



## Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

LISA J. PINO, M.A., J.D.  
Executive Deputy Commissioner

### PRIVATE DUTY NURSING PROGRAM FOR MEDICALLY FRAGILE CHILDREN

The Private Duty Nursing Program for Medically Fragile Children consists of two components with corresponding financial enhancements for provider participation. The provider can choose to enroll in one or both programs. Re-enrollment into each of these programs will be necessary during a provider's routine Provider Enrollment Revalidation Process, which occurs every five years.

#### Private Duty Nursing Medically Fragile Children Training and Experience

The Medicaid program will reimburse providers of pediatric continuous private duty nursing services an enhanced rate of thirty percent (30 percent) added to the approved standard hourly rate.<sup>1</sup> Both Licensed Home Care Services Agency (LHCSA) and independently enrolled nurse providers are eligible to receive the enhanced rate. LHCSA providers must only use the increased rate amount to recruit and retain qualified registered and licensed practical nurses to service these cases on behalf of their agency.

In order to receive reimbursement for the enhanced rate, nursing providers must certify on the enclosed form that the nurse providing the services is trained and experienced to care for the medically fragile pediatric population in a community setting.<sup>2</sup>

The attached *Certification of Nurse Training and Experience* form must be completed, executed and submitted to the Medicaid program through eMedNY in order to process the increased rate authorization. Upon approval of this certification, a new Specialty Code, 579 – Medically Fragile Children, will be added to your Medicaid provider enrollment file. Code 579 authorizes reimbursement of continuous nursing services claims for all members up to the age of 23 at the enhanced rate for eligible service dates. Any provider of private duty nursing services who does not submit the attached certification will not be reimbursed at the enhanced rate. To enroll in the Program, please complete Section One of the application.

#### Billing Instructions for the Nurse with Certified Training and Experience

The **Billing Instruction** for use in submitting claims for the Medically Fragile Training and Experience, is to enter a **Service Authorization (SA) Exception Code of "7" on the claim**. On the paper claim form (eMedNY 150001), this is entered in Field 25D. Electronically, the SA Exception Code is submitted in the SA Exception Code Segment of Loop 2300 for the 837 Professional claim format. ePACES users will find the SA Exception Code field in the Professional Claim Information Tab – toward the bottom. **PROVIDERS SHOULD ENTER THEIR USUAL AMOUNT CHARGED, WITHOUT INCLUDING THE ADDITIONAL 30 PERCENT. eMedNY WILL CALCULATE THE ADDITIONAL 30 PERCENT FOR INCLUSION IN YOUR REIMBURSEMENT.** Additional information regarding billing and policy guidelines can be viewed in the *Private Duty Nursing Manual* under the section, "Private Duty Nursing Provider Communications and Medicaid Updates" located at [www.eMedNY.org](http://www.eMedNY.org)



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### **Private Duty Nursing (PDN) Medically Fragile Children's (MFC) Provider Directory**

The Fee-for-Service Medicaid program will pay providers of private duty nursing services who service medically fragile children, an enhanced fee for enrollment in the PDN MFC Provider Directory. The purpose of the directory is to ensure adequate access to PDN services by promoting the availability and ensuring delivery of PDN services for medically fragile members.<sup>3</sup> The enhanced fee will be implemented over a period of three years, effective October 1, 2020, Licensed Home Care Services Agency (LHCSA) and independently enrolled nurse providers are eligible to receive the increased fee for participation in the Directory. The PDN MFC Provider Directory will be available to the public and updated weekly. The attached form must be accurately completed, signed, and submitted to the Medicaid program through eMedNY in order to process the increased fee authorization.

Approval for participation in the Directory will authorize enhanced reimbursement for continuous nursing services provided to members up to the age of 23. Providers of private duty nursing services who do not submit the attached certification will not be reimbursed at the enhanced fee. Participation in the directory indicates the willingness to accept inquiries for providing care to medically fragile children. These inquiries will be received from family members or representatives, discharge planners and case managers that are managing the member's care. Directory participants are expected to respond to all inquiries received. To enroll in this Program, please complete Section Two of the application.

