input type="checkbox"/> Amputation 2 <input type="checkbox"/> Bowel / Bladder (Incontinence) 3 <input type="checkbox"/> Contracture 4 <input type="checkbox"/> Hearing 5 <input checked="" type="checkbox"/> Paralysis 6 <input checked="" type="checkbox"/> Endurance 7 <input checked="" type="checkbox"/> Ambulation 8 <input checked="" type="checkbox"/> Speech 9 <input type="checkbox"/> Legally Blind 10 <input type="checkbox"/> Dyspnea with Minimal Exertion 11 <input type="checkbox"/> Other (Specify in Element 8b)			8b. If "Other" checked in Element 8a, specify other functional limitations.	
9a. Activities Permitted 1 <input type="checkbox"/> Complete Bedrest 2 <input type="checkbox"/> Bedrest BRP 3 <input checked="" type="checkbox"/> Up As Tolerated 4 <input type="checkbox"/> Transfer Bed / Chair 5 <input checked="" type="checkbox"/> Exercises Prescribed 6 <input type="checkbox"/> Partial Weight Bearing 7 <input type="checkbox"/> Independent at Home 8 <input type="checkbox"/> Crutches 9 <input type="checkbox"/> Cane 10 <input checked="" type="checkbox"/> Wheelchair 11 <input type="checkbox"/> Walker 12 <input type="checkbox"/> No Restrictions 13 <input type="checkbox"/> Other (Specify in Element 9b)			9b. If "Other" checked in Element 9a, specify other activities permitted.	
10. Medications (Dose / Frequency / Route) Vitamin C 500mg daily GT Bisacodyl suppository 10mg PRN PR (no BM in 3 days) Neosporin PRN top trach site redness				
11. Allergies Amoxicillin — rash				
12. Nutritional Requirements Pediasure per G-tube QID. Pediasure 100cc bolus to run over 1 hour followed by 60cc H₂O. Vent G-tube PRN abdominal discomfort.				
13. Mental Status 1 <input checked="" type="checkbox"/> Oriented 2 <input type="checkbox"/> Comatose 3 <input type="checkbox"/> Forgetful 4 <input type="checkbox"/> Depressed 5 <input type="checkbox"/> Disoriented 6 <input type="checkbox"/> Lethargic 7 <input type="checkbox"/> Agitated 8 <input type="checkbox"/> Other				
14. Prognosis 1 <input type="checkbox"/> Poor 2 <input type="checkbox"/> Guarded 3 <input type="checkbox"/> Fair 4 <input checked="" type="checkbox"/> Good 5 <input type="checkbox"/> Excellent				

Continued

Appendix

ARCHIVAL USE ONLY
 Refer to the Online Handbook for current policy

Prior Authorization Number

1234567

SECTION IV — ORDERS

15. Orders for Services and Treatments (Number / Frequency / Duration)

RCS RN/LPN 16hrs/day. Hours may be used flexibly. 1 – 24 hrs a day, 7 days a week, not to exceed 896 hrs in an 8-week period. Care to be provided when parents not available due to work, sleep and family responsibility. Nurse or parent to provide cares while in school.

RCS RN will administer all medications, treatments, and other cares as ordered.

RCS LPN will monitor patient (Pt) status and administer all medications, treatments, and other cares as ordered.

Pt is a full code

RN assesses/LPN monitors: Cardiac, respiratory, GI, GU, neuro, and integumentary systems q shift & PRN.

Vital signs:

TPR q shift and PRN. Reporting parameters: T>101 <95F, AP >100 <60, SBP >158 <100, DBP >90 <60, R see vent. settings.

Respiratory:

LP6 up to 24 hrs/day. Wean from vent. 2hrs BID as Pt tolerates.

Settings: SIMV mode, Tidal Volume: 0.4, Rate: 24, Low Pressure alarm: 8, sensitivity: -1, Cycling Pressure 0 - 35.

Check settings, internal battery, external battery, alarms, Pt pressures, & in-line temp q shift and PRN.

Humidity: Pt may use Concha system up to 24 hrs/day.

Tracheostomy:

Neonatal Shiley size 3.5. Downsize tube to 3.0 for emergency use. Site care BID & PRN: cleanse with ½ peroxide ½ H₂O, dry and apply split gauze dressing. Change inner cannula daily and PRN. Trach tie changes PRN. Trach tube changes to be completed by MD.

Suctioning:

Suction with 8fr. Catheter PRN. Manual ventilation PRN. Oral suction PRN. Check suction machine pressure q shift.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Case coordinator: IM Provider, 87654321. Case coordinator will also provide LPN supervision.

16. Goals / Rehabilitation Potential / Discharge Plans

Goals:

Pt will remain free of respiratory distress or infection. Pt's airway will be maintained and kept patent. Pt's G-tube will be maintained and kept patent and free of s/s of infection. Pt will achieve developmental milestones appropriate to age.

Rehab potential: Fair

Discharge:

Discharge will be considered if pt no longer requires trach to maintain airway or parents are able to assume all cares.

Continued

Prior Authorization Number
1234567

SECTION V — SUPPLEMENTARY MEDICAL INFORMATION

17. Date Physician Last Saw Recipient 03/30/05	18. Dates of Last Inpatient Stay Within 12 Months (If Known) Admission 03/02/05 Discharge 03/30/05	19. Type of Facility for Last Inpatient Stay (If Applicable) A
--	---	--

20. Current Information (Summary from Each Discipline / Treatments / Clinical Facts)

Pt hospitalized 03/02/05 for respiratory failure. Tracheostomy performed 03/02/05 and was placed on ventilator for life support 03/02/05. No other complications while hospitalized. Will be discharged home 04/01/05 to parent's and nurse's care. Weaning trails initiated in hospital and will continue when at home.

Pt is awake and alert. Currently pt on vent. Lung sounds clear but diminished in the bases. Bowel sounds active and is tolerating bolus tube feedings. Skin is intact. Vital signs WNL. Voiding and BMs WNL.

21. Home or Social Environment

Patient lives with parents and one school-aged sibling. Both parents work full-time outside the home.

22. Medical and / or Nonmedical Reasons Recipient Regularly Leaves Home (Include Frequency)

**MD appointments monthly
 School 7am — 3pm, 5 days/wk**

23. Back-up for Staffing and Medical Emergency Procedures (Required for All Providers Requesting Private Duty Nursing Services / Optional for Other Home Care Services)

**Available back-up personnel include: IM Alternate.
 DME provider (IM Dme) will provide 24 hrs/day service for repair and delivery of necessary equipment.**

Ventilator and suction machine have battery back-up. Local electric company, police and EMS have been notified of electrical needs. Emergency procedures for severe weather and fire are posted in the home.

