

Montana Healthcare Programs

# Private Duty Nursing Provider Manual (EPSDT)

Effective October 1, 2024



## Private Duty Nursing Provider Manual (EPSDT)

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## Publication History

This publication supersedes all previous Private Duty Nursing Provider Manuals, provider notices, or other communications concerning the content of this manual. Published by the Montana Department of Public Health and Human Services (DPHHS), 10/01/2024.

Montana Code Annotated (MCA) 53-6-1402 (3) (a) allows the Department or an auditor to request up to 6 months of records from a provider for claims paid by the Medicaid program up to 3 years before the request date.

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**Previous Private Duty Nursing Provider Manual updates include:**

### **10/01/2024 Update**

- Full manual review
- Changed format from HTML to PDF
- Deleted chapters that were not applicable to the program (Coordination of Benefits, Billing Procedures, Submitting a Claim, Remittance Advice and Adjustments, How Payment Is Calculated)
- Renamed Update Log chapter to Publications History

## Table of Contents

Publication History .....	3
Key Contacts and Websites.....	5
Introduction.....	5
Manual Organization .....	5
Manual Maintenance.....	5
Rule References .....	5
Claims Review (MCA 53-6-111, ARM 37.85.406) .....	6
Getting Questions Answered .....	6
Covered Services .....	7
General Coverage Principles.....	7
Noncovered Services (ARM 37.86.2217) .....	8
Coverage of Specific Services.....	8
Other Department Programs .....	10
Passport to Health Program.....	11
Prior Authorization.....	11

## Key Contacts and Websites

Refer to the [Contact Us](#) page for a list of key contacts and websites. From the Home page of the Montana Healthcare Programs [Provider Information website](#), access the lefthand menu.

Refer to the Department of Public Health and Human Services (DPHHS) tab for Private Duty Nursing program officer and other DPHHS contact information.

Refer to the Utilization Review Contractor tab for prior authorization information.

Refer to the Electronic Visit Verification (EVV) Contractor tab for EVV information.

## Introduction

Thank you for your willingness to serve members of Montana Healthcare Programs, administered by the Department of Public Health and Human Services.

### Manual Organization

This manual provides information specifically for providers of private duty nursing services. Other essential information for providers is contained in the separate General Information for Providers Manual, available on the Private Duty Nursing provider type page on the Provider Information website. Providers are required to read both manuals.

### Manual Maintenance

Notification of manual updates are provided through the weekly web postings under Recent Website Posts at the bottom of the Home page on the Provider Information website or through the Site Index drop-down in the left menu. Older versions of the manual may be found through the Archive page on the Provider Information website. Printing the manual material found at this website for long-term use is not advisable. Department of Public Health and Human Services (DPHHS) policy material is updated periodically, and users are responsible for ensuring that the policy they are researching or applying has the correct effective date for their circumstances.

### Rule References

Providers, office managers, billers, and other medical staff should familiarize themselves with all current administrative rules and regulations governing Montana Healthcare Programs. Provider manuals are to assist providers in billing Montana Healthcare Programs; they do not contain all Montana Healthcare Programs rules and regulations. Rule citations in the text are a reference tool; they are not a summary of the entire rule. **If a manual conflicts with a rule, the rule prevails.** Links to rules are available on the

Provider Information website. Rules are available to print through the [Secretary of State's website](#).

**Providers are responsible for knowing and following current laws and regulations specific to Medicaid.**

In addition to the general rules outlined in the General Information for Providers Manual, the following rules and regulations are also applicable to the Private Duty Nursing services program:

- Code of Federal Regulations (CFR)
  - 42 CFR 440.80 Private Duty Nursing Services
- Montana Code Annotated (MCA)
  - MCA 53-6-101
- Administrative Rules of Montana (ARM)
  - ARM 37.85.2701–37.86.2217 EPSDT Private Duty Nursing Services
- 21st Century Cures Act
  - Section 12006(a)
  - Section 1903(l) of the Social Security Act (the Act)

### Claims Review (MCA 53-6-111, ARM 37.85.406)

The Department is committed to paying claims as quickly as possible. Claims are electronically processed and usually are not reviewed by medical experts prior to payment to determine if the services provided were appropriately billed. Although the computerized system can detect and deny some erroneous claims, there are many erroneous claims it cannot detect. For this reason, payment of a claim does not mean the service was correctly billed, or the payment made to the provider was correct. The Department performs periodic retrospective reviews, which may lead to the discovery of incorrect billing or incorrect payment. If a claim is paid, and the Department later discovers the service was incorrectly billed or paid or the claim was erroneous in some other way, the Department is required by Federal regulation to recover any overpayment, regardless of whether the incorrect payment was the result of Department or provider error or other cause.

