

INDEX

8.323.4 EPSDT PRIVATE DUTY NURSING SERVICES

8.323.4.1 ISSUING AGENCY1

8.323.4.2 SCOPE1

8.323.4.3 STATUTORY AUTHORITY.....1

8.323.4.4 DURATION.....1

8.323.4.5 EFFECTIVE DATE.....1

8.323.4.6 OBJECTIVE1

8.323.4.7 DEFINITIONS.....1

8.323.4.8 MISSION STATEMENT1

8.323.4.9 EPSDT PRIVATE DUTY NURSING SERVICES1

8.323.4.10 ELIGIBLE PROVIDERS1

8.323.4.11 PROVIDER RESPONSIBILITIES.....2

8.323.4.12 COVERAGE CRITERIA2

8.323.4.13 COVERED SERVICES2

8.323.4.14 NONCOVERED SERVICES2

8.323.4.15 NURSING CARE PLAN.....2

8.323.4.16 PRIOR APPROVAL AND UTILIZATION REVIEW.....3

8.323.4.17 REIMBURSEMENT3

This page intentionally left blank

TITLE 8 SOCIAL SERVICES
CHAPTER 323 ENHANCED EPSDT - OUTPATIENT PROVIDERS
PART 4 EPSDT PRIVATE DUTY NURSING SERVICES

8.323.4.1 ISSUING AGENCY: New Mexico Human Services Department.
[2/1/95; 8.323.4.1 NMAC - Rn, 8 NMAC 4.MAD.000.1, 3/1/12]

8.323.4.2 SCOPE: The rule applies to the general public.
[2/1/95; 8.323.4.2 NMAC - Rn, 8 NMAC 4.MAD.000.2, 3/1/12]

8.323.4.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended and by the state human services department pursuant to state statute. See Sections 27-2-12 et seq. NMSA 1978 (Repl. Pamp. 1991).
[2/1/95; 8.323.4.3 NMAC - Rn, 8 NMAC 4.MAD.000.3, 3/1/12]

8.323.4.4 DURATION: Permanent
[2/1/95; 8.323.4.4 NMAC - Rn, 8 NMAC 4.MAD.000.4, 3/1/12]

8.323.4.5 EFFECTIVE DATE: February 1, 1995
[2/1/95; 8.323.4.5 NMAC - Rn, 8 NMAC 4.MAD.000.5, 3/1/12]

8.323.4.6 OBJECTIVE: The objective of these regulations is to provide policies for the service portion of the New Mexico medicaid program. These policies describe eligible providers, covered services, noncovered services, utilization review, and provider reimbursement.
[2/1/95; 8.323.4.6 NMAC - Rn, 8 NMAC 4.MAD.000.6, 3/1/12]

8.323.4.7 DEFINITIONS: [RESERVED]

8.323.4.8 MISSION STATEMENT: The mission of the New Mexico medical assistance division (MAD) is to maximize the health status of medicaid-eligible individuals by furnishing payment for quality health services at levels comparable to private health plans.
[2/1/95; 8.323.4.8 NMAC - Rn, 8 NMAC 4.MAD.002, 3/1/12]

8.323.4.9 EPSDT PRIVATE DUTY NURSING SERVICES: The New Mexico medicaid program (medicaid) pays for medically necessary health services furnished to eligible recipients. To help New Mexico recipients under twenty-one years of age receive necessary services, the New Mexico medical assistance division (MAD) pays for private duty nursing services as part of the early and periodic screening, diagnosis and treatment (EPSDT) program [42 CFR Section 441.57]. Services must be accessed through the tot to teen healthcheck screen. This part describes eligible providers, covered services, service limitations, and general reimbursement methodology.
[2/1/95; 8.323.4.9 NMAC - Rn, 8 NMAC 4.MAD.746.3, 3/1/12]

8.323.4.10 ELIGIBLE PROVIDERS:

A. Upon approval of New Mexico medical assistance program provider participation applications by MAD, the following agencies are eligible to be reimbursed for providing EPSDT private duty nursing services:

- (1) licensed nursing agencies; or
- (2) federally qualified health centers (FQHC).

B. Nurses working for these agencies must have a current New Mexico board of nursing license. Services must be furnished under the direction of the recipient's physician.

C. Certification for participation as a medicare home health agency is not required.

[2/1/95; 8.323.4.10 NMAC - Rn, 8 NMAC 4.MAD.746.31, 3/1/12]

8.323.4.11 PROVIDER RESPONSIBILITIES: Providers who furnish services to medicaid recipients must comply with all specified medicaid participation requirements. See 8.302.1 NMAC, *General Provider Policies*. Providers must verify that individuals are eligible for medicaid at the time services are furnished and determine if

medicaid recipients have other health insurance. Providers must maintain records which are sufficient to fully disclose the extent and nature of the services furnished to recipients. See 8.302.1 NMAC, *General Provider Policies*.

[2/1/95; 8.323.4.11 NMAC - Rn, 8 NMAC 4.MAD.746.32, 3/1/12]

8.323.4.12 COVERAGE CRITERIA: Private duty nursing services must be furnished by a registered nurse or a licensed practical nurse in a recipient's home or in a school setting, if it is medically necessary for school attendance. The goal of the provision of care is to avoid institutionalization and maintain the recipient's function level in a home setting.

A. "EPSDT private duty nursing services" means nursing services for recipients under twenty-one (21) years of age who require more individual and continuous care than can be received through the home health program.

