PRIVATE DUTY NURSING

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid as a Private Duty Nursing agency. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirement.

Private Duty Nursing agencies must be enrolled with South Dakota Medicaid. Nursing services must be provided by a properly licensed individual acting within their scope of practice in accordance with SDCL Title 36.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal.

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.

Refer to the Recipient Eligibility manual for additional information regarding eligibility including information regarding limited coverage aid categories.

COVERED SERVICES AND LIMITS

General Coverage Principles
Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

Private Duty Nursing Covered Services
Private duty nursing (PDN) skilled nursing services and extended home health aide are covered if

medically necessary, service eligibility requirements are met, and services are prior authorized by South Dakota Medicaid.

Service Eligibility

In order for PDN services to be covered the following requirements must be met:

- The recipient is age 20 or younger;
- The services are medically necessary;
- The services are provided in the individual's residence, or other setting as prior authorized. An individual's residence does not include an intermediate care facility for individuals with intellectual disabilities or an institution for individuals with a mental disease, hospital, or nursing facility;
- The services are provided to an individual requiring more patient care than could be provided by a home health agency or professional day care when a condition or illness would result in institutionalization if not cared for at home;
- A parent, guardian, or primary caregiver is committed to and capable of performing the medical skills necessary to ensure quality of care and a safe environment for the periods of time when PDN service is not provided;
- Attending physician must write an order for PDN services;
- The selected PDN agency must complete an evaluation and create a plan of care;
- The prescribing physician must sign the plan of care;
- Plan of care, medical records, parent/guardian attestation form, and completed PDN/Extended Home Health Aid prior authorization is submitted to South Dakota Medicaid for determination of covered hours and the service is prior authorized by South Dakota Medicaid.

Limitations

South Dakota Medicaid will only authorize PDN hours for the following circumstances:

- Hours that guardian(s) work and travel to work;
- Hours that guardian(s) attend school and travel to school; or
- Additional hours for sleep may be authorized for up to 10 hours per 24-hour period when the child's condition and care plan requires intensive nursing interventions and monitoring. Examples of intensive nursing interventions and monitoring include tracheostomy and ventilator dependency with frequent suctioning or the need for ongoing oxygen monitoring, frequent seizure activity with interventions, or other prescribed medically necessary service(s) required with a frequency of every 2 hours or more.

Parent/Guardian(s) are responsible for notifying the PDN agency of their work/school schedule. The PDN agency must document and provide this information in the prior authorization request form. Parent/Guardian(s) and the PDN facility are responsible for using these hours in accordance with South Dakota Medicaid policy.

PDN services are limited to one nurse in an individual's residence or other approved setting at a time per recipient. Medicaid will only cover more than one nurse in the individual's residence or other approved setting for multiple recipients in the same residence or approved setting if all recipients

require intensive nursing interventions and monitoring. This includes trach and vent dependency with frequent suctioning or the need for ongoing oxygen monitoring, frequent seizure activity with interventions, or other prescribed medically necessary nursing interventions required with a frequency of every 2 hours or more.

Prior Authorization Requests

PDN agencies must submit the following information with their prior authorization request:

- Private Duty Nursing/Extended Home Health Aid Prior Authorization Request Form;
- Parent/Guardian Attestation Form;
- Medical record documentation indicating medical necessity; and
- Plan of care signed by the physician or other licensed practitioner.

PDN authorizations are limited to a maximum of two months per authorization. If a reauthorization is being requested, an updated plan of care, indicating the need for continued PDN services, signed by the attending physician or other licensed practitioner must be submitted.

Prior authorizations requests should be submitted to DSSMedicaidPA@state.sd.us.

Non-Covered Services

General Non-Covered Services

Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.

Non-Covered PDN Services

Private duty nursing is not covered for:

- Custodial or sitter care to ensure compliance with treatment;
- Respite care
- Behavioral or eating disorders;
- Observation or monitoring for medical conditions not requiring skilled nursing;
- Hours when one or more parent or guardian is at home unless during authorized sleep hours;
- Nursing care provided by immediate family or direct household members (see South Dakota Medicaid Temporary Exemption to Allow Family Members to Provide PDN Services Form);
- Hours while child is at school or in other supervised settings; and
- More than one nurse in a home at a time.

Documentation Requirements

General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6

years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping manual for additional requirements.

Electronic Visit Verification (EVV) Requirements
In addition to the requirements listed in the Documentation and Record Keeping manual, all Private Duty Nursing services contained in this manual are subject to EVV requirements. Please visit the Electronic Visit Verification Manual for further details.

For questions related to EVV, email programintegrity@state.sd.us.

Reimbursement and Claim Instructions

Timely Filing
South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the General Claim Guidance manual for additional information.

Third-Party Liability
Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort, meaning Medicaid only pays for a service if there are no other liable third-party payers. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the General Claim Guidance manual for additional information.

Reimbursement
A claim submitted for services provided under the PDN agency must be submitted at the provider's usual and customary charge and must contain the procedure codes listed on the Department's website. Payment for professional services is limited to the PDN agency's usual and customary charge or the fee established in the fee schedule maintained on the Department's website. Supervisory and recertification visits are considered to be an overhead cost and may not be billed as a PDN agency.

Claim Instructions
PDN services must be billed on a CMS 1500 claim form or 837P. Refer to our website for claim instructions. Except for an electronic claim, if the individual is covered by Medicare or private health insurance, a copy of the denial or evidence of payment from Medicare or the insurance carrier must accompany the claim. For an electronic claim, the provider shall maintain and submit to the department on request evidence of claim payments or rejection.

Definitions

1. "Plan of care," the plan developed by the home health agency in response to the attending physician or other licensed practitioner's written orders to the agency prescribing the needed services and the duration of those services;

2. "Skilled nursing services," those nursing services defined in SDCL 36-9-3 which are provided on a part-time or intermittent basis;

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations

QUICK ANSWERS

1. **What hours can be covered?**

   Refer to the covered services section of the coverage manual.

2. **Are PDN services available 24 hours a day, 7 days a week?**

   No, PDN services are limited to the following circumstances:
   - Hours that guardian(s) work and travel to work;
   - Hours that guardian(s) attend school and travel to school; or
   - Additional hours for sleep may be authorized for up to 10 hours per 24-hour period when the child's condition and care plan requires intensive nursing interventions and monitoring. Examples of intensive nursing interventions and monitoring include tracheostomy and ventilator dependency with frequent suctioning or the need for ongoing oxygen monitoring, frequent seizure activity with interventions, or other prescribed medically necessary service(s) required with a frequency of every 2 hours or more.

3. **Can PDN services be utilized for respite?**

   PDN services cannot be used for respite. HCBS waiver participants may request respite services from the Dakota at Home.

4. **Can a child receive PDN services while in school?**

   No, the child cannot receive PDN services while in school. School districts may provide nursing services, based upon medical necessity, during the school day.

5. **Can LPNs provide Private Duty Nursing Services?**

   Yes, LPNs, acting within their scope of practice under SDCL 36-9-4, may provide private duty nursing services.

6. **Does the RN/LPN/HH Aide need to be employed by PDN agency?**

Yes, the RN/LPN/HH Aide must be employed by a Medicaid enrolled PDN agency.

7. **How does a recipient get services?**

   A physician and other licensed practitioner must write an order or prescribe the care. The child's guardian(s) should contact a PDN agency to obtain an evaluation and plan of care. Once a plan of care is written, the physician or other licensed practitioner must sign the plan of care. That plan of care and medical documentation is then sent by the PDN agency to South Dakota Medicaid to request a prior authorization determination. A PDN agency can provide services according to the schedule established and approved by SD Medicaid.