### Getting Questions Answered

The provider manuals are designed to answer most questions; however, questions may arise that require a call to a specific group (such as a program officer, Provider Relations, or prior authorization contractor). See the [Contact Us](#) page on the Provider Information website. Montana Healthcare Programs manuals, provider notices, replacement pages, fee schedules, forms, and much more are available on the Provider Information website.

## Covered Services

### General Coverage Principles

This chapter provides covered services information that applies specifically to services provided by private duty nursing services providers. Services provided to members must also meet the general requirements listed in the Provider Requirements chapter of the General Information for Providers Manual. A link to this manual is on your provider type on the [Provider Information website](#).

#### **Provider Requirement (ARM 37.85.402)**

The facilities and providers must be enrolled in Montana Healthcare Programs. Current enrollment requirements can be found on the Provider Enrollment page on the Provider Information website.

#### **Private Duty Nursing Licensing (ARM 37.86.2217 and 42 CRF 440.80)**

Private duty nursing services must be provided by registered nurses (RNs) or licensed practical nurses (LPNs).

#### **Early and Periodic Screening, Diagnosis and Treatment (ARM 37.86.2201 – ARM 37.86.2235)**

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit is a comprehensive approach to health care for Medicaid members, who are up to and including 20 years of age. It focuses on preventing health issues, identifying them early, and providing timely treatment to avoid development into serious issues. It is designed to ameliorate health problems before they become disabling. Some services covered for children but not for adults, include but are not limited to:

- Nutritionist
- Private duty nursing
- Respiratory therapy
- Therapeutic family and group home care
- School-based

Through EPSDT, eligible members can receive any medically necessary service (ARM 37.85.410) covered by Montana Medicaid including private duty nursing services detailed in this manual.

All prior authorization and Passport approval requirements must be followed. For more information about the recommended well-child screen and other components of EPSDT, see the EPSDT Well-Child chapter in the [General Information for Providers Manual](#), available on your provider type page on the Provider Information website.

## Noncovered Services (ARM 37.86.2217)

Montana Healthcare Programs **do not** cover the following services for private duty nursing:

- Psychological or mental health counseling, this may be covered for eligible members under different Montana Healthcare Programs.
- Nurse supervision services including chart review, case discussion, or scheduling by a registered nurse, because this is considered an administrative cost.
- Travel time to and/or from the member's place of service, this is considered an administrative cost.
- Services provided to allow the member, family, or caregiver to go to work or school, this is considered respite care. Respite care is not a benefit of the private duty nursing program. If eligible, respite services may be covered through the Home and Community-Based Services (Big Sky Waiver) program.
- Experimental services or cosmetic services.

Additional information about noncovered services in Montana Healthcare Programs can be found in the General Information for Providers Manual on your provider type page on the [Provider Information website](#).

## Coverage of Specific Services

### Private Duty Nursing (ARM 37.86.2217 and 42 CFR 409.32)

Private duty nursing services are covered only when deemed medically necessary. Medical necessity refers to services required to diagnose, treat, or ameliorate a chronic condition, disability, or physical/mental illness, and fall into accordance with ARM 38.85.410.

A provider must determine a child needs private duty nursing services and must obtain prior authorization (see the [Prior Authorization section of this manual](#)). While determining medical necessity, the Department or contractor may consider the type or nature of the service, the provider of the service, the setting in which the service is provided, and any additional requirements applicable to the service.

Private duty nursing services are skilled services only provided by RNs and LPNs to members who require general medical management and skilled nursing care on a continuous basis, but do not require the constant physician care provided in a hospital setting.

To be considered a skilled service, the member's condition must be so inherently complex that services must be performed safely and effectively by a professional or technical professional (42 CFR 409.32). A single specialized service, such as bi-weekly injections or repositioning a non-ambulatory patient, may not always warrant skilled nursing care if it is the sole service provided and deemed not necessary for an RN or LPN to perform. However, the complexity of a member's condition can elevate seemingly

straightforward procedures to medically necessary interventions. In such cases, the services of a RN or LPN may be deemed essential, depending on the intricate nature of the patient's health status and care requirements. For these reasons, Private Duty Nursing determinations are made on a case-by-case basis (ARM 37.40.105).

