







To: All Enrolled NH Medicaid Private Duty Nursing Providers

From: NH Medicaid Fee-for-Service and its Managed Care Organizations Partners (MCOs)

Date: February 28, 2022

Subject: Private Duty Nursing Code Modifier Changes

The NH Medicaid's Fee-for-Service Unit along with its MCO partners, are changing the way Private Duty Nursing (PDN) Codes, S9123 and S9124 are used on the Service Authorization Request form. The PDN codes will be approved in a range of codes, with or without modifiers, rather than by individual codes. This change is being implemented to allow for a more efficient process, reducing the administrative burden of paper work by providers to transfer hours between RN to LPN. This change is effective April 1, 2022.

Private Duty Nursing hours will be approved as a total sum of hours per week in a range for both the RN, S9123, and LPN, S9124, private duty nursing codes. The modifiers U2 and U3 will be end dated for the intensive/ventilator care. A new U4 modifier will be used to indicate intensive/ventilator care, similar to the way the U1 modifier identifies nights and weekend care. **No changes are being made to the claims processing requirements.** Providers should continue to submit claims for PDN hours according to the codes S9123 and S9124 with the appropriate modifiers. Hours for an RN and hours for an LPN should continue to be billed separately.

Fee-for-Service Authorization Requests: Forms for Fee-for-Service members can be found at https://nhmmis.nh.gov, under *Documentation, Documents and Forms, Service Authorization for Fee-for-Service.* The authorization request form will indicate the codes as S9123/S9124. Providers will fill in the modifier (none, U1 or U4) and the number of hours requested for a week. (See illustration below.) Once approved, these hours can be filled by either an RN or an LPN, **BUT** cannot be switched between modifiers. If you request S9123/S9124 U1, an RN or an LPN can fill any night or weekend hours available. If you need to transfer those S9123/S9124 U1 hours to S9123/S9124 with no modifier, you will need to make out a transfer form. Providers should continue to use the email address ServiceAuthorizationFFS@dhhs.nh.gov to request a secured email link to submit Service Authorization Requests.

INTENSIVE LEVEL OF CARE: VENT DEPENDENT 12 + HRS/DAY						
CPT Code	Modifier	Number of Hours per Week	Days of Week and Hours/Day (Example: M, Tu, Th 7am-5pm)	Dates of Service		
				Start Date	End Date	STATE USE ONLY
S9123/S9124	U1	16	M-W-F	4/1/22	3/31/23	
S9123/S9124	U4	20	Su-Tu-Th	4/1/22	3/31/23	
S9123/S9124		30	Mon-Fri	4/1/21	3/31/23	







MCO Authorization Requests forms can be found following these links:

Amerihealth Caritas: https://www.amerihealthcaritasnh.com/assets/pdf/provider/resources/forms/prior-authorization-request-form.pdf

New Hampshire Healthy Families: https://www.nhhealthyfamilies.com/

WellSense: The Standard PA request form can be found on the Provider Resources section of our website under Forms and Documents- Prior Authorization: https://www.wellsense.org/-/media/100138adf7fa47f594b03c070ef54f44.ashx?#

Please print this notice for future reference.

If you have questions regarding this notice, please contact Sandy Davidson at <u>Sandra.N.Davidson@dhhs.nh.gov</u> or 603-271-9632.