If you have any questions regarding this notice, please contact the eMedNY Call Center at 1-800-343-9000. Thank you for your continued support of our efforts to ensure delivery of high-quality nursing services for pediatric Medicaid enrollees living in the community.

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<sup>1</sup> Section 367-r(1-a) of the New York Social Services Law (SSL) authorizes the Medicaid program to reimburse noninstitutional pediatric continuous private duty nursing provided to medically fragile children at an enhanced rate, in order to recruit and retain qualified private duty nurses and ensure service delivery to this patient population.

<sup>2</sup> Medically fragile children are at risk of hospitalization or institutionalization but are capable of being cared for at home if provided with appropriate home care services and means any children under age 21 receiving continuous nursing services in a non-institutional setting. SSL § 367-r(1-a), 18 NYCRR § 505.8(g)(6).

<sup>3</sup>The commissioner of health is authorized to establish a directory of qualified providers for the purpose of promoting the availability and ensuring delivery of fee-for-service private duty nursing services to medically fragile children and individuals transitioning out of such category of care. 2020 Article VII Amendments to SSL § 367-r.



**PRIVATE DUTY NURSING PROGRAM FOR MEDICALLY FRAGILE CHILDREN  
NURSE REGISTRY**

Please complete the section(s) applicable to your request for participation: Certification of Nurse Training and Experience for Medically Fragile Children and/or PDN Provider Directory. If you are already enrolled in the Certification of Training and Experience and would like to enroll in the PDN Provider Directory, it is only necessary to complete Section Two. Submit the form to:

**eMedNY  
PO Box 4610  
Rensselaer, NY 12144-4610**

**SECTION ONE: Certification of Nurse Training and Experience for Medically Fragile Children**

**A LICENSED HOME CARE SERVICE AGENCY (LHCSA) ENROLLING OR REVALIDATING IN NY MEDICAID AS A NURSE REGISTRY:**

Agency's Name: \_\_\_\_\_

Agency's NYS License Number: \_\_\_\_\_

Medicaid Provider Identification Number (if enrolled): \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

I certify on behalf of the LHCSA Medicaid provider, that the Licensed Practical Nurse(s) LPNs, and the Registered Nurse(s) RNs, for which an enhanced Medicaid reimbursement rate is claimed, has satisfactorily completed the training and experience to provide nursing services to medically fragile children. The LHCSA maintains on file, documentation of the LPNs and RNs training and experience in the care of pediatric medically fragile patients.

\_\_\_\_\_  
Agency Representative's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature



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**SECTION TWO: Private Duty Nursing Provider Directory:**

**A LICENSED HOME CARE SERVICE AGENCY (LHCSA) ENROLLING OR REVALIDATING IN NY MEDICAID AS A NURSE REGISTRY:**

Agency's Name: \_\_\_\_\_

Agency's NYS License Number: \_\_\_\_\_

Medicaid Provider Identification Number (if enrolled): \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

Contact email address: (Required) \_\_\_\_\_

Contact Phone Number (Required) (including area code): \_\_\_\_\_

I agree to participate in the Private Duty Nursing (PDN) Provider Directory for the purpose of promoting the availability and ensuring delivery of fee for service nursing services to medically fragile children and individuals up to the age of 23. This directory is available to the public and will be updated weekly. I acknowledge that the information provided above is accurate and I will immediately notify the NY Medicaid program if there are changes to my address, phone number or email address. Approval for participation in the Directory will authorize enhanced reimbursement of continuous nursing services for members up to the age of 23 receiving continuous nursing services. Participation in the directory indicates the willingness to accept inquiries to provide care to medically fragile children and subject to availability, provide services. These requests will be received from a family member or a representative designated by the family, a discharge planner, and/or case manager. Directory participants are expected to respond to all inquiries.

\_\_\_\_\_  
Agency Representative's Name (Please Print) Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency Representative's Signature (required)