B. EPSDT private duty nursing services must be ordered by the recipient's physician and must be included in the recipient's approved treatment plan. Services furnished must be medically necessary and be within the scope of the nursing profession.

[2/1/95; 8.323.4.12 NMAC - Rn, 8 NMAC 4.MAD.746.33, 3/1/12]

8.323.4.13 COVERED SERVICES: Medicaid covers the following private duty nursing services:

A. skilled nursing services furnished to recipients at home; and

B. skilled nursing services which are medically necessary for attending school and furnished to the recipient in the school setting; these services are an alternative to the recipient's participation in a homebound program; nursing services are furnished only to eligible recipients and not to others in the school setting.

[2/1/95; 8.323.4.13 NMAC - Rn, 8 NMAC 4.MAD.746.34, 3/1/12]

8.323.4.14 NONCOVERED SERVICES: Private duty nursing services are subject to the limitations and coverage restrictions which exist for other medicaid services. See 8.301.3 NMAC, *General Noncovered Services*. Medicaid does not cover the following specific services:

A. services for which prior approval has not been received or which are not included in the recipient's approved treatment plan;

B. services not considered medically necessary by MAD or its designees for the condition of the recipient; and

C. services which are not within the scope of practice of the nursing profession.

[2/1/95; 8.323.4.14 NMAC - Rn, 8 NMAC 4.MAD.746.35, 3/1/12]

8.323.4.15 NURSING CARE PLAN: The need for skilled nursing services must be included in the recipient's individualized treatment plan. A nursing care plan must be developed within fourteen (14) days of the initiation of services. The plan must contain the following:

A. statement of the nature of the specific problem and the specific needs of the recipient;

B. description of the functional level of the recipient as documented by the primary care physician's clinical evaluation, including mental status, intellectual functioning and medical necessity which identify and document the need for a private duty nurse;

C. specific clinical problems relating to:

(1) physical assessment needs including the identification of durable medical equipment or medical supplies needed by the recipient;

(2) psychosocial evaluation including level of support from family in reaching projected clinical goals;

(3) medication history including status of compliance; and

(4) applicable clinical interventions related to the identified clinical problem including measurable goals.

D. statement of the least restrictive conditions necessary to achieve the goals identified in the plan;

E. description of intermediate and long-range goals with the projected timetable for their attainment and duration and scope of services;

F. statement and rationale of the nursing care plan for achieving these intermediate and long-range goals including provisions for the review and modification of the plan;

G. specification of nursing responsibilities, description of the proposed nursing care, orders for medication(s), treatments, restorative and rehabilitative services, activities, therapies, social services, diet and special procedures recommended for the health and safety of the recipient; and

H. plan for discontinuation of services, criteria for discontinuation of services and projected date of service discontinuation.

[2/1/95; 8.323.4.15 NMAC - Rn, 8 NMAC 4.MAD.746.36, 3/1/12]

8.323.4.16 PRIOR APPROVAL AND UTILIZATION REVIEW: All medicaid services are subject to utilization review for medical necessity and program compliance. Reviews can be performed before services are furnished, after services are furnished and before payment is made, or after payment is made. See 8.302.5 NMAC, *Prior Authorization and Utilization Review*. Once enrolled, providers receive instructions and documentation forms necessary for prior approval and claims processing.

A. All private duty nursing services must be included in the recipient's treatment plan and must receive prior approval from MAD or its designee. Services for which prior approval was obtained remain subject to utilization review at any point in the payment process.

B. Prior approval of services does not guarantee that individuals are eligible for medicaid. Providers must verify that individuals are eligible for medicaid at the time services are furnished and determine if medicaid recipients have other health insurance.

C. Providers who disagree with prior approval request denials or other review decisions can request a re-review and a reconsideration. See Section MAD-953, *Reconsideration of Utilization Review Decisions*.

[2/1/95; 8.323.4.16 NMAC - Rn, 8 NMAC 4.MAD.746.37, 3/1/12]

8.323.4.17 REIMBURSEMENT: Private duty nursing providers must submit claims for reimbursement on the HCFA-1500 claim form or its successor. See 8.302.2 NMAC, *Billing for Medicaid Services*. Once enrolled, providers receive instructions on documentation, billing, and claims processing.

A. Reimbursement for EPSDT private duty nursing services is made at the lesser of the following:

- (1) the provider's billed charge; or
- (2) the MAD fee schedule for the specific service or procedure.

B. The provider's billed charge must be its usual and customary charge for services.

C. "Usual and customary charge" refers to the amount an individual provider charges the general public in the majority of cases for a specific service and level of service.

[2/1/95; 8.323.4.17 NMAC - Rn, 8 NMAC 4.MAD.746.38, 3/1/12]

HISTORY OF 8.323.4 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center: ISD 310.1700, EPSDT Services, filed 2/13/80.

ISD 310.1700, EPSDT Services, filed 6/25/80.

ISD Rule 310.1700, EPSDT Services, filed 10/22/84.

MAD Rule 310.17, EPSDT Services, filed 5/1/92.

MAD Rule 310.17, EPSDT Services, filed 7/14/93.

MAD Rule 310.17, EPSDT Services, filed 11/12/93.

MAD Rule 310.17, EPSDT Services, filed 12/17/93.

MAD Rule 310.17, EPSDT Services, filed 3/14/94.

MAD-Rule 310.17, EPSDT Services, filed 6/15/94.

MAD Rule 310.17, EPSDT Services, filed 11/30/94.

History of Repealed Material:

MAD Rule 310.17, EPSDT Services, filed 11/30/94 - Repealed effective 2/1/95.