

Supplemental Guide

Enhanced Private Duty Nursing Preauthorization Requests



Summary of Changes

At the end of the transaction, you will see a new screen that will be used to submit the request.

Step 1:

Service Details

During the standard transaction, select **Service Type Private Duty Nursing** rather than Home Care even if the Place of Service is Home.

	create pre Servio	ce Details	
Com	nplete the details below and click Next t	o continue. All fields with an asterisk * are required.	
i Please add at least or	one service line to continue. The place of	f service must match the previously selected facility or sen	vicing provider.
Place of Service*	~	Service Type*	~
12 - Home		129 - Private Duty Nursing	
Type Of Care*			
Type Of Care* 1- Elective Standard	~		
Type Of Care* 1- Elective Standard	~	-	
Type Of Care* 1- Elective Standard	~		
Type Of Care* 1- Elective Standard Add Service Line	~	-	
Type Of Care* 1- Elective Standard Add Service Line S.NO Procedure Code/Description	ion Requested Unit	s Modifier 1	Action
Type Of Care* 1- Elective Standard Add Service Line S.NO Procedure Code/Description G0299 Direct skilled nursin	ion Requested Unit	s Modifier 1	Action



Attach Documentation

During the transaction, you will have several opportunities to attach documentation. Certain transactions require documentation to be attached at the first collection point to optimize the enhanced experience. We highly recommend attaching documents when you see the following screen:

Attach Documents	
1. Allowed file types are doc, docx,	, pdf, xls, ppt, jpg, jpeg, png, bmp, gif, txt
2. File limit of 25MB for each attac	hment
3. Maximum 5 attachments	
Attachment	Ø Upload
Attaching clinicals test document.	docx (14.16 KB)
C	Congratulations! Your File has been uploaded!
	Next



Patient : Name :	DOB : Gender : Female	❤ show m
Authorization : Typ Diagnosis Codes : I21.0(ICD-10 D	e : Procedure Pre-authorization Status : NoDecisionYet iagnosis) primary Procedure Codes : G0299(CPT/HCPCS) primary	💙 show m
Disclaimers		
Disclaimers G0299 - CPT/HCPCS • If you have medical record submit them now. Note: A	s or other supporting documentation you would like us to consider, u ttachments uploaded in an earlier step in this request do not need to	se the Attach File button below to be submitted again.
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Disclaimers G0299 - CPT/HCPCS • If you have medical record submit them now. Note: A Geographic Regions All ✓ Procedure Code: G0299 (CI Requested Units: 10 Description : DIRECT SKILLED I MINUTES	s or other supporting documentation you would like us to consider, u ttachments uploaded in an earlier step in this request do not need to Clear PT/HCPCS) MCG Guid NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEAL	se the Attach File button below to be submitted again. deline Documentation Not Requir TH OR HOSPICE SETTING, EACH 1



Attaching Files

Note: Before submitting your request, you will have another opportunity to attach documents by using the **Attach File** button. We do, however, strongly recommend using the screen above instead.

Patient :	Name :	DOB :	Gender : Female		❤ show me
Authorization : Diagnosis Codes :	Type : Pr 121.0(ICD-10 Diagno	ocedure Pre-authorizations is primary Procedure C	on Status : NoDecisionYet	У	❤ show mo
Plastalasaa					
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G0299 - CPT/HCPC • If you have r submit them	rs medical records or o n now. Note: Attachi	other supporting docume ments uploaded in an ea	entation you would like us to co rlier step in this request do not	nsider, use the Attach File need to be submitted aga	button below to in.
G0299 - CPT/HCPC • If you have r submit them Geographic Regio	rs medical records or o n now. Note: Attacht ns All	other supporting docume ments uploaded in an ea	entation you would like us to co rlier step in this request do not	nsider, use the Attach File need to be submitted aga ICG Guideline Documenta	button below to in. tion Not Require
Go299 - CPT/HCPC • If you have r submit therr Geographic Regio Procedure Co Requested Unit:	rs medical records or o n now. Note: Attacht ns All ode: G0299 (CPT/HO s: 10	other supporting docume ments uploaded in an ea	entation you would like us to co rlier step in this request do not Clear	nsider, use the Attach File need to be submitted aga ICG Guideline Documenta	button below to in. tion Not Require
Geographic Regio	rs medical records or o n now. Note: Attachi ns All ode: G0299 (CPT/HO s: 10 RECT SKILLED NURS	other supporting docume ments uploaded in an ea PCS)	entation you would like us to co rlier step in this request do not Clear M STERED NURSE (RN) IN THE HOL	nsider, use the Attach File need to be submitted aga ICG Guideline Documenta VIE HEALTH OR HOSPICE S	button below to in. tion Not Require



Upload Attachment		×
File Name Choose File No file chosen File Description	Upload	
		Close

A new window will display showing the document you have added.

Jpload Attachment	5
Name Attaching clinicals test document.docx (14500 Bytes)	
Description Attaching clinicals test document.docx	
	Close

	 Click Close. If you have additional documents to submit, click the Attach File button again and attach the next document. Repeat until all documents are attached.
Step 6:	2. Once all and files attached, click Submit Request.
	Note: Failure to click Submit Request will automatically cause the request to pend for review. Using the Submit Request button may result in an immediate decision.

Patient : DOB : DOB : C	Gender : Female	❤ show n
Authorization : Type : Procedure Pre-authorization Stat Diagnosis Codes : I21.0(ICD-10 Diagnosis) Primary Procedure Codes : C	tus : NoDecisionYet G0299(CPT/HCPCS) ^{primary}	Y show n
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Submission Confirmation
Your preauthorization request has been successfully submitted for review.
Your case has been pended for further review
A preauthorization request from to be identified by reference ID:
GOOD NEWS! There is no need for an additional phone call or fax notification for this request. You can use reference ID to obtain updates on this request in the preauthorization search page.
This preauthorization request does not guarantee payment to the servicing provider/vendor. Payment is contingent on the member's continued eligibility and contractual benefit limits.
Done