Extra trachs available size 3.0 and 3.5. Ambu bag and face mask readily accessible at all times. Maintain all equipment according to manufacture's recommendation.

Emergency plan in event of accidental extubation.

- 1. Replace the tube using a clean tube.**
- 2. If unable to reinsert tube, occlude stoma and manually ventilate with ambu bag and face mask at usual ventilation rate and activate EMS.**

SECTION VI — SIGNATURES

Nurse Certification

As the nurse completing this PA/HCA, I confirm the following: All information entered on this form is complete and accurate. I am familiar with all information entered on this form. I am responsible for ensuring that the plan of care is carried out as specified. I have received authorization from the attending physician to provide services to the recipient. I have reviewed the information in this document with the attending physician on the date specified. (The date specified refers to the date entered in Element 25 of this form.)

24. SIGNATURE — Authorized Nurse Completing Form IM Provider	25. Date Reviewed with Attending Physician 03/29/05	26. Date Received Physician-Signed Form 03/30/05
---	---	--

Physician Certification

The recipient is under my care, and I have authorized the services on this PA/HCA.

27. Name and Address — Attending Physician (Street, City, State, Zip Code)

**IM Physician
 1234 Oak St
 Anytown, WI 55555**

28. SIGNATURE — Attending Physician IM Physician	29. Date Signed — Attending Physician 03/30/05
---	--

Anyone who misrepresents, falsifies, or conceals essential information required for payment of state and/or federal funds may be subject to fine, imprisonment, or civil penalty under applicable state and/or federal laws.

Appendix

Appendix 6

Prior Authorization Request Form (PA/RF) Completion Instructions for Private Duty Nursing Services of Nurses in Independent Practice

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. The Prior Authorization Request Form (PA/RF), HCF 11018, is used by Wisconsin Medicaid and is mandatory when requesting PA. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

Providers may submit PA requests along with all applicable service-specific attachments, including the Prior Authorization/Home Care Attachment (PA/HCA), HCF 11096, and/or the Prior Authorization Amendment Request, HCF 11042, by fax to Wisconsin Medicaid at (608) 221-8616 or by mail to the following address:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

Note: Wisconsin Medicaid accepts PA requests with a maximum of 12 details per PA number. The Wisconsin Medicaid PA/RF has space for five items. If a provider's PA request requires more than five items to be listed, the provider may continue the PA request on a second and third PA/RF. When submitting a PA request with multiple pages, indicate the page number and total number of pages for the PA/RF in the upper right-hand corner (e.g., "page 1 of 2" and "page 2 of 2"). On the form(s) used for page 2 and, if appropriate, page 3, cross out the seven-digit PA number and write the PA number from the first form. Refer to the instructions in Element 22 for more information.

SECTION I — PROVIDER INFORMATION

Element 1 — Name and Address — Billing Provider

Enter the name and complete address (street, city, state, and zip code) of the billing provider. The name listed in this element must correspond with the Medicaid provider number listed in Element 4. *No other information should be entered in this element, since it also serves as a return mailing label.*

Element 2 — Telephone Number — Billing Provider

Enter the telephone number, including the area code, of the place of business of the billing provider.

Appendix 6 (Continued)

Element 3 — Processing Type

Enter three-digit processing type “120” — Home Health/Nurses in Independent Practice/Respiratory Care Services. The processing type is used to identify a category of service requested. Prior authorization requests will be returned without adjudication if no processing type is indicated.

Element 4 — Billing Provider’s Medicaid Provider Number

Enter the eight-digit Medicaid provider number of the billing provider. The provider number in this element must correspond with the provider name listed in Element 1.

SECTION II — RECIPIENT INFORMATION

Element 5 — Recipient Medicaid ID Number

Enter the recipient’s 10-digit Medicaid identification number. Do not enter any other numbers or letters. Use the recipient’s Medicaid identification card or the Medicaid Eligibility Verification System (EVS) to obtain the correct identification number.

Element 6 — Date of Birth — Recipient

Enter the recipient’s date of birth in MM/DD/YY format (e.g., September 8, 1966, would be 09/08/66).

Element 7 — Address — Recipient

Enter the complete address of the recipient’s place of residence, including the street, city, state, and zip code. If the recipient is a resident of a nursing home or other facility, include the name of the nursing home or facility.

Element 8 — Name — Recipient

Enter the recipient’s last name, followed by his or her first name and middle initial. Use the EVS to obtain the correct spelling of the recipient’s name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 9 — Sex — Recipient

Enter an “X” in the appropriate box to specify male or female.

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

Element 10 — Diagnosis — Primary Code and Description

Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code and description most relevant to the service/procedure requested.

Element 11 — Start Date — SOI (not required)

Element 12 — First Date of Treatment — SOI (not required)

Element 13 — Diagnosis — Secondary Code and Description

Enter the appropriate secondary ICD-9-CM diagnosis code and description relevant to the service/procedure requested, if applicable.

Element 14 — Requested Start Date

Enter the requested start date for service(s) in MM/DD/YY format, if a specific start date is requested.

Element 15 — Performing Provider Number (not required)

Element 16 — Procedure Code

Enter the appropriate *Current Procedural Terminology* (CPT) code or Healthcare Common Procedure Coding System (HCPCS) code.

Appendix 6 (Continued)

Element 17 — Modifiers

Nurses in independent practice providing services to a ventilator-dependent recipient are required to enter either modifier “TE” (LPN/LVN*) or “TD” (RN**) corresponding to the procedure code listed in Appendix 13 of this handbook. If case coordination services will be provided to a ventilator-dependent recipient, modifier “U1” must also be indicated. If the recipient is not ventilator dependent, providers do not enter a modifier.

Element 18 — POS

Enter the appropriate place of service (POS) code(s) designating where the requested service would be provided.

POS Code	Description
03	School
12	Home
99	Other Place of Service

Element 19 — Description of Service

Enter a written description corresponding to the appropriate CPT code or HCPCS code listed. Indicate in the description the credentials of the individual who provided the service (e.g., LPN, RN). When requesting private duty nursing, indicate the number of hours per day, number of days per week, multiplied by the total number of weeks being requested.

