



Nebraska Department of Health and Human Services, Division of Medicaid and Long Term Care

Home Health Services: Private Duty Nursing

Service Information:

Member Name: _____

Member ID: _____

Date of Birth: _____

Diagnosis (Diagnosis Code with description): _____

Start date: _____ End date: _____

Treating Physician (Physician name and NPI): _____

Street address: _____, City: _____ State: _____ Zip Code _____

Specialty Provider(Provider name and NPI): _____

Street address: _____, City: _____ State: _____ Zip Code _____

Name of Prescribing Practitioner

Client in Nursing Facility/ICF-DD?

- Yes (If yes, service is not covered as private duty nursing service)
- No

Services to Be Authorized:

HCPC Code	Modifier	Units of Service	Description of Service



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Please attach the required Plan of Care (CMS 485 form)

Please Complete All of the Following Questions:

1. Are the private duty nursing services being provided by:
 RN
 LPN
2. Is the prescribing physician supervising the Private duty nurse?
 Yes
 No

If "No", who is providing the supervision: _____

3. Is the primary diagnosis as mental health diagnosis?
 Yes
 No
If "yes"

4. Did Magellan deny the service?
 Yes
 No

5. If "yes" explain: _____

_____ Is the
primary diagnosis code 317-319?

- Yes
 No
6. Is the member receiving any DD waiver services?
 Yes



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- No
- 7. Is the Member receiving any A& D waiver services?
 - Yes
 - No
- 8. Is the Member unable to receive the services in an outpatient/physician office setting?
 - Yes
 - No