



BlueCross BlueShield
of Texas



LTSS Authorization Request Checklist (PDN Recertification or Revision)

Phone: 1-877-301-4394

Fax: 1-866-644-5456

Please provide all of the following information when requesting a Long Term Services and Supports (LTSS) Authorization. If required information is not provided, this may cause a delay in processing the authorization request.

Required Documentation for Private Duty Nursing Authorization Requests:

- *** If member was previously authorized by TMHP or previous MCO, requesting agency should include previous authorization.
- *** If the member is requesting an agency change, please include the "client choice" form/statement in the authorization request.
- *** Agencies are expected to utilize most up to date forms from TMHP.
- *** Agencies are expected to meet all current and future update requirements in the TMPPM.

Recertification: * Entire packet must be submitted no later than 3 business days before the SOC date and no more than 30 calendar days prior to current authorization expiration.**

- A completed BCBSTX LTSS Authorization Request Form (link to form below)
- A completed THSteps-CCP Private Duty Nursing six-month authorization signed and dated by the requesting/ordering physician, nurse provider, and client, parent, or guardian.
 - **This form is not required if only requesting a 90-day authorization.**
- A completed THSteps-CCP Prior Authorization Request form signed and dated by the requesting/ordering physician within 30 calendar days prior to the SOC date.
 - All requested dates of service must be included.
- A completed POC form, signed and dated by the requesting/ordering physician within 30 calendar days prior to the SOC date
- A completed Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers form signed and dated by the requesting/ordering physician, RN completing the assessment, and parent, guardian, client, or responsible adult within 30 calendar days prior to the SOC date. This form should address the following: PDN eligibility criteria, health history summary, rationale for the hours of PDN requested whether an initiation, increase, decrease or maintenance of hours. The addendum should also include the provider's plan to decrease hours or discharge from service (if appropriate).
- A nursing care plan summary which should create a complete picture of the client's condition and nursing needs.
 - Information must be client-focused and detailed.

- A problem list identifying two-to-four current priority problems from the nursing care plan. The problems listed must focus on the primary reasons a licensed nurse is required for care of the client.
- Goals which relate directly to the listed problems. Goals must be client-specific and measurable.
- Outcomes which are measurable and demonstrate the effects of the nursing interventions.
- Progress noted during previous authorization period (negative or positive).
- 24-hour schedule which includes all direct-care services of the client's daily schedule.
- The following MAY be requested but not required by the MCO: two weeks' documentation of the following: Nurse Notes, Medication Administration Records, Seizure Logs, Ventilator Logs

***** All documents submitted with a verbal Start of Care order must be signed within 14 calendar days by the requesting/ordering physician and submitted to BCBSTX in order for the authorizations to remain in effect.**

***** Certification periods on the POC must match the requested dates of service. The ONLY exception to this is if the completed CCP Prior Authorization PDN 6 Month Form is included with the request.**

*****During the prior authorization process for initial and recertification requests, providers are required to deliver the requested services from the SOC date.**

The following elements should always be addressed in documentation submitted with a request for PDN services:

- Dependent on technology to sustain life.
- Requires ongoing and frequent skilled interventions to maintain or improve health status; and delayed skilled intervention is expected to result in:
 - Deterioration of a chronic condition;
 - Loss of function;
 - Imminent risk to health status due to medical fragility;
 - or Risk of death.

Revision: * Entire packet must be submitted within 3 business days of the revised SOC date. The provider may request a revision at any time during the authorization period if medically necessary.**

*****Revisions during a current authorization period must fall within that authorization period.**

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https://www.bcbstx.com/provider/pdf/tss_request.pdf