The name and license number of the RN coordinator of services must be indicated in this element. Also, the LPN is required to indicate the name and license number of his or her supervising RN.

If sharing a case with another provider, enter “shared case” and include a statement that the total number of hours of all providers will not exceed the combined total number of hours ordered on the physician’s plan of care.

Element 20 — QR

Enter the appropriate quantity (e.g., number of services) requested for the procedure code listed.

Element 21 — Charge

Enter the usual and customary charge for each service requested.

Note: The charges indicated on the request form should reflect the provider’s usual and customary charge for the procedure requested. Providers are reimbursed for authorized services according to the provider *Terms of Reimbursement* issued by the Department of Health and Family Services.

Element 22 — Total Charges

Enter the anticipated total charge for this request. If the provider completed a multiple-page PA/RF, the total charges should be indicated in Element 22 of the last page of the PA/RF. On the preceding pages, Element 22 should refer to the last page (for example, “SEE PAGE TWO.”)

Element 23 — Signature — Requesting Provider

The original signature of the provider performing this service/procedure must appear in this element.

Element 24 — Date Signed

Enter the month, day, and year the PA/RF was signed (in MM/DD/YY format).

Do not enter any information below the signature of the requesting provider — this space is reserved for Wisconsin Medicaid consultants and analysts.

* LPN/LVN = Licensed practical nurse/Licensed vocational nurse.

** RN = Registered nurse.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 7

Sample Prior Authorization Request Form (PA/RF) for Private Duty Nursing Services

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
HCF 11018 (Rev. 10/03)

STATE OF WISCONSIN
HFS 106.03(4), Wis. Admin. Code

WISCONSIN MEDICAID PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may send the completed form with attachments to: Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088. **Instructions:** Type or print clearly. Before completing this form, read your service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

FOR MEDICAID USE — ICN	AT	Prior Authorization Number 5555555
-------------------------------	----	--

SECTION I — PROVIDER INFORMATION		
1. Name and Address — Billing Provider (Street, City, State, Zip Code) I.M. Provider 987 N Elm St Anytown WI 55555	2. Telephone Number — Billing Provider (555) 123-4567	3. Processing Type 120
4. Billing Provider's Medicaid Provider Number 87654321		

SECTION II — RECIPIENT INFORMATION		
5. Recipient Medicaid ID Number 1234567890	6. Date of Birth — Recipient (MM/DD/YY) 01/14/02	7. Address — Recipient (Street, City, State, Zip Code) 1234 Oak St Anytown WI 55555
8. Name — Recipient (Last, First, Middle Initial) Recipient, Ima A.		9. Sex — Recipient <input type="checkbox"/> M <input checked="" type="checkbox"/> F

SECTION III — DIAGNOSIS / TREATMENT INFORMATION									
10. Diagnosis — Primary Code and Description 770.7 — Bronchopulmonary dysplasia				11. Start Date — SOI		12. First Date of Treatment — SOI			
13. Diagnosis — Secondary Code and Description 343.9 — Infantile cerebral palsy				14. Requested Start Date 07/01/05					
15. Performing Provider Number	16. Procedure Code	17. Modifiers				18. POS	19. Description of Service	20. QR	21. Charge
	S9124	1	2	3	4	12,99	LPN/PDN not to exceed 12 hours per 24-hour period and 60 hours per calendar week, all Medicaid recipients combined	3,120 hrs	XX.XX
Coordinator: name, license number									
Supervising RN: name, license number									

An approved authorization does not guarantee payment. Reimbursement is contingent upon eligibility of the recipient and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with Wisconsin Medicaid payment methodology and policy. If the recipient is enrolled in a Medicaid HMO at the time a prior authorized service is provided, Medicaid reimbursement will be allowed only if the service is not covered by the HMO.

23. SIGNATURE — Requesting Provider <div style="text-align: center; font-size: 1.2em;"><i>I. M. Requesting</i></div>	24. Date Signed 06/07/05
--	------------------------------------

FOR MEDICAID USE	Procedure(s) Authorized:	Quantity Authorized:
<input type="checkbox"/> Approved <div style="text-align: center; margin-top: 10px;"> _____ Grant Date Expiration Date </div> <input type="checkbox"/> Modified — Reason: <input type="checkbox"/> Denied — Reason: <input type="checkbox"/> Returned — Reason:		
_____ SIGNATURE — Consultant / Analyst		_____ Date Signed

Appendix

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 9

Sample Prior Authorization Request Form (PA/RF) for Private Duty Nursing for a Ventilator-Dependent Recipient with a Request for Case Coordination

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
HCF 11018 (Rev. 10/03)

STATE OF WISCONSIN
HFS 106.03(4), Wis. Admin. Code

WISCONSIN MEDICAID PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may send the completed form with attachments to: Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088. **Instructions:** Type or print clearly. Before completing this form, read your service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

FOR MEDICAID USE — ICN	AT	Prior Authorization Number 5555555
-------------------------------	----	--

SECTION I — PROVIDER INFORMATION		
1. Name and Address — Billing Provider (Street, City, State, Zip Code) I.M. Provider 987 N Elm St Anytown WI 55555	2. Telephone Number — Billing Provider (555) 123-4567	3. Processing Type 120
4. Billing Provider's Medicaid Provider Number 87654321		

SECTION II — RECIPIENT INFORMATION		
5. Recipient Medicaid ID Number 1234567890	6. Date of Birth — Recipient (MM/DD/YY) 06/25/68	7. Address — Recipient (Street, City, State, Zip Code) 1234 Oak St Anytown WI 55555
8. Name — Recipient (Last, First, Middle Initial) Recipient, Ima A.	9. Sex — Recipient <input type="checkbox"/> M <input checked="" type="checkbox"/> F	

SECTION III — DIAGNOSIS / TREATMENT INFORMATION									
10. Diagnosis — Primary Code and Description V46.11 — Respirator					11. Start Date — SOI			12. First Date of Treatment — SOI	
13. Diagnosis — Secondary Code and Description 335.20 — ALS					14. Requested Start Date 09/01/05				
15. Performing Provider Number	16. Procedure Code	17. Modifiers				18. POS	19. Description of Service	20. QR	21. Charge
	99504	TD				12,99	RN/PDN w/ vent services not to exceed 12 hours per 24-hour period and 60 hours per calendar week, all Medicaid recipients combined	3,060 hrs	XX.XX
	99504	U1					Case coordination 5 hrs/month x 12 months	60 hrs	XX.XX
							Shared case with Agency X. Total hours for all providers will not exceed total hours on POC.		
<small>An approved authorization does not guarantee payment. Reimbursement is contingent upon eligibility of the recipient and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with Wisconsin Medicaid payment methodology and policy. If the recipient is enrolled in a Medicaid HMO at the time a prior authorized service is provided, Medicaid reimbursement will be allowed only if the service is not covered by the HMO.</small>								22. Total Charges	X,XXX.XX

