



## Medicaid State Plan Private Duty Nursing Services At-A-Glance

	<b>Available Services</b>	<b>Eligible Providers</b>	<b>Codes</b>
<p><b>State Plan Private Duty Nursing</b></p> <p><i>Eligibility Requirements</i></p> <p>No Age Restriction</p> <p>Medical Need</p> <p>Physician's Orders</p> <p>Face-to-Face Encounter Required</p>	<p>Continuous Skilled Nursing greater than 4-hr service episode for the individual</p> <p>Individual SN authorization not to exceed 12 hrs/visit</p> <p>There may be multiple visits or shifts within a single service episode.</p> <p>Example: 16 continuous hrs equals one episode with two provider shifts</p> <p>Cannot be used for habilitative care</p>	<p>Medicare-certified agency</p> <p>Other accredited home health agency</p> <p>Non-agency RN/LPN</p>	<p>T1000 for ALL Provider Types</p> <p>T1000 TE – LPN visit</p> <p>T1000 TD – RN visit</p>

	<b>Available Services</b>	<b>Eligible Providers</b>	<b>Codes</b>
<p><b>State Plan Private Duty Nursing Post-Hospital (Adults and Children)</b></p> <p><i>Eligibility Requirements</i></p> <p>No Age Restriction</p> <p>Medical Need greater than or equal to 3-day hospital admission and stay</p> <p>Physician's Orders</p> <p>Face-to-Face Encounter Required</p> <p>Form 07137 Completed and Received by Nursing Provider</p> <p>Hospital Discharge Date Required</p>	<p>Continuous Skilled Nursing greater than 4-hr service episode for the individual</p> <p>Individual SN authorization not to exceed 12 hrs/visit</p> <p>Up to 56 hrs/week to be provided for: Up to 60 consecutive days post-hospital discharge – any skilled care/rehab stay immediately following hospital discharge must be included in the 60-day restriction</p> <p>There may be multiple visits/shifts within a single service episode. Example: 16 continuous hrs equals one episode with two provider shifts</p> <p>Must be used for acute care not for maintenance or habilitative care</p>	<p>Medicare-certified agency</p> <p>Other accredited home health agency</p> <p>Non-agency RN/LPN</p>	<p>T1000 for ALL Provider Types</p> <p>T1000 TE – LPN visit</p> <p>T1000 TD – RN visit</p> <p>Modifier required for RN/LPN visit</p> <p>Hospital discharge date is required for providers to bill for post-hospital services</p>