

DATE: August 9, 2019

SUBJECT: Early & Periodic Screening, Diagnostic & Treatment Services - Private Duty Nursing Services; California Children's Services Program

The frequently asked questions (FAQs) below provide information on the administration of Private Duty Nursing (PDN) services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit and California Children's Services (CCS) Program for children under 21 years of age.

Additional References:

<http://www.dhcs.ca.gov/services/Pages/EPSDT.aspx>

<https://www.medicaid.gov/medicaid/benefits/downloads/epsdt-coverage-guide.pdf>

<https://www.dhcs.ca.gov/services/ccs>

CCS/EPSTD APPEALS

1. **Question:** What is the CCS/EPSTD PDN appeals process?

Answer: CCS clients or applicants who do not agree with a CCS determination can submit a written request for a first-level review by the CCS program or request a state hearing.

To request a first-level review, CCS clients should submit a written request describing 1) the issue(s) for which the client or applicant is seeking an appeal, including any pertinent information to support the request, and 2) the action, decision or relief sought, including any request for continuation of CCS services during the appeal process.¹ CCS clients or applicants in independent counties should submit the request to their local county CCS program office. Clients or applicants in dependent counties may submit the request to the Integrated Systems of Care Division's Hearing and Appeals Unit at the following address:

The Department of Health Care Services
Integrated Systems of Care Division Hearing
& Appeals Unit
1501 Capitol Ave., MS 4502
PO Box 997437
Sacramento, CA 95899-7437
(916) 552-9105

CCS clients or applicants may also request a state hearing if they disagree with a CCS determination. Clients or applicants may contact the CCS program in their county of residence for additional information on requesting a hearing, or follow the instructions listed on their Notice of Action (NOA). A non-CCS Medi-Cal beneficiary may request a state hearing by following the instructions listed on their NOA. A non-CCS managed care Medi-Cal beneficiary must file a grievance with their managed care health plan prior to requesting a state hearing.²

¹ Title 22, California Code of Regulations, Section 41260.

² Title 42, Code of Federal Regulations, Section 438.408(f)(1).

REGISTERED NURSE (RN) AND LICENSED VOCATIONAL NURSE (LVN) SERVICES

- 2. Question:** What if a provider requests registered nurse (RN) PDN hours to provide PDN services, but some of the requested RN hours can also be provided by a licensed vocational nurse (LVN), based on the patient's level of care?

Answer: When a county receives a Service Authorization Request (SAR) requesting PDN services, the county should first determine if the requested nursing services are medically necessary. If yes, the county should then determine the least expensive provider type that can be authorized to provide the requested service. If a county determines that requested PDN hours can be provided by a LVN rather than a RN, the county should modify the SAR to reflect the appropriate provider type to render the services. Counties should do so through this procedure:

- Approve only the medically necessary number of RN hours in the original SAR (SAR #1).
- Issue a second SAR (SAR #2) for the remaining RN hours.
- Deny SAR #2.
- Issue a NOA providing a full and detailed explanation in the "Special Instructions" section:
 - Explain why some of the RN hours in SAR #1 are being denied, and why those denied hours can be provided by an LVN instead of an RN.
 - Direct the provider to submit another SAR for the remaining PDN hours at the LVN level of care.

Note: If an RN elects to provide LVN services, the RN is only entitled to reimbursement at the LVN rate for those services.

- 3. Question:** Can RN services be substituted in place of LVN services on a SAR/TAR?

Answer: No, providers can only provide lowest cost item or service covered by the Medi-Cal or CCS program that meets the child's medical needs.

BILLING, INITIAL AUTHORIZATION REQUESTS

- 4. Question:** What codes should providers use to bill for RN and LVN services?
Does one unit equal one hour?

Answer: Effective January 1, 2019, the Local Codes in the table below have been replaced with 4-digit National Revenue Codes (for use with UB-04 or 8371) and the National Procedure Codes. One unit can equal 15 minutes or 1 hour, depending on the Procedure Code used. Please refer to the [Medi-Cal Provider Manuals](#) for detailed information.

Individual Nurse Provider (INP)

Local Code - Description	National Revenue Code – Description	National Procedure Code – Description	Modifier – Description
Z5804 – EPSDT RN	0940 – Other therapeutic services, general	S9123 – Nursing care, in the home; by RN per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	EP – Service provided as part of Medicaid EPSDT
Z5805 – EPSDT Shared Nursing RN	0940 - Other therapeutic services, general	T1030 – Nursing care, in the home; by RN, per diem	EP – Service provided as part of Medicaid EPSDT
Z5806 – EPSDT Vocational Nurse	0940 - Other therapeutic services, general	S9124 – Nursing care, in the home, by licensed practical nurse, per hour	EP – Service provided as part of Medicaid EPSDT
Z5807 – EPSDT Shared Nursing LVN	0940 - Other therapeutic services, general	T1031 – Nursing care, in the home; by licensed practical nurse, per diem	EP – Service provided as part of Medicaid EPSDT