23. SIGNATURE — Requesting Provider <div style="text-align: center; font-size: 1.2em; font-weight: bold; margin-top: 10px;"><i>I. M. Requesting</i></div>	24. Date Signed 08/09/05
--	------------------------------------

FOR MEDICAID USE	Procedure(s) Authorized:	Quantity Authorized:
<input type="checkbox"/> Approved	_____ Grant Date	_____ Expiration Date
<input type="checkbox"/> Modified — Reason:		
<input type="checkbox"/> Denied — Reason:		
<input type="checkbox"/> Returned — Reason:		
SIGNATURE — Consultant / Analyst		Date Signed

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 10
Prior Authorization Amendment Request Completion Instructions
(for photocopying)

ARCHIVAL USE ONLY
(A copy of the Prior Authorization Amendment Request Completion Instructions is located on the following pages.)
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
(This page was intentionally left blank.)
Refer to the Online Handbook
for current policy

WISCONSIN MEDICAID PRIOR AUTHORIZATION AMENDMENT REQUEST COMPLETION INSTRUCTIONS

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information and is formatted exactly like this form. If necessary, attach additional pages if more space is needed. Refer to the applicable service-specific handbook for service restrictions and additional documentation requirements. Provide enough information for Wisconsin Medicaid medical consultants to make a reasonable judgment about the case.

All of the following must be submitted with the completed Prior Authorization Amendment Request, HCF 11042:

- A copy of the Prior Authorization Request Form (PA/RF), HCF 11018, to be amended (*not* a new PA/RF).
- A copy of the updated Prior Authorization/Home Care Attachment (PA/HCA), HCF 11096, the recipient's plan of care in another format that contains *all* of the components requested in the completion instructions of the PA/HCA, or the physician's orders. If current orders continue to be compatible with the new request, new orders are not necessary.
- Additional supporting materials or medical documentation explaining or justifying the requested changes.

Providers may submit PA adjustment requests by fax to Wisconsin Medicaid at (608) 221-8616 or by mail to the following address:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — RECIPIENT INFORMATION

Element 1 — Today's Date

Enter today's date in MM/DD/YYYY format.

Element 2 — Previous PA Number

Enter the seven-digit PA request number from the PA/RF to be amended. The request number is located in the top right section of the PA/RF.

Element 3 — Name — Recipient

Enter the recipient's name as indicated in Element 8 on the PA/RF, including the recipient's last and first name and middle initial.

Element 4 — Recipient Medicaid Identification No.

Enter the ten-digit recipient Medicaid identification number as indicated in Element 5 on the PA/RF.

SECTION II — PROVIDER INFORMATION

Element 5 — Name — Billing Provider

Enter the billing provider's name as indicated in Element 1 of the PA/RF.

Element 6 — Billing Provider's Medicaid Provider No.

Enter the billing provider's eight-digit Medicaid provider number as indicated in Element 4 on the PA/RF.

Element 7 — Address — Billing Provider

Enter the billing provider's address (include street, city, state, and zip code) as indicated in Element 1 of the PA/RF.

Element 8 — Amendment Effective Dates

Enter the dates that the requested amendment should start and end.

SECTION III — AMENDMENT INFORMATION

Element 9

Enter the reasons for requesting additional service(s) for the recipient.

Element 10

Enter the appropriate procedure code and hours per day, days per week, multiplied by the number of weeks for each service.

Element 11 — Signature — Requesting Provider

Enter the signature of the provider requesting this amendment.

Element 12 — Date Signed

Enter the month, day, and year this amendment was signed (in MM/DD/YYYY format).

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 11
Prior Authorization Amendment Request
(for photocopying)

ARCHIVAL USE ONLY
(A copy of the Prior Authorization Amendment Request is located on the following page.)
Refer to the Online Handbook
for current policy

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION AMENDMENT REQUEST**

Providers may submit prior authorization (PA) amendment requests by fax to Wisconsin Medicaid at (608) 221-8616 or by mail to: Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088. **Instructions:** Type or print clearly. Before completing this form, refer to the Prior Authorization Amendment Request Completion Instructions, HCF 11042A for submission information.

SECTION I — RECIPIENT INFORMATION

1. Today's Date	2. Previous PA Number
3. Name — Recipient (Last, First, Middle Initial)	4. Recipient Medicaid Identification No.

SECTION II — PROVIDER INFORMATION

5. Name — Billing Provider	6. Billing Provider's Medicaid Provider No.
7. Address — Billing Provider (Street, City, State, Zip Code)	8. Amendment Effective Dates

SECTION III — AMENDMENT INFORMATION

9. List reasons for amendment request.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

10. Indicate procedure(s) to be amended by hours per day, days per week, multiplied by the number of weeks.

Registered Nurse _____
Licensed Practical Nurse _____
Home Health Aide _____
Physical Therapist _____
Occupational Therapist _____
Speech-Language Pathologist _____
Personal Care Worker _____
Other _____

11. **SIGNATURE** — Requesting Provider

12. Date Signed

Appendix 12

National Uniform Billing Committee Revenue Codes for Private Duty Nursing Services

Providers will be required to use the appropriate revenue codes on the UB-92 claim form for private duty nursing services. The codes in the following table are examples of codes that might be used.

Code	Service Description
0550	Skilled Nursing
0969	Other Professional Fee

For the most current and complete list of revenue codes, contact the American Hospital Association National Uniform Billing Committee (NUBC) by calling (312) 422-3390 or writing to the following address:

American Hospital Association
National Uniform Billing Committee
29th Fl
1 N Franklin
Chicago IL 60606

For more information, refer to the NUBC Web site at www.nubc.org/.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 13

Procedure Code and Modifier Chart for Private Duty Nursing Services

The following table lists the allowable procedure codes and modifiers that nurses in independent practice are required to use when submitting claims for private duty nursing services.

