

CCP Prior Authorization Private Duty Nursing 6-Month Authorization

Client name:	Client Medicaid number:	Date: / /
<p>The following criteria must be met before seeking a 6-month authorization of private duty nursing (PDN) services. Remember that authorization is a condition for reimbursement; it is not a guarantee. Each nurse provider should verify the continued Medicaid coverage for each client for each month of service.</p>		
<input type="checkbox"/>	Client has received PDN services for at least 3 months.	
<input type="checkbox"/>	Client has had no new significant diagnosis, treatment, illness/injury or hospitalization in at least 6 months that would be expected to affect the need for PDN services.	
<input type="checkbox"/>	Client's physician and client/parent/guardian do not anticipate any significant changes in the client's condition for the requested authorization period.	
<input type="checkbox"/>	The nurse provider will ensure that a new physician plan of care is obtained within 30 calendar days of the authorization expiration date and will be maintained with the client's record.	
<input type="checkbox"/>	The nurse provider will advise RightCare of any significant changes in the client's condition, treatments or physician orders which occur during the authorization period if the number of PDN hours needs to change.	
<input type="checkbox"/>	The client's physician, client/parent/guardian, and nurse provider understand that the authorization may be changed during the authorization period if the client's condition or skilled needs change significantly.	
<p>All required acknowledgments must be signed and dated</p> <p>I have read and understand the above information.</p>		
Signature of the client/parent/guardian		/ / / Date
<p>Brief statement of why a maximum 6-month recertification is appropriate for this client:</p>		
<p>I have discussed the above information with the client/parent/guardian.</p>		
Signature of nurse provider		/ / / Date
<p>To be completed by the client's physician</p>		
		Fax number:
Mailing address	City, State, and ZIP code	
<p>Fax completed request to RightCare Medical Management at (512) 383-8703.</p>		