Home Health Agency (HHA)

Local Code - Description	National Revenue Code – Description	National Procedure Code – Description	Modifier – Description
Z5832 – EPSDT RN	0551 – Skilled nursing, per visit	G0299 – Direct skilled nursing services of a RN in the home health or hospice setting, each 15 minutes	EP – Service provided as part of Medicaid EPSDT
Z5833 – EPSDT	0551 – Skilled nursing, per visit	T1002 – RN services, up to 15 minutes	EP – Service provided as part of Medicaid EPSDT
Z5834 – EPSDT Licensed Vocational Nurse	0551 – Skilled nursing, per visit	G0300 – Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	EP – Service provided as part of Medicaid EPSDT
Z5835 – EPSDT Shared Nursing LVN	0551 – Skilled nursing, per visit	T1003 – LPN/LVN services, up to 15 minutes	EP – Service provided as part of Medicaid EPSDT
Z5836 – EPSDT RN Providing Supervision	0551 – Skilled nursing, per visit	G0162 – Skilled services by a RN for management and evaluation of the plan of care, each 15 minutes (the recipient’s underlying condition or complication requires a RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	EP – Service provided as part of Medicaid EPSDT

Local Code - Description	National Revenue Code – Description	National Procedure Code – Description	Modifier – Description
Z5838 – EPSDT Home Health Aide	0572 – Home Health Aide, hourly charge	G0156 – Services of Home Health/Hospice Aide in home health or hospice settings, each 15 minutes	EP – Service provided as part of Medicaid EPSDT
Z5840 – EPSDT RN Case Management	0940 – Other therapeutic services, general	T1016 – Case management, each 15 minutes	TD – RN and EP – Service provided as part of Medicaid EPSDT

5. Question: Can a provider bill for PDN services during hours when a child is at school?

Answer: A provider may provide and bill for PDN services so long as the provider is providing direct care to the child during school hours.

6. Question: How long can the CCS program and EPSDT authorize an initial request for PDN services?

Answer: An initial request for PDN services can be authorized for up to 90 days, based on a case-by-case medical necessity determination. Subsequent PDN requests can be authorized for up to 180 days.

CCS VS NON CCS PDN

7. Question: What if a provider submits a SAR requesting PDN hours under the CCS program, but the CCS county determines that some of the requested hours are unrelated to a CCS-eligible condition and should be covered under Medi-Cal?

Answer: A CCS county may approve fewer PDN hours than a provider has requested in a SAR if the county determines that some of the hours are related to a non-CCS eligible condition. For these cases, the CCS county should:

- Approve the amount of PDN hours in the original SAR that are medically necessary to treat the CCS-eligible condition and issue a Notice Of Action (NOA) denying the remaining hours that are related to the non-CCS eligible condition.
- Arrange for the child to receive the remaining medically necessary PDN hours through Medi-Cal.
- For CCS clients who are also enrolled in Medi-Cal fee-for-service, the CCS county should direct the CCS provider to submit a Medi-Cal Treatment Authorization Request (TAR) for the remaining requested PDN hours denied by CCS, along with an explanation and supporting documentation to indicate that the hours requested in the TAR are related to the non-CCS eligible condition.
- For CCS clients who are also enrolled in a Medi-Cal managed care health plan, the CCS county should direct the CCS provider to contact the client's primary care physician to arrange for the services to be approved under the client's managed care health plan.

Note: There may be a claiming and payment system issue with paying both the SAR and TAR for the same type of service within the same time period. If this occurs, counties should send an email to EPSDT@dhcs.ca.gov with a detailed explanation of the issue. For billing issues related to managed care health claims, providers should contact the managed care health plan directly.

8. Question: Can a non-CCS-paneled physician order PDN services to treat CCS-eligible conditions for a CCS beneficiary?

Answer: Only CCS-paneled physicians may order non-emergency PDN services to treat CCS conditions for a CCS beneficiary per California Health and Safety Code section 123929 subdivision (a)(2) that states, "the provider of the services is approved in accordance with the standards of the CCS program." For services that are not related to the CCS condition, the physician does not need to be CCS paneled.

FOSTER PARENTS

9. Question: Can a biological, step, or foster parent provide PDN services to their child and be reimbursed under Medi-Cal or CCS?

Answer: Yes, a biological, step, or foster parent who maintains an RN or LVN license can provide their child medically necessary PDN services that have been approved through Medi-Cal or CCS and are within the scope of the parent's license.

10. Question: What if a foster parent wants to drop their child from the CCS program?

Answer: DHCS does not administer the foster parent program. Questions related to the authority of a foster parent should be directed to the Department of Social Services.

11. Question: Can a county request an Individual Education Plan (IEP) from a foster parent when a beneficiary is enrolled in school and the parent does not have authority to obtain the IEP?