Procedure Code and Description (Limited to current Wisconsin Medicaid covered services)	Modifier	Start-of-Shift Modifier
99504 Home visit for mechanical ventilation care [per hour]*	TE LPN/LVN**	UJ — Services provided at night (12 a.m. to 5:59 a.m.) UF — Services provided in the morning (6 a.m. to 11:59 a.m.) UG — Services provided in the afternoon (12 p.m. to 5:59 p.m.) UH — Services provided in the evening (6 p.m. to 11:59 p.m.)
	TD RN***	UJ — Services provided at night (12 a.m. to 5:59 a.m.) UF — Services provided in the morning (6 a.m. to 11:59 a.m.) UG — Services provided in the afternoon (12 p.m. to 5:59 p.m.) UH — Services provided in the evening (6 p.m. to 11:59 p.m.)
	U1 RN Case Coordinator	UJ — Services provided at night (12 a.m. to 5:59 a.m.) UF — Services provided in the morning (6 a.m. to 11:59 a.m.) UG — Services provided in the afternoon (12 p.m. to 5:59 p.m.) UH — Services provided in the evening (6 p.m. to 11:59 p.m.)
S9123 Nursing care, in the home; by registered nurse, per hour*	None	UJ — Services provided at night (12 a.m. to 5:59 a.m.) UF — Services provided in the morning (6 a.m. to 11:59 a.m.) UG — Services provided in the afternoon (12 p.m. to 5:59 p.m.) UH — Services provided in the evening (6 p.m. to 11:59 p.m.)
S9124 Nursing care, in the home; by licensed practical nurse, per hour*	None	UJ — Services provided at night (12 a.m. to 5:59 a.m.) UF — Services provided in the morning (6 a.m. to 11:59 a.m.) UG — Services provided in the afternoon (12 p.m. to 5:59 p.m.) UH — Services provided in the evening (6 p.m. to 11:59 p.m.)

* Refer to Appendix 14 of this handbook for information about rounding guidelines.

** LPN/LVN = Licensed practical nurse/Licensed vocational nurse.

*** RN = Registered nurse.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 14

Rounding Guidelines for Private Duty Nursing Services

The total number of services (hours) billed for each detail line on the UB-92 claim form must be listed in Form Locator 46 of the claim form. Private duty nursing services are rounded and billed in half-hour increments. If the visit is over 30 minutes in length, round up or down to the nearest 30-minute increment, using the common rule of rounding shown in the following table.

Time (In minutes)	Unit(s) Billed
1-30	0.5
31-44	0.5
45-60	1.0
61-74	1.0
75-90	1.5
91-104	1.5
105-120	2.0
121-134 Etc.	2.0

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 15

UB-92 (CMS 1450) Claim Form Completion Instructions for Private Duty Nursing Services Provided by Nurses in Independent Practice

Use the following claim form completion instructions, *not* the form locator descriptions printed on the claim form, to avoid denied claims or inaccurate claim payment. Complete all required form locators as appropriate. Do not include attachments unless instructed to do so.

These instructions are for the completion of the UB-92 (CMS 1450) claim for Wisconsin Medicaid. For complete billing instructions, refer to the National UB-92 Uniform Billing Manual prepared by the National Uniform Billing Committee (NUBC). The National UB-92 Uniform Billing Manual contains important coding information not available in these instructions. Providers may purchase the National UB-92 Uniform Billing Manual by calling (312) 422-3390 or writing to the following address:

American Hospital Association
National Uniform Billing Committee
29th Fl
1 N Franklin
Chicago IL 60606

For more information, refer to the NUBC Web site at www.nubc.org/.

Wisconsin Medicaid recipients receive a Medicaid identification card upon being determined eligible for Wisconsin Medicaid. Always verify a recipient's eligibility before providing nonemergency services by using the Medicaid Eligibility Verification System (EVS) to determine if there are any limitations on covered services and to obtain the correct spelling of the recipient's name. Refer to the Informational Resources section of the All-Provider Handbook or the Medicaid Web site for more information about the EVS.

Submit completed paper claims to the following address:

Wisconsin Medicaid
Claims and Adjustments
6406 Bridge Rd
Madison WI 53784-0002

Form Locator 1 — Provider Name, Address, and Telephone Number

Enter the name of the provider submitting the claim and the complete mailing address. The minimum requirement is the provider's name, street, city, state, and ZIP code. The name in Form Locator 1 should correspond with the provider number in Form Locator 51.

Form Locator 2 — Unlabeled Field (not required)

Form Locator 3 — Patient Control No. (optional)

The provider may enter the patient's internal office account number. This number will appear on the Medicaid remittance information.

Appendix 15 (Continued)

Form Locator 4 — Type of Bill

Enter the three-digit code indicating the specific type of claim. The first digit identifies the type of facility. The second digit classifies the type of care. Providers of private duty nursing (PDN) are required to bill type “33X.” The third digit (“X”) indicates the billing frequency and should be assigned as follows:

- 1 = Inpatient admit through discharge claim
- 2 = Interim bill — first claim
- 3 = Interim bill — continuing claim
- 4 = Interim bill — final claim

Form Locator 5 — Fed. Tax No. (not required)

Form Locator 6 — Statement Covers Period (From - Through) (not required)

Form Locator 7 — Cov D. (not required)

Form Locator 8 — N-C D. (not required)

Form Locator 9 — C-I D. (not required)

Form Locator 10 — L-R D. (not required)

Form Locator 11 — Unlabeled Field (not required)

Form Locator 12 — Patient Name

Enter the recipient’s last name, first name, and middle initial. Use the EVS to obtain the correct spelling of the recipient’s name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Form Locator 13 — Patient Address

Enter the complete address of the recipient’s place of residence.

Form Locator 14 — Birthdate

Enter the recipient’s birth date in MMDDYY format (e.g., September 25, 1975, would be 092575) or in MMDDYYYY format (e.g., September 25, 1975, would be 09251975).

Form Locator 15 — Sex

Specify that the recipient is male with an “M” or female with an “F.” If the recipient’s sex is unknown, enter “U.”

Form Locator 16 — MS (not required)

Form Locator 17 — Admission Date (not required)

Form Locator 18 — Admission Hr (not required)

Form Locator 19 — Admission Type (not required)

Appendix 15 (Continued)

Form Locator 20 — Admission Src (not required)

Form Locator 21 — D Hr (not required)

Form Locator 22 — Stat (not required)

Form Locator 23 — Medical Record No. (optional)

Enter the number assigned to the patient's medical/health record by the provider. This number will appear on the Wisconsin Medicaid remittance information.

