

Private Duty Nursing Prior Authorization Forms

Frequently Asked Questions

Overview

To help our members receive the quality care they need when they need it, we've implemented new private duty nursing (PDN) prior authorization requirements.

Starting Dec. 1, 2019, requesting care providers will need to submit the Private Duty Nursing Certification or Recertification Request Form with PDN prior authorization requests for UnitedHealthcare Community Plan of New Jersey members.

We're requiring these forms to help home health agencies gather and organize required documentation, and to help make the prior authorization process consistent for them. The Certification and Recertification Request forms take the place of a Letter of Medical Necessity (LOMN).

The member's physician must sign the PDN Certification and Recertification Request Forms to certify the member has the skilled nursing needs documented in the Request Form and is an appropriate candidate for PDN services in the home. The physician may sign the PDN Certification and Recertification Request Forms at the same time as the required CMS-485 Home Health Certification and Plan of Care.

Home health agencies can start using the forms earlier than Dec. 1, 2019. Agencies need to attach the PDN Certification and Recertification Request Form to their prior authorization requests. Requests submitted without these forms after Dec. 1, 2019, will be denied.

The PDN Certification and Recertification Request Forms can be found at UHCprovider.com/NJcommunityplan > [Provider Forms and References](#).

Frequently Asked Questions

When do I need to submit a PDN Certification or Recertification Form?

The Certification and Recertification Forms are required with all PDN prior authorization requests starting Dec. 1, 2019.

Where can I find the PDN Certification and Recertification Forms?

The forms are online at UHCprovider.com/NJcommunityplan > [Provider Forms and References](#).

Key Points

We've implemented new PDN prior authorization requirements to help our members receive the quality care they need when they need it.

Starting Dec. 1, 2019, the PDN Certification and Recertification Request Forms will be required with prior authorization requests.

We no longer require a LOMN with PDN prior authorization requests.

Do I still need to submit a Letter of Medical Necessity (LOMN) with PDN prior authorization requests?

No. UnitedHealthcare Community Plan of New Jersey no longer requires an LOMN with PDN prior authorization requests. The Certification and Recertification Forms take the place of an LOMN.

How do I submit Private Duty Nursing Prior Authorization requests?

You can submit the PDN Certification and Recertification Request Forms and other required documentation to support medical necessity when you request prior authorization at UHCprovider.com.

For Medicaid Managed Long-Term Services and Supports (MLTSS) members: The requesting home health agency or physician should contact the member's assigned MLTSS case manager. If you need help contacting the care manager, please call **800-645-9409**.

For other New Jersey Family Care members, including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and Division of Developmental Disabilities (DDD) Supports Plus: The requesting home health agency or physician can submit prior authorization requests online using the Prior Authorization and Notification tool on Link. Learn more at UHCprovider.com/paan. Please call **866-604-3267** if you have questions.

When a member is hospitalized, can I submit an anticipated CMS 485/Plan of Care as well as an anticipated Certification Form without a physician's signature?

Yes, but you need to send the signed forms with the next prior authorization request.

What if a member has more medications than I can fit on the Certification and Recertification Forms?

If you have a Medication Administration Record (MAR) on the CMS 485/Plan of Care, you may write "Please see MAR on CMS 486" instead of listing the medications.

What happens if I submit my request with incomplete information?

If you submit a prior authorization request with incomplete information, we'll make an attempt to contact you to obtain the information we need within a designated timeframe.

If we don't receive the information we need within that timeframe, we'll forward your request to the medical director for review. A request submitted with incomplete information may result in a denial of your request.

Who do I contact if I have questions?

If you have questions, please contact us at **888-362-3368**, Monday – Friday, 6 a.m. – 6 p.m. Eastern Time. You can also contact your Provider Advocate. Thank you.