Some examples of medically necessary services that require skilled care are:

- Tracheostomy care
- Ventilator care
- Sterile dressing changes and care
- Gastrostomy feedings
- Nasopharyngeal aspiration
- Initial phases of operation of inhalation equipment

The above listed conditions/services are not the only medical conditions or services allowed or covered by private duty nursing. If the service is deemed not medically necessary to be performed by a medical professional, the service cannot be considered a skilled nursing service.

Private duty nursing services also include:

- Member-specific training provided to a RN or LPN when a child is new to the nursing agency.
- Additional training for the current nurse when there is a change in the child's condition.
- Training for a new nurse when there is a change in nursing personnel to ensure proper care for the child.

Private duty nursing services must be provided by a licensed RN or LPN employed by an agency enrolled to provide private duty nursing services. The department allows private duty nursing services to be provided to a child without parents or caregivers present. Providers and caregivers may decide to require a parent or caregiver be present while services are being provided.

A caregiver means a parent family member, foster parent, or guardian with legal responsibility for the well-being of the member.

A provider of private duty nursing services must be an incorporated entity meeting the legal criteria for independent contractor status that either employs or contracts with nurses for the provision of nursing services. The Department does not contract with or reimburse individual nurses as providers of private duty nursing services.

Private duty nursing services provided to an eligible member by a person who is the member's caregiver must be prior authorized by the Department or its contractor. The caregiver must be employed through an incorporated entity and meet the Department's provider requirements of being an RN or LPN.

For private duty nursing services provided by a caregiver:

- The caregiver must be a licensed RN or LPN.
- The caregiver must be employed by an agency enrolled to provide private duty nursing services.
- The Department will approve a maximum of 40 hours of services per 7-day period under the EPSDT private duty guidelines and rules.

Private duty nursing does not reimburse a caregiver who is not a licensed RN or LPN per rules outlined in CFR and ARM. Private duty nursing does not cover respite care; however, there are other programs that can assist with respite care. See the Other Department Programs section in the Introduction chapter.

## Other Department Programs

### **Home Infusion Therapy Services (ARM 37.86.1501)**

Home infusion therapy services are nursing services provided by a registered nurse (RN) employed by a home infusion therapy agency. Home infusion therapy services are provided to members who require medication or other treatments that can only be administered at home by an RN. See the Home Infusion Therapy Services Manual for more information.

### **Home Health Nursing Services (ARM 37.40.701)**

Home health nursing services are provided by an enrolled Montana Healthcare Programs home health agency. These nursing services are provided to members of all ages who require home health care. They must be billed by that agency in accordance with current home health program procedures and not under home infusion therapy or private duty nursing services. See the Home Health Policy Manual for more information.

### **Mental Health Services Plan (MHSP)**

The Montana Healthcare Programs private duty nursing services in this manual **are not benefits** of the Mental Health Services Plan (MHSP), so the information in this manual does not apply to MHSP. [For more information on MHSP, see the mental health manual available on the DPHHS website.](#)

### **Healthy Montana Kids (ARM 37.79.101-37.79.140)**

The Montana Healthcare Programs private duty nursing services in this manual **are not covered benefits** of Healthy Montana Kids (HMK). Additional information regarding HMK benefits is available by contacting Blue Cross and Blue Shield of Montana at 1-855-258-3489 (toll-free, direct) or by visiting the [HMK website](#).

## Home and Community Based Waiver Respite Care (ARM 37.40.1451)

Respite care is temporary, short-term care provided to members in need of supportive care to relieve those persons who normally provide the care. Respite care is only used to relieve a non-paid caregiver. Respite care may include payment for room and board in adult residential facilities, nursing homes, hospitals, and group homes of residential hospice facilities. For more information on the home and community based (HCBS) waiver, please visit the [DPHHS HCBS website](#).

### Importance of Fee Schedules

The easiest way to verify coverage for a specific service is to check the Department's fee schedule for your provider type. The majority of the services provided are listed under the Private Duty Nursing Fee Schedule. In addition to being listed on the fee schedule, all services provided must also meet the coverage criteria listed in the Provider Requirements chapter of the General Information for Providers Manual on the [Provider Information website](#) and in this chapter.

Use the fee schedule in conjunction with the more detailed coding descriptions listed in the current CPT and HCPCS coding books. Take care to use the fee schedule and coding books pertaining to the date of service. Fee schedules are available on the [Provider Information website](#).