Form Locators 24-30 — Condition Codes (required, if applicable)

If appropriate, enter a code to identify conditions relating to this claim that may affect payer processing. Refer to the UB-92 Uniform Billing Manual for codes.

Form Locator 31 — Unlabeled Field (not required)

Form Locators 32-35 a-b — Occurrence Code and Date (required, if applicable)

If appropriate, enter the code and associated date defining a significant event relating to this claim that may affect payer processing. All dates must be printed in MMDDYY format. Refer to the UB-92 Uniform Billing Manual for codes.

Form Locator 36 a-b — Occurrence Span Code (From - Through) (not required)

Form Locator 37 A-C — Internal Control Number/Document Control Number (not required)

Form Locator 38 — Responsible Party Name and Address (not required)

Form Locators 39-41 a-d — Value Codes and Amount (not required)

Form Locator 42 — Rev. Cd.

Enter the appropriate four-digit revenue code for the procedure code indicated in Form Locator 44. Enter revenue code "0001" on the line with the sum of all the charges. Refer to Appendix 12 of this handbook and the UB-92 billing manual for codes.

Form Locator 43 — Description

Enter the date of service (DOS) in MMDDYY format either in this form locator or in Form Locator 45.

When series billing (i.e., billing from two to four DOS on the same line), indicate the DOS in the following format: MMDDYY MMDD MMDD MMDD. Indicate the dates in order of occurrence from the first to the last of the month.

Providers may enter up to four DOS for each revenue and procedure code if all of the following conditions are met:

- All DOS are in the same calendar month.
- All DOS are listed in order of occurrence from the first to the last of the month.
- All procedure codes are identical.
- All procedure modifiers are identical.

Appendix 15 (Continued)

- All charges are identical.
- All quantities billed for each DOS are identical.

On paper claims, no more than 23 lines may be submitted on a single claim, including the “total charges” line.

Form Locator 44 — HCPCS/Rates (required, if applicable)

Enter the appropriate five-digit procedure code, followed by the modifiers, which may include start-of-shift modifiers, professional status modifiers, and the case coordination modifier. No more than four modifiers may be entered.

Form Locator 45 — Serv. Date

Enter the DOS in MMDDYY format either in this form locator or in Form Locator 43. Do not indicate multiple DOS in this form locator. Multiple DOS are required to be indicated in Form Locator 43.

Form Locator 46 — Serv. Units

Enter the number of covered time units. For each DOS, indicate even hours or half-hour increments rounded to the nearest half hour (one hour = one unit). If billing multiple DOS on a single line, the time units indicated must be evenly divisible by the number of days indicated on the line. Refer to Appendix 14 of this handbook for rounding guidelines.

Form Locator 47 — Total Charges

Enter the usual and customary charges for each line. Enter revenue code “0001” to report the sum of all charges in Form Locator 47.

Form Locator 48 — Non-covered Charges (not required)

Form Locator 49 — Unlabeled Field (not required)

Form Locator 50 A-C — Payer

Enter all health insurance payers here. For example, enter “T19” for Wisconsin Medicaid and/or the name of commercial health insurance.

Form Locator 51 A-C — Provider No.

Enter the number assigned to the provider by the payer indicated in Form Locator 50 A-C. For Wisconsin Medicaid, enter the eight-digit provider number. The provider number in Form Locator 51 should correspond with the name in Form Locator 1.

Form Locator 52 A-C — Rel Info (not required)

Form Locator 53 A-C — Asg Ben (not required)

Form Locator 54 A-C & P — Prior Payments (required, if applicable)

Enter the actual amount paid by commercial health insurance. (If the dollar amount indicated in Form Locator 54 is greater than zero, “OI-P” must be indicated in Form Locator 84.) If the commercial health insurance denied the claim, enter “000.”

Form Locator 55 A-C & P — Est Amount Due (not required)

Appendix 15 (Continued)

Form Locator 56 — Unlabeled Field (not required)

Form Locator 57 — Unlabeled Field (not required)

Form Locator 58 A-C — Insured's Name (not required)

Form Locator 59 A-C — P. Rel (not required)

Form Locator 60 A-C — Cert. - SSN - HIC. - ID No.

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters. Use the Medicaid identification card or EVS to obtain the correct identification number.

Form Locator 61 A-C — Group Name (not required)

Form Locator 62 A-C — Insurance Group No. (not required)

Form Locator 63 A-C — Treatment Authorization Codes (required, if applicable)

Enter the seven-digit prior authorization (PA) number from the approved Prior Authorization Request Form (PA/RF), HCF 11018. Services authorized under multiple PA requests must be submitted on separate claim forms with their respective PA numbers. Wisconsin Medicaid will only accept one PA number per claim.

Form Locator 64 A-C — ESC (not required)

Form Locator 65 A-C — Employer Name (not required)

Form Locator 66 A-C — Employer Location (not required)

Form Locator 67 — Prin. Diag Cd. (required, if applicable)

Enter *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) code V46.11 (Dependence on respirator, status) as the primary diagnosis code for PDN services provided to a ventilator-dependent recipient. Diagnosis description is not required. Wisconsin Medicaid denies claims for ventilator-dependent recipients that do not include this diagnosis code. Claims for PDN that do not include services for a ventilator-dependent recipient do not require a diagnosis code.

Form Locators 68-75 — Other Diag. Codes

Enter the ICD-9-CM diagnosis codes corresponding to additional conditions that coexist at the time of admission, or develop subsequently, and have an effect on the treatment received. Diagnoses that relate to an earlier episode and have no bearing on this episode are to be excluded. Providers should prioritize diagnosis codes as relevant to this claim. Etiology ("E") and manifestation ("M") codes may not be used as a primary diagnosis.

Form Locator 76 — Adm. Diag. Cd. (not required)

Form Locator 77 — E-Code (not required)

Form Locator 78 — Race/Ethnicity (not required)

Form Locator 79 — P.C. (not required)

Appendix 15 (Continued)

Form Locator 80 — Principal Procedure Code and Date (not required)

Form Locator 81 — Other Procedure Code and Date (not required)

Form Locator 82 a-b — Attending Phys. ID

Enter the name and the Unique Physician Identification Number, eight-digit Wisconsin Medicaid provider number, or license number.

Form Locator 83 a-b — Other Phys. ID (not required)

Form Locator 84 a-d — Remarks (enter information when applicable)

Commercial health insurance billing information

Commercial health insurance coverage must be billed prior to submitting Wisconsin Medicaid, unless Wisconsin Medicaid determines the service does not require commercial health insurance billing.

