



Division of Medical Services
Program Planning & Development

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TO: Arkansas Medicaid Health Care Providers – Private Duty Nursing Services
DATE: April 1, 2009
SUBJECT: Provider Manual Update Transmittal #104

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Rows include sections 222.000, 242.110, 242.120, and 242.410 with their respective update dates.

Explanation of Updates

Section 222.000 is revised to add prior authorization requirements for private duty nursing RN supervisory visits.
Section 242.110 is revised to include procedure code S9123 with a U1 modifier to bill for RN Supervisory visit under Private Duty Nursing care; effective for dates of service on or after April 4,2008.
Section 242.120 is revised to add billing procedures for the RN supervisory visit for simultaneous care of two patients.
Section 242.410 is revised to add billing procedures for the RN supervisory visit.
Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.
If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).
If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.
Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Handwritten signature of Roy Jeffus, Director

222.000 Request for Prior Authorization

4-1-09

A request for prior authorization for private duty nursing services must originate with the provider. The provider is responsible for completion of the Request for Private Duty Nursing Services Prior Authorization and Prescription Initial Request or Recertification (form DMS-2692) and obtaining the required medical information. Form DMS-2692 must be signed by the beneficiary's physician with documentation that a physical examination was performed within 12 months of the beginning of the initial request or the recertification. [View or print form DMS-2692 and instructions for completion.](#)

For PDN services in the beneficiary's home a social/environmental evaluation indicating a commitment on the part of the beneficiary's family to provide a stable and supportive home environment must accompany the request for prior authorization. Refer to Section 224.000 of this manual for additional information required for the initial request.

All PA requests for Medicaid-eligible beneficiaries will be evaluated by the Division of Medical Services, Utilization Review (UR) Section, to determine the level of care and amount of nursing services to be authorized. [View or print Utilization Review Section contact information.](#)

The UR Section will notify the provider of the approval or denial of the PDN services PA request within 15 working days following the receipt of the PA request. If the PA request for PDN services is approved, page 5 of form DMS-2692 will be returned to the provider with the number of hours approved indicated on the form. The PA number will be assigned after the provider sends in documentation of the actual hours worked.

Prior authorization is required for private duty nursing supervisory visits. The Prior Authorization request must be submitted with the monthly service billing along with supporting documentation. The PA number will be assigned after the provider sends in documentation of the actual hours worked.

NOTE: The prior authorization number MUST be entered on the claim form filed for payment of these services. The initial PA approval will only be authorized for a maximum of 90 days. A new request must be made for services needed for a longer period of time. Recertification may be authorized for a maximum of six (6) months. Refer to Section 224.000 of this manual for information regarding recertification of PDN services. The effective date of the PA will be the date the patient begins receiving PDN services or the day following the last day of the previous PA approval.

Providers are cautioned that a prior authorization approval does not guarantee payment. Reimbursement is contingent upon eligibility of both the beneficiary and provider at the time service is provided and upon completeness and timeliness of the claim filed for the service. The provider is responsible for verifying the beneficiary's eligibility.

242.110 Private Duty Nursing Services Procedure Codes

4-1-09

The following procedure codes are applicable when billing the Arkansas Medicaid Program for private duty nursing services.

Procedure Code	Modifier	Description
S9123		Private Duty Nurse, R.N.
S9124		Private Duty Nurse, L.P.N.

Procedure Code	Modifier	Description
S9123*	U1	Supervisory Visit ;R.N

*Effective for dates of service on and after April 4, 2008 procedure code S9123 U1 can be billed for a RN supervisory visit. The maximum time allowed for reimbursement per visit is 3 hours, with a maximum of 18 visits per state fiscal year. Supervisory visits (as defined by the Arkansas Department of Health Rules and Regulations for Home Health Agencies) must be face-to-face and provided in a setting approved for private duty nursing services (see section 242.200). Beneficiaries receiving extended care will require no less frequency than every two weeks of supervision. For beneficiaries classified as stable or chronic (beyond the first 3 months of extended care), RN supervisory visits will be no less than every 30 days.

242.120 Simultaneous Care of Two Patients

4-1-09

When a private duty nurse is caring for two patients simultaneously in the same location, the following procedure codes are to be used for the care provided to the second patient:

Procedure Code	Required Modifier	Description
S9123	UB	Private duty nurse, RN, 2 nd patient. Medicaid maximum allowable is 50% of the rate for S9123.
S9124	UB	Private duty nurse, LPN, 2 nd patient. Medicaid maximum allowable is 50% of the rate for S9124.
S9123*	UB U1	Supervisory Visit ;R.N 2 nd patient Medicaid maximum allowable is 50% of the rate for S9123

242.410 Private Duty Nursing Billing Procedures

4-1-09

Private duty nursing services (PDN) are billed on a per unit basis. One unit equals one hour. Arkansas Medicaid will reimburse for the actual amount of cumulative PDN time on a monthly basis. Service time of less than one hour will not be rounded up to a full hour. Attach supervisory visit billing information with supporting documentation and assessment with the monthly private duty nursing billing. No supervisory visits will be covered without first providing prior authorized private duty nursing services within the same month. Billing units are cumulative up to one hour for the duration of one month. Supervisory visits of less than an hour can be billed cumulatively on a monthly basis but any visit less than a unit (hour) cannot be rounded up. Providers must file separate claims indicating the number of hours for each patient.

Type of service code "1" must be used when filing paper claims. Public schools must use type of service code "S" when filing paper claims for beneficiaries under age 21.

Refer to Sections 242.110 and 242.120 for PDN procedure codes for single patient care and multiple patient care.