Answer: A county may request additional information to determine if requested services are medically necessary, so long as the request does not delay the provision of medically necessary services for the child. If additional medical documentation is not available, the county should determine whether the requested services are medically necessary based on available medical documentation.

ELIGIBILITY VERIFICATION REQUESTS

12.Question: Should providers use the category “EPSDT skilled nursing eligibility verification request (EVR)/in-service request (ISR) work-around process” when submitting a SAR for PDN services?

Answer: The EPSDT PDN authorization process no longer includes an EVR for eligibility verification or an ISR to request PDN services. Providers and counties should continue to utilize the EPSDT category in CMS Net. However, the selection in CMS Net is now “Skilled Nursing Service: PDN or PDHC”. CMS Net users are reminded to check the “EPSDT” box prior to selecting the “Skilled Nursing Services: PDN or PDHC” category in the drop down.

For additional information, please refer to [Medi-Cal Provider Bulletin 12/8/17](#).

MEDICAL NECESSITY DETERMINATIONS

13.Question: What is the medical necessity standard for adjudicating a SAR for PDN services?

Answer: For children who are enrolled in both CCS and Medi-Cal EPSDT, PDN SARs should be adjudicated under the Medi-Cal EPSDT medical necessity standard. Under EPSDT, a treatment is medically necessary if it corrects or ameliorates a qualifying condition. For additional information, please see the publication “Center for Medicare & Medicaid Services EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents”, available at: https://www.medicare.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf.

14.Question: What types of documentation should a CCS county review to determine whether requested hours are medically necessary?

Answer: A CCS county should conduct an individualized assessment of all available CCS client case notes, medical records, test results, and any other documentation available to determine the number of PDN hours that are medically necessary.

DEFERRALS

15.Question: Should a CCS county defer a SAR for PDN services that do not treat a CCS-eligible condition?

Answer: No, the CCS county should not defer a SAR that requests PDN services for a non-CCS eligible condition. Rather, the county should deny the SAR and send a NOA to the client that includes a detailed explanation for why the SAR was denied.

If the CCS client is enrolled in Medi-Cal, the county should notify the provider that they have the option to submit a TAR for the PDN services to be authorized under Medi-Cal EPSDT.

If the CCS client is eligible, but not yet enrolled in Medi-Cal, the CCS county should direct the client to apply for Medi-Cal benefits.

INDIVIDUAL NURSE PROVIDERS

16.Question: Can Individual Nurse Providers (INP) with their own National Provider Identifier (NPI) number submit a SAR/TAR for PDN services?

Answer: Yes, INPs may submit a SAR/TAR if they 1) have their own NPI number and 2) have enrolled as a Medi-Cal provider. However, INPs may only request reimbursement for services that are within the scope of the treating physician's plan of treatment and the INP's scope of licensure.

17.Question: Does an INP need to be paneled in order to submit a SAR? How does an RN or LVN enroll as an INP?

Answer: The CCS program does not panel INPs. Please refer to the Medi-Cal website for INP enrollment requirements.

<https://www.dhcs.ca.gov/provgovpart/Pages/NursePractitionerApplicationPackage.aspx>

PROCEDURES FOR SUBMITTING PDN SARs/TARs

18. Question: Where should providers submit SARs for PDN services covered under CCS?

Answer: If the requested PDN services are related to a CCS-eligible condition, and the CCS beneficiary resides in a CCS independent county, then CCS providers should submit SARs to the CCS office in the beneficiary's county of residence. For beneficiaries residing in a dependent county, CCS providers should submit SARs to the Department of Health Care Services by fax (916) 440-5313, email at dcosfaxactive@dhcs.ca.gov, or via CMSNET.

19. Question: Where should providers submit TARs for PDN services covered under Medi-Cal fee-for-service?

Answer: If the requested PDN services are not related to a CCS-eligible condition, and the client is enrolled in Medi-Cal fee-for-service, then providers should submit a TAR to Medi-Cal along with a signed physician's plan of treatment, any necessary supporting documentation, and if applicable, the denial from CCS.

Please refer to the following link for information on where to submit TARs:

<https://www.dhcs.ca.gov/provgovpart/Pages/TAR.aspx>

20. Question: How should providers request authorization for PDN services covered under a beneficiary's Medi-Cal managed care health plan?

Answer: If the requested PDN services are not related to a CCS-eligible condition, and the client is enrolled in a Medi-Cal managed care health plan, the provider should submit the request to the child's managed care health plan. The health plan is responsible for authorizing the child's medically necessary PDN services. CCS counties should coordinate with the child's managed care health plan to ensure that the child receives all their medically necessary PDN services.

PROVIDERS CARING FOR MULTIPLE CHILDREN REQUIRING PDN SERVICES

21.Question: Can a PDN provider request reimbursement for providing PDN services to more than one child at the same time?

Answer: No, a provider who provides PDN services to more than one child can only bill for the time they spend providing care to each individual child.