If the EVS indicates that the recipient has dental (“DEN”) or has no commercial health insurance, leave Form Locator 84 blank.

If the EVS indicates that the recipient has Wausau Health Protection Plan (“HPP”), BlueCross & BlueShield (“BLU”), Wisconsin Physicians Service (“WPS”), Medicare Supplement (“SUP”), TriCare (“CHA”), vision only (“VIS”), a health maintenance organization (“HMO”), or some other (“OTH”) commercial health insurance, *and* the service requires other insurance billing according to the Coordination of Benefits section of the All-Provider Handbook, then one of the following three other health insurance (OI) explanation codes *must* be indicated in the *first* line of Form Locator 84. The description is not required, nor is the policyholder, plan name, group number, etc.

Code	Description
OI-P	PAID in part or in full by commercial health insurance or commercial HMO. In Form Locator 54 of this claim form, indicate the amount paid by commercial health insurance to the provider or to the insured.
OI-D	DENIED by commercial health insurance or commercial HMO following submission of a correct and complete claim, or payment was applied towards the coinsurance and deductible. Do not use this code unless the claim was actually billed to the commercial health insurer.
OI-Y	YES, the recipient has commercial health insurance or commercial HMO coverage, but it was not billed for reasons including, but not limited to: <ul style="list-style-type: none"> ✓ The recipient denied coverage or will not cooperate. ✓ The provider knows the service in question is not covered by the carrier. ✓ The recipient's commercial health insurance failed to respond to initial and follow-up claims. ✓ Benefits are not assignable or cannot get assignment. ✓ Benefits are exhausted.

Note: The provider may not use OI-D or OI-Y if the recipient is covered by a commercial HMO and the HMO denied payment because an otherwise covered service was not rendered by a designated provider. Services covered by a commercial HMO are not reimbursable by Wisconsin Medicaid except for the copayment and deductible amounts. Providers who receive a capitation payment from the commercial HMO may not bill Wisconsin Medicaid for services that are included in the capitation payment.

Appendix 15 (Continued)

Form Locator 85 — Provider Representative

The provider or the authorized representative must sign in Form Locator 85.

Note: The signature may be a computer-printed or typed name or a signature stamp.

Form Locator 86 — Date

Enter the month, day, and year on which the claim is submitted to the payer. The date must be entered in MMDDYY or MMDDYYYY format.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 16

Sample UB-92 Claim Form for Private Duty Nursing Services Provided by Nurses in Independent Practice Including Shifts Spanning Midnight

IM PROVIDER 987 N ELM ST ANYTOWN, WI 55555 (555) 321-1234		2		3 PATIENT CONTROL NO.		4 TYPE OF BILL 333	
12 PATIENT NAME RECIPIENT, IMA H.		13 PATIENT ADDRESS 1234 OAK ST ANYTOWN, WI 55555					
14 BIRTHDATE 092775	15 SEX F	16 MS	17 DATE	18 HR	19 TYPE	20 SRC	21 D HR
22 STAT				23 MEDICAL RECORD NO. 03 7654321		24	
32 OCCURRENCE DATE		34 OCCURRENCE DATE		36 OCCURRENCE DATE		38 OCCURRENCE DATE	
33 OCCURRENCE DATE		35 OCCURRENCE DATE		37 OCCURRENCE DATE		39 OCCURRENCE DATE	
40 OCCURRENCE DATE		42 OCCURRENCE DATE		44 OCCURRENCE DATE		46 OCCURRENCE DATE	
41 VALUE CODES AMOUNT		43 VALUE CODES AMOUNT		45 VALUE CODES AMOUNT		47 VALUE CODES AMOUNT	
48 VALUE CODES AMOUNT		49 VALUE CODES AMOUNT		50 VALUE CODES AMOUNT		51 VALUE CODES AMOUNT	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATES		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1	0550	070105	S9123 UH		4.0	XXX XX	
2	0550	070205	S9123 UJ UH		8.0	XXX XX	
3	0550	070305	S9123 UJ		4.0	XXX XX	
4							
5	0001	TOTAL CHARGES				XXXX XX	
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
50 PAYER XYZ INSURANCE T19 MEDICAID		51 PROVIDER NO. 87654321		52 REL. INFO.		53 ASG. BEH.	
54 PRIOR PAYMENTS XXX XX		55 EST. AMOUNT DUE		56		57	
58 INSURED'S NAME		59 P. REL.		60 CERT. - SSN - HIC - ID NO. 1234567890		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES 1234567		64 ESC.		65 EMPLOYER NAME	
66 EMPLOYER LOCATION		67 PRIN. DIAG. CD. 344.00		68 CODE		69 CODE	
70 CODE		71 OTHER DIAG. CODES		72 CODE		73 CODE	
74 CODE		75 ADM. DIAG. CD.		76 E-CODE		77	
78		79 P.C.		80 PRINCIPAL PROCEDURE CODE		81 OTHER PROCEDURE CODE	
82 ATTENDING PHYS. ID IM PRESCRIBING X12345		83 OTHER PHYS. ID		84 REMARKS OI-P		85 PROVIDER REPRESENTATIVE X I.M. Provider	
86 DATE 080105		87		88		89	

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 17

Sample UB-92 Claim Form for Private Duty Nursing Services Provided to Ventilator-Dependent Recipients by Nurses in Independent Practice

