

**Private Duty Nurse (PDN) Initial Request
Long Term Services and Support (LTSS)
Authorization Request Checklist
Phone: 1-877-301-4394
Fax: 1-866-644-5456**

Please provide all of the following information when requesting a Long Term Services and Supports (LTSS) Authorization. If required information is not provided, this may cause a delay in processing the authorization request.

Required Documentation for Private Duty Nursing (PDN) Authorization Requests:

- **If member was previously authorized by Texas Medicaid and Healthcare Partnership (TMHP) or previous MCO, requesting agency should include previous authorization.**
- **If the member is requesting an agency change, please include the "client choice" form/statement in the authorization request.**
- **Agencies are expected to utilize most up to date forms from TMHP.**
- **Agencies are expected to meet all current and future update requirements in the TMPPM.**

Initial Request:

- A completed Blue Cross and Blue Shield of Texas (BCBSTX) LTSS Authorization Request Form (link to form below)
- Initial requests must be submitted within three business days of the Start of Care (SOC) date.
- A completed THSteps-CCP Prior Authorization Request form signed and dated by the requesting/ordering physician within 30 calendar days prior to the SOC date or within 3 calendar days after the SOC for services that have not been prior authorized.
 - All requested dates of service must be included.
- A completed Plan of Care (POC) form, signed and dated by the requesting/ordering physician within 30 calendar days prior to the SOC date within 3 calendar days after the SOC for services that have not been prior authorized.
- A completed Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers form signed and dated by the requesting/ordering physician, RN completing the assessment, and parent, guardian, client, or responsible adult within 30 calendar days prior to the SOC date within 3 calendar days after the SOC for services that have not been prior authorized. This form should address the following: PDN eligibility criteria, health history summary, rationale for the hours of PDN requested whether an initiation, increase, decrease or maintenance of hours. The addendum should also include the provider's plan to decrease hours or discharge from service (if appropriate).
- A nursing care plan summary which should create a complete picture of the client's condition and nursing needs.
 - Information must be client-focused and detailed.
 - A problem list identifying two-to-four current priority problems from the nursing care plan. The problems listed must focus on the primary reasons a licensed nurse is required for care of the client.



- Goals which relate directly to the listed problems. Goals must be client-specific and measurable.
- Outcomes expected during certification period.
- Progress expected during certification period.
- 24-hour schedule plan which includes all direct-care services of the client’s daily schedule.
 - **All initial authorizations can only be authorized for a maximum of 90 days.**
 - **All documents submitted with a verbal SOC order must be signed within 14 calendar days by the requesting/ordering physician and submitted to BCBSTX in order for the authorizations to remain in effect.**
 - **Certification periods on the POC must match the requested dates of service.**
 - **During the authorization process, providers are required to deliver the requested services from the SOC date. The SOC date is the date agreed upon by the physician, the PDN provider, and the client, parent, or guardian and is indicated on the submitted POC as the SOC date.**

The following elements should always be addressed in documentation submitted with a request for PDN services:

- Dependent on technology to sustain life.
- Requires ongoing and frequent skilled interventions to maintain or improve health status; and delayed skilled intervention is expected to result in:
 - Deterioration of a chronic condition;
 - Loss of function;
 - Imminent risk to health status due to medical fragility;
 - or Risk of death.

https://www.bcbstx.com/provider/pdf/ltss_request.pdf