

Private Duty Nursing Services Provider Guide

Use this guide as a supplement to the Private Duty Nursing Services (PDN) Oregon Administrative Rules ([Chapter 410 Division 132](#)). See current PDN rules for official policies regarding billing.

If you are a Private Duty Nurse for the DHS Medically Fragile Children’s Unit, this booklet does not apply to you! Instead, refer to the Medically Fragile Children’s Services OARs ([Chapter 411 Division 350](#)).

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Client eligibility and enrollment

Refer to [General Rules](#) and [OHP Rules](#) for information about the service coverage according to OHP benefit plans and the Prioritized List of Health Services.

The [OHP eligibility verification page](#) explains how to verify eligibility using the Provider Web Portal, Automated Voice Response, or electronic data interchange (EDI) 270/271 transaction.

Prior authorization

Submit prior authorization (PA) requests to DMAP using the [Provider Web Portal \(instructions\)](#) or the [DHS 3971](#).

- For OHP managed care plan members, contact the plan for PA instructions.
- For information about how to submit PA requests to DMAP, see the [Prior Authorization Handbook](#).

Information needed to request PA

DMAP may automatically deny requests that do not include one or more of the following pieces of information.

- Information in **bold** is required for correct processing.
- If using the [DHS 3971](#) to submit the request, fax the completed form to 503-378-5814 for routine requests or 503-378-3435 for immediate/urgent requests.

Information needed	New PA	Existing PA (include PA number)	
		Continue	Change
Section I - Provider number (NPI)	X		
Section II - Type of PA request - Mark “Other” and enter “Private Duty Nursing”	X		
Section III ■ Client ID and client’s name	X	X	X
Section IV ■ Frequency of service ■ ICD-9-CM Diagnosis Code – to the highest specificity, obtained from the prescribing practitioner – The diagnosis code must be the reason chiefly responsible for the service being provided as shown in the medical records.	X		X
Section V - Procedure codes, U&C (usual and customary charge), units of service	X		X
Section VIII - Performing provider name and NPI	X		
Section IX - Date of request and expected service begin/end dates	X	X	X

Attachments needed to request PA

Describe attachments in the “Attachments” section as follows:

New PA

- Written justification and a proper written order from the prescribing practitioner, dated within seven days of the date of the PA request
- The plan of care (dated within one week of the PA request) with short-term goals, long-term goals, objectives, and timelines for meeting the goals and objectives
- A comprehensive assessment
- A completed Acuity Grid ([DMAP 591](#)) and
- A completed Psychosocial Grid ([DMAP 590](#)), if needed

Request to continue existing PA

- Daily nursing notes and flow sheets from the past month, if applicable
- Updated plan of care
- Progress reports
- Recent clinic summaries and significant clinical findings from physician
- New written order from the prescribing practitioner, dated within seven days of the request for continued services
- New Acuity Grid ([DMAP 591](#)), completed within seven days of the request

Request to change existing PA

- Visit notes and a written order to support the change.

Billing for PDN services

Use the Provider Web Portal professional claim, 837P or CMS-1500.

- **Billing instructions** are available on the [OHP provider billing tips page](#).
- **For information about electronic billing**, go to the [Electronic Business Practices Web page](#).

Claim status and adjustments

For information about the paper remittance advice and other ways to get claim status information via the Provider Web Portal, AVR or EDI 835 (Electronic Remittance Advice), go to the [OHP remittance advice page](#).

For information about how to adjust a claim, refer to the [Claim Adjustment Handbook](#).