APPROVED OMB NO. 0938-0279

IM PROVIDER 987 N ELM ST ANYTOWN, WI 55555 (555) 321-1234		2		3 PATIENT CONTROL NO.		4 TYPE OF BILL 333																																	
5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 COV D		8 N-C-D		9 C-I-D		10 L-R-D		11																											
12 PATIENT NAME RECIPIENT, IMA H.				13 PATIENT ADDRESS 1234 OAK ST ANYTOWN, WI 55555																																			
14 BIRTHDATE 092775		15 SEX F		16 MS		17 DATE		18 HR		19 TYPE		20 SRC		21 D HR		22 STAT		23 MEDICAL RECORD NO. 03 7654321		24		25		26		27		28		29		30		31					
32 OCCURRENCE DATE		33		34 OCCURRENCE DATE		35		36 OCCURRENCE SPAN FROM		37		38		39		40		41		42		43		44		45		46		47		48		49					
a		b		c		d		a		b		c		d		a		b		c		d		a		b		c		d		a		b		c		d	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATES		45 SERV. DATE		46 SERV UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																									
1 0550		MMDDYY		99504 TD UG				9.5		XXX XX																													
2 0550		MMDDYY		99504 TD UF				9.5		XXX XX																													
3 0550		MMDDYY		99504 TD UF				6.0		XXX XX																													
4 0550		MMDDYY, MMDD, MMDD, MMDD		99504 TD UG				24.0		XXX XX																													
5 0969		MMDDYY, MMDD, MMDD, MMDD		99504 U1 UF				4.0		XXX XX																													
7 0001		TOTAL CHARGES								XXXX XX																													
50 PAYER		51 PROVIDER NO.		52 REL INFO		53 ASO BEN		54 PRIOR PAYMENTS		55 EST AMOUNT DUE		56																											
A XYZ INSURANCE		87654321						XXX XX																															
B T19 MEDICAID																																							
C																																							
57																																							
58 INSURED'S NAME		59 P.REL		60 CERT. - SSN - HIC - ID NO.		61 GROUP NAME		62 INSURANCE GROUP NO.																															
A		B		C		D		E																															
				1234567890																																			
63 TREATMENT AUTHORIZATION CODES		64 ESC		65 EMPLOYER NAME		66 EMPLOYER LOCATION																																	
A 1234567																																							
B																																							
C																																							
67 PRIN DIAG CD		68 CODE		69 CODE		70 CODE		71 CODE		72 CODE		73 CODE		74 CODE		75 ADM DIAG CD		76 E-CODE		77		78																	
A V46.11																																							
79 P.C.		80 PRINCIPAL PROCEDURE CODE		81 OTHER PROCEDURE CODE		82 OTHER PROCEDURE CODE		83 OTHER PROCEDURE CODE		84 OTHER PROCEDURE CODE		85 OTHER PROCEDURE CODE		86 OTHER PROCEDURE CODE		87 OTHER PROCEDURE CODE		88 OTHER PROCEDURE CODE		89 OTHER PROCEDURE CODE		90 OTHER PROCEDURE CODE																	
a		b		c		d		e		f		g		h		i		j		k		l																	
a		b		c		d		e		f		g		h		i		j		k		l																	
84 REMARKS		85 PROVIDER REPRESENTATIVE		86 DATE		87		88		89		90		91		92		93		94		95																	
b O-I-P		X I.M. Provider		081505																																			
c																																							
d																																							

UB-92 HCFA-1450

OCR/Original

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Appendix

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 18

Disposable Medical Supplies Included in Home Care Reimbursement Rate

For the most current list of disposable medical supplies (DMS) included in the home care reimbursement rate, refer to the DMS Index on the Wisconsin Medicaid Web site. A paper copy of the DMS Index can be downloaded from the Wisconsin Medicaid Web site or ordered by calling Provider Services at (800) 947-9627 or (608) 221-9883.

Disposable medical supplies included in the home care reimbursement rate include, but are not limited to, those listed in the following table.

Procedure Code	Modifier	Description
A4244	—	Alcohol per pint
A4365	—	Adhesive remover wipes, any type, per 50 (Ostomy use only)
A4402	—	Lubricant per ounce
A4455	—	Adhesive remover or solvent (for tape, cement, or other adhesive) per ounce
A4554	—	Disposable underpads, all sizes [when used for purposes <i>other than</i> incontinence or bowel and bladder programs]
A4927	—	Gloves, non-sterile, per 100
A4626	59	Applicators
A4626	22	Cotton balls per 100

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Index

- Availability of Records, 22
- Billing Across Midnight, 38
- Case Sharing, 19
- Certification Requirements
 - for Ventilator-Dependent Services, 8
 - for Wisconsin Medicaid, 8
- Claims Submission, 37
 - follow-up to, 37
 - options, 37
- Coordination Services
 - for recipients not ventilator-dependent, 18
 - for ventilator-dependent recipients, 17
- Copayment, 14
- Covered Services, 15
- Dates of Service, 39
- Daylight Savings Time, 38
- Diagnosis Code, 40
- Disposable Medical Supplies, 17, 101
- Documentation Requirements, 21
 - for medical records, 21
 - of supervising nurses, 22
 - after termination as a provider, 23
- Emergency Procedures, 12
- Hours
 - flexible, 31
 - pro re nata, 31
- Modifiers, 39, 85
- Plan of Care, 25
 - changes to, 28
 - developing the, 25
 - documentation methods, 25
 - medical necessity and the, 27
 - obtaining forms, 25
 - requirements, 27
- Prior Authorization, 29
 - backdating, 33
 - effective dates, 33
 - number, 40
 - required documentation for, 32
 - responses, 33
 - responsibility for, 29
 - services requiring, 29
 - submission of requests, 33
- Prior Authorization Amendment Request
 - completion instructions, 77
 - form, 81
 - information about, 14, 34
- Prior Authorization/Home Care Attachment
 - completion instructions, 49
 - form, 57
 - information about, 25, 32
 - sample form, 61
- Prior Authorization Request
 - amending a, 34
 - enddating a, 35
- Prior Authorization Request Form
 - completion instructions, 67
 - information about, 29, 32
 - sample forms
 - case coordination, 75
 - private duty nursing for a ventilator-dependent recipient, 73
 - private duty nursing services, 71

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

- Private Duty Nursing
 - hours that qualify as, 16
 - out-of-state, 35
 - place of service, 16
 - reimbursement requirements, 16
 - requesting hours of, 30
 - requirements, 12

- Private Duty Nursing Prior Authorization
 - Acknowledgment
 - form, 47
 - information about, 32

- Procedure Codes, 39, 85

- Prohibited Fees, 11

- Recipients
 - contracts with, 13
 - eligibility for private duty nursing services, 15
 - eligibility for ventilator-dependent services, 15
 - eligibility verification, 12
 - responsibilities, 14
 - rights, 13
 - terminating service to, 14

- Reimbursement not available, 19

- Revenue Codes, 39, 83

- Rounding Guidelines, 40, 87

- Scope of Services, 7

- Supervision, 7

- UB-92 Claim Form
 - completion instructions, 89
 - information about, 37
 - sample forms
 - private duty nursing services, 97
 - private duty nursing services for ventilator-dependent recipients, 99

- Unacceptable Practices, 11

- Units of Service, 40

- Wisconsin Medicaid Private Duty Nursing — A Guide for Medicaid Recipients and Their Families, 13, 43

ARCHIVAL USE ONLY
 Refer to the Online Handbook
 for current policy