



**ATTENTION PRIVATE DUTY NURSING PROVIDERS:**

## PREDETERMINATIONS RECOMMENDED FOR ALL PROVIDERS PERFORMING PRIVATE DUTY NURSING

Providers are being encouraged to request a predetermination to confirm medical necessity for private duty nursing services even if the member's benefit plan does not require authorization. Some Highmark members are required to get an authorization for private duty nursing, while others are not. Highmark recommends that providers who perform private duty nursing request a predetermination to eliminate any risk of claim denial, post-service for those members whose benefit plans do not require authorization.

Providers who wish to confirm medical necessity should contact Medical Management & Policy (MM&P), toll-free, at 1-800-452-8507, Option 2, or fax a letter of medical necessity from the ordering physician to 1-888-567-5703. Private duty nursing must meet Highmark's medical necessity criteria. For additional information, please refer to Highmark Commercial and Medicare Advantage Medical Policy Q-4.

To ensure proper billing instructions follow the guidelines for bill types ending with 0 or O in the following ways, depending upon other elements reported on the claim:

If the provider has reported this on the no-payment claim...	Then the claim will be adjudicated to deny with...	Note
Bill type ending with 0 or O	Provider liability	The denial message will state that this bill type is not eligible for payment and will instruct the provider to resubmit with a valid bill type if the provider wants to have the claim reconsidered for payment.
Bill type ending with 0 or O in conjunction with condition code 21. Used when billing for a denial notice from this payer: "Provider realized services are non-covered level of care or excluded, but requests notice from this payer."	Member liability	The denial message will state that this bill type is not eligible for payment and will instruct the provider to resubmit with a valid bill type if the provider wants to have the claim reconsidered for payment. Used only when another payer will consider payment; otherwise, the member should have no liability.
Bill type ending in 0 or O in conjunction with diagnosis code <b>E8765, E876.6</b> or <b>E876.7</b> on an inpatient claim  OR  Modifier <b>-PA, -PB</b> or <b>-PC</b>	Provider liability	This logic is current.

**Note:** Condition code 21 must not be billed on a no-payment claim reporting a preventable serious adverse even (or "never event"), since members must be held harmless for such events.

Providers submitting a no-payment bill in order to receive a denial with member liability must include **Condition Code 21** on the claim.

For more information on private duty nursing for your Highmark patients, contact your Provider Relations Representative. As always, we thank you for providing quality care to our members.