## Passport to Health Program

For Passport to Health information, see the Passport to Health Manual. The manual is available on the Passport to Health page and applicable provider type pages on the [Provider Information website](#).

## Prior Authorization

Prior Authorization determinations are handled by a contractor. The contractor is determined by the Department. The contractor must have the staff and medical knowledge to make an informed determination. The contractor can use a variety of tools and resources necessary to make determinations for prior authorizations.

Prior authorization for private duty nursing services is required and must be authorized before the initial provision of services, and at any time the condition of the member changes resulting in a change to the number of skilled nursing services being provided. Authorization must be renewed with the Department or the Department's contractor every 90 days during the first six (6) months of services, and every six (6) months thereafter.

Montana Healthcare Programs authorizes a set number of private duty nursing hours based upon the needs of the individual child for a specific time period. Documentation

supporting the need for private duty nursing hours should be submitted at the time of the prior authorization request. The Department's contractor may request additional supporting documents at any time. Medical conditions do not come with pre-set care hours; prior authorizations are tailored to each member's unique needs and are approved on a case-by-case basis.

Requirements for prior authorization must be submitted at the time of the initial request and any time a request is made to add hours or when the condition of the member has changed.

- A medical order provided by the member's primary care physician
- Principal diagnosis
- Number of skilled service hours requested per day
- Skilled services and treatments to be provided
- The frequency of these services/treatments
- Estimated time per service
- Any other documentation requested by the Department's contractor

Documents submitted with the prior authorization request should also include a plan of care stating all of the bulleted items above.

A member's health condition may improve and stabilize over time. As this occurs, family members or other caregivers might become capable of providing some or all necessary care. During each assessment, the care team should evaluate which skilled nursing services remain medically necessary and which tasks can be safely transitioned to family or other caregivers. The goal is to ensure that private duty nursing services are authorized only for skilled care which cannot be provided by non-medical caregivers, and to adjust the level of private duty nursing services as the member's needs change.

Authorization for private duty nursing services provided through school districts may be authorized for the duration of the regular school year. Services provided during the summer months are additional services that require a separate prior authorization. See the School Base Services Manual on that provider type page on the Provider Information website for more information.

The number of private duty nursing services units approved is based on the time required to perform a skilled nursing task. Scheduling these hours and using these hours is between the provider and the member and their caregivers. Members may use their allotted number of hours for direct skilled care within the specific time period. Direct skilled care must be provided by the private duty nursing staff.

**Additional hours will not be allowed if the family has used all allotted hours before the specified time period ends and wishes to have more to cover the rest of the time period**

unless there has been a medical change in the child. Unused hours for the specified time period do not carry forward.

Montana Healthcare Programs will not perform retrospective reviews of private duty nursing authorization requests for services that have already been provided to members and not authorized by the Department or its designee.

Private duty nursing hours for new members will be reviewed as requests are received from providers, and as members are discharged from the hospital or other medical settings. The prior authorization must be requested at the time of the initial submission of the plan of care.

For members currently receiving private duty nursing services, providers are required to renew prior authorization requests two (2) weeks before the end date on the current prior authorization request. Renewals of prior authorization requests must be made every ninety (90) days during the first six (6) months, and every six (6) months after that. Prior authorization also must be requested any time the plan of care is amended.

To request a prior authorization, submit a completed Request for Authorization, Private Duty Nursing Services which is on the Forms page of the [Provider Information website](#).

The Utilization Review contractor uses an automated prior authorization system. A record of each authorization will be entered into the claims processing system. A prior authorization number will be assigned, and notification of all prior authorization approvals and denials will appear on your remittance advice. This 10-digit number is specific to each prior authorization request and must be entered in Field 23 of the CMS-1500 claim form as proof of authorization.

If a provider receives prior authorization for a service, they must still be eligible for Medicaid at the time the service is provided. If the recipient is not eligible for Medicaid, payment will be denied based on member eligibility even if services were prior authorized.

You are requested to estimate the number of private duty nursing hours per day for each child. The number of hours authorized by the Department may be different than the number of hours the provider requested. Federal regulations require Montana Healthcare Programs to authorize reimbursement only for the time required to perform a skilled nursing task. Other services such as personal care attendants, home health care, etc. may be obtained under other programs please refer to the Other Department Programs section in the Covered Services chapter of this manual.