



PRIVATE DUTY NURSING PRIOR AUTHORIZATION
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 MEDICAL SERVICES DIVISION
 SFN 224 (6-2024)

Send to:
 Medical Services
 Department of Health and Human Services
 600 E Boulevard Ave, Dept. 325
 Bismarck, ND 58505
Fax: (701) 328-1544

Part I: RECIPIENT INFORMATION

Name of Recipient		Recipient Date of Birth	Recipient Medicaid ID Number
Treatment Plan (must be completed) or attach Form 485 Plan of Care			
Date Range for Services	Email Address		CPT/HCPCS
Frequency of Requested Visits/Hours		Total Visits/Hours Onsite	
Nurse Signature			Date

Part II: AGENCY/NURSE INFORMATION

Name of Agency/Nurse		NPI	
Agency/Nurse Medicaid Provider Number	Telephone Number	Fax Number	
Address	City	State	ZIP Code

Part III: FOR STATE USE ONLY

Reviewed By	Date Reviewed
Approved - Effective dates of PA From: _____ To: _____	Number of Visits/Hours
Additional Comments	
Denied (Reasons)	

Criteria for completion of this form:

- To request private duty hours/visits
- 60 day update review (recommend submitting to Medical Services up to 10 working days prior to update review date)

For fillable form, go to: <https://www.nd.gov/eforms/Doc/sfn00224.pdf>

NOTICE:

The prior approval of this service(s) by the North Dakota Department of Health and Human Services does not guarantee eligibility nor ensure payment for the service(s). Eligibility is established by the appropriate Human Service Zone on a monthly basis and payment is contingent upon the eligibility of an individual at the time of services approved are rendered. Eligibility for dates of service may be verified by calling 1-800-428-4140 or 701-328-2891.

Any applicable third parties must be billed prior to billing Medicaid and third party requirements must be followed. The recipient may be responsible for any recipient liability before payment is made by the department.