

PDN Documentation Checklist

- [Initial Referral to PDN \(not transfer of care between agencies\)](#)

- Notify PDN Nurse Consultant via phone/email

When creating a PA, please upload the following in one attachment:

- DMA 3061 – PDN Prior Approval Referral Form
- DMA 3075 – Physician-signed NC DMA Physician’s Request Form *or* physician signed Letter of Medical Necessity

NOTE: These documents shall include: diagnosis, history of medical condition(s), projected hospital discharge date, anticipated PDN start of care date, prognosis/estimated length of time PDN services will be needed, and specific nursing interventions needed

- Hospital H&P/Discharge Summary *or* most recent H&P or clinical notes from last two office visits
- Employment Attestation Form for caregiver(s)
- Agency Consent to Treat/Service Agreement

Within 30 days of the start of care, please upload to the pending PA:

- Physician signed CMS 485
- Verification of Employment Form for caregiver(s)

NOTE: This should be on company letterhead

- Verification of School Nursing Form (if applicable) and school calendar

- [Reauthorization](#)

- DMA 3062 – PDN Medical Update/Beneficiary Information Form
- Hourly Nursing Criteria Form (Test Document)
- Physician signed CMS 485
- Verification of School Nursing Form (if applicable) and school calendar

- Change Requests

- Notify PDN Nurse Consultant via phone/email
- Upload a physician-signed addendum to the most recent PA with following details:

- beneficiary's name and MID
- provider name and NPI #
- requested effective start and end date
- requested change and details of the change as they relate to nursing interventions

For example:

- 'request to increase hours to 112 hrs/wk due to increased need for tracheal suctioning and nebulizer treatments' *or*
- 'request to increase hours to 104 hrs/wk during summer vacation from 6/12/17 – 8/25/17' *or*
- 'request to decrease hours to 56 hrs/wk due to improved status and discontinuation of g-tube'

- A physician-signed Letter of Medical Necessity may also be requested

- Transfer of Care Between Agencies

- Notify PDN Nurse Consultant via phone/email
- Obtain written request from beneficiary/legal guardian
- Coordinate the date of transfer to avoid duplication – written notification uploaded to PA shall include:***

- beneficiary/legal guardian's contact info
- the name of the person at the previous agency with whom the transfer was coordinated
- the new provider's name and NPI
- the date the new provider plans to initiate services
- name and telephone number of new provider's contact person
- notice that MD is aware of the change in care

- DMA 3061 – PDN Agency Referral Form
- DMA 3075 – Physician-signed NC DMA Physician's Request Form ***or***
physician signed Letter of Medical Necessity
- Physician-signed CMS 485
- Agency Consent to Treat/Service Agreement

- Verification of School Nursing Form (if applicable) and school calendar

- [Shared Cases](#)
 - Notify PDN Nurse Consultant via phone/email
 - Obtain written request from beneficiary/legal guardian
 - Coordinate the date of transfer to avoid duplication – written notification uploaded to PA shall include:***
 - the new provider’s name and NPI
 - the date the new provider plans to initiate services
 - the name of the person at the previous agency with whom the transfer was coordinated
 - name and telephone number of new provider’s contact person
 - beneficiary/legal guardian’s contact info
 - notice that MD is aware of the change in care
 - Physician-signed CMS 485
 - DMA 3075- Physician-signed NC DMA Physician’s Request Form *or* physician signed Letter of Medical Necessity
 - DMA 3061 – PDN Agency Referral Form
 - Verification of Employment Form for caregiver(s)
 - Agency Consent to Treat/Service Agreement
 - Verification of School Nursing Form (if applicable) and school calendar
- [Transfer of Care Between Branches](#)
 - Notify PDN Nurse Consultant via phone/email
 - Addendum to Plan of Care stating move from one branch with old NPI #, to new branch with NPI effective date.

NOTE: Future CMS 485s must reference new branch address and NPI
- [Discharge from Care](#)

- Notify PDN Nurse Consultant via phone/email
- Former provider shall upload a Discharge Summary signed by the physician with the last date of service noted
- [PDN and Schools](#)
 - CMS 485/POC: Beginning 11/1/17 add “60 hours of PDN nursing per calendar year to be used for sick days, adverse weather days and/or scheduled school closings” to the frequency and duration section.
 - School Calendar: Attach to each PA reauthorization request
 - Verification of School Nursing Form: Agency completes section A and uploads form to each PA reauthorization request. Agency has the parent or caregiver complete section B and attach to PA at each reauthorization request.

NOTE: Any hours of service provided above the 60-hour limit must be submitted on a Change Request Form as a short term intensive request and approved by a DMA Nurse Consultant. A parent/caregiver-signed notification explaining any unscheduled school absence (using section B of Verification of School Nursing Form preferably) is required for PDN agency reimbursement for hours worked at the primary private residence.