

PRIVATE DUTY NURSING

Frequently Asked Questions

Q: Verification of School Nursing Form

A: Providers should report additional PDN service hours used when the beneficiary has sick or adverse weather days not included in the initial authorization. The Verification of School Nursing form shall be completed with each PA submission, every 6 months so that prior approval (PA) can be updated accordingly. The county school calendar should also be uploaded to each PA request.

Q: How will PDN handle shared hours between providers?

A: If more than one agency is sharing PDN hours for the same beneficiary, the new provider should coordinate with the previous provider to develop and upload a Shared Hours Agreement Form. This form should document the effective start date for the shared hours and must be signed by both providers and the beneficiary's caregiver.

****Note**:** In addition to the Shared Hours Agreement Form, both providers must upload an addendum to the CMS 485, documenting the change in hours per week and the effective date for that change. Both documents are required to ensure accurate prior authorization for each agency.

Q: PDN Clinical review for CAP/C Beneficiaries Receiving State Plan Nursing Services

A: CAP/C beneficiaries receiving state plan PDN services were previously scheduled for PDN clinical review, starting in October 2017. This timeline has been modified and the PDN clinical review will begin March 2, 2018. Currently, CAP/C beneficiaries receiving state plan services, will have their current PA's extended until the month of their next CAP CNR month. Providers will continue uploading documents to the extended PA until expired. Providers should enter a new PA request 30 days prior to the

PRIVATE DUTY NURSING

Frequently Asked Questions

extended PA expiring. Once PDN reviews the new PA request, the beneficiary will follow the traditional PDN beneficiary extension plan, of up to a 6-month recertification timeframe.

Q: Phone and Email Inquiries

A: Prior approval request will be reviewed on a first come, first serve basis in the order they were received in the NC Tracks queue. Providers should review PDN clinical policy prior to emailing or calling about PA status. When communicating via email, providers should enter in the subject line, one of the following phrases:

- PDN Initial Referral
 - PDN Reauthorization
 - PDN Hospitalization
 - PDN Discharge
 - PDN Shared Case
 - PDN Increase in PDN hours
 - PDN Decrease in PDN Hours
- o Providers should also provide contact information for the agency, including the agency's contact person, NPI # and city, along with the beneficiary's MID #.

Q: No Provision of PDN Services Due to Hospitalizations

A: If no PDN services are provided for *less* than 30 consecutive days, due to hospitalization, please upload the H&P and discharge summary to the current PA.

If no PDN services are provided for *more* than 30 consecutive days, due to hospitalization, providers should reinitiate the prior approval process.

PRIVATE DUTY NURSING

Frequently Asked Questions

Q: Physician-signed CMS 485 vs Unsigned CMS 485

A: Please continue uploading the unsigned CMS 485 and the physician signed CMS 485 to each PA. The unsigned CMS 485 is much easier to read than the physician signed CMS 485 due to document scanning. Once the unsigned CMS 485 is uploaded, the PA will remain in pending status until the physician signed CMS 485 is received.

Q: Are providers required to enter PA requests 30 days prior to current PA timeframe expiration?

A: Yes, it is required by policy to submit PA requests 30 days prior to the current, expiring PA. Please continue to upload the CMS 485s to cover the PA timeframe. This does not necessitate any modification to the assessment schedules.

Q: PDN Medicaid Beneficiaries with Primary Insurance

A: If a PDN Medicaid beneficiary also has primary insurance, DMA will cover only the remaining PDN hours not approved by the primary insurance company, not to exceed 112 hours per week in total. Providers should specify the number of hours covered by the primary insurance company, and the number of hours covered by DMA on the CMS 485.

If primary insurance PDN hours are less than DMA PDN approved hours, the agency may bill for the extra hours only; for example, DMA receives a PA request for a total of 84 hours per week; primary insurance approves 70 hours per week. The provider may bill DMA PDN for only 14 hours per week; the PA in NC Tracks will only reflect the 14 hours per week approved by DMA (not the total 84 hours).