

Private Duty Nursing Services School-Based Services



Requests for authorizations should be sent to:

Mountain Pacific Quality Health, 3404 Cooney Drive, Helena MT 59602
Phone: 406-443-4020, Extension 5850 or 800-262-1545, Extension 5850 Fax: 406-513-1922 or 877-428-0684

| Request for Authorization | | | | | |
|---|--------|------------------------|--|----------------------|--|
| Member Name: Last | | First | | MI | Medicaid ID#: |
| Street Address: | | | City: | | State: Zip: |
| DOB: | Age: | | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | | |
| Will your agency be reimbursing an employee, who is a licensed RN or LPN, that is considered part of the member's family, or household, for providing nursing services? | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| School/Provider Name: | | | | NPI: | |
| School Contact: | | | Phone #: | | Fax: |
| School Nurse/Caregiver's name: | | | | Title/Position: | |
| Physician's name: | | | | Phone: | |
| Principal diagnosis: | | | | | |
| Request for services to be provided in the school | | | | | |
| Number of skilled service hours requested per day: | | | | | |
| Mon – | Tues – | Wed – | Thur – | Fri– | Total |
| Date school year starts: | | Date school year ends: | | Summer school dates: | |
| Skilled services and treatments to be provided (frequency, estimated time/service): | | | | | |
| <input type="checkbox"/> Medication administration: <input type="checkbox"/> Oral <input type="checkbox"/> G-Tube <input type="checkbox"/> IM <input type="checkbox"/> IV <input type="checkbox"/> SQ | | | | | |
| List medications and frequency: | | | | | |
| Name of person who actually administers medications to students: Position: | | | | | |
| <input type="checkbox"/> Trach suctioning/care | | | | | |
| <input type="checkbox"/> Vent care | | | | | |
| <input type="checkbox"/> Sterile dressing changes | | | | | |
| <input type="checkbox"/> Tube Feedings: <input type="checkbox"/> Continuous pump <input type="checkbox"/> Bolus | | | | | |
| <input type="checkbox"/> Other: | | | | | |
| If meds or treatments are ordered PRN, accurate records of date, time and duration of the treatments must be submitted at the end of the date span. | | | | | |

Signed Doctor's orders are attached

Signature of person submitting request

Date

All private duty nursing services must be prior authorized. Requests for services provided in the school may be authorized for the duration of the regular school year. Services provided during the summer months are additional services that require separate prior authorization. Additional requests may be submitted any time the condition of the child changes, resulting in a change to the amount of skilled nursing services required.