PDN Documentation Checklist

• **Initial Referral**
  Step 1: Notification
  - Notify PDN nurse consultant via email
  Step 2: Submitting prior approval (PA) request. Please upload the following:
    - 3508 – PDN Referral Form
    - Recent history and physician (H&P) or Hospital Discharge Summary
    - Private health insurance Explanation of Benefits (EOB) or denial
  Step 3: Continuation approval. Within 30 days of the start of care, please upload the following:
    - Attending physician-signed CMS 485
    - Employment verification documentation for caregiver(s) on company letterhead
    - PDN service provider consent to treat document

• **Reauthorization**
  - Attending physician-signed CMS 485
  - 3509 – PDN Medical Update
  - Private health insurance Explanation of Benefits (EOB) or denial

• **Change Request**
  - Notify PDN nurse consultant via email
  - 3511 – PDN Change Request Form
  - Attending physician-signed addendum order detailing the requested hours
  - Hospital discharge summary, if applicable
  - At least five non-consecutive days of nursing notes
  - Caregiver employment verification or official class schedule, if applicable
  - Private insurance Explanation of Benefits document, if applicable
**Branch Transfer Request**

The *initiating* PDN Service Provider branch will:

- Notify PDN nurse consultant via email
- Submit a PA request under new NPI #
- Upload the attending physician-signed addendum order stating move from one branch with NPI # to another branch with NPI # effective on XX date, or an updated CMS-485 (Home Health Certification and Plan of Care Form) for the new NPI #

The *current* PDN Service Provider branch will:

- Upload the 3513 – PDN Discharge Summary Form

**Transfer Provisional Request**

The *initiating* PDN service provider will:

- Notify PDN nurse consultant via email
- Submit a PA request
- Upload the 3508 – PDN Referral Form
- Upload private health insurance Explanation of Benefits (EOB) or denial

The *current* PDN service provider(s) will:

- Upload the 3513 – PDN Discharge Summary Form, if applicable

**Transfer Continuation Request**

Within 30 days of the start of care, the initiating PDN service provider will upload the following:

- Attending physician-signed CMS 485
- PDN service provider consent to treat document
• Shared Provisional Request

The initiating PDN Service Provider will:

☐ Notify PDN nurse consultant via email
☐ Submit a PA request
☐ Upload the 3508 – PDN Referral Form
☐ Upload the 3512 – PDN Shared Case Form
☐ Private health insurance Explanation of Benefits (EOB) or denial

The current PDN service provider(s) will:

☐ Upload the 3513 – PDN Discharge Summary Form, if applicable

• Shared Continuation Request

The initiating PDN service provider will upload the following:

☐ Attending physician-signed CMS 485
☐ PDN service provider consent to treat document

• Re-distribution of Shared Hours request

The initiating PDN service provider will:

☐ Notify PDN nurse consultant via email
☐ Upload the 3512 – PDN Shared Case Form

The current PDN service provider(s) will:

☐ Upload the 3513 – PDN Discharge Summary Form, if applicable

• Termination/Discharge from care

☐ Notify PDN nurse consultant via email
☐ 3513 – PDN Discharge Summary Form