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.