Private Duty Nursing – Prior Approval Submission Frequently Asked Questions

For questions regarding Private Duty Nursing (PDN) cases in Westchester County, providers should call (914) 231-3629.

Change Requests

Increases – temporary or permanent. **ALL** increases require **PRIOR** authorization from **this office**. There is no requirement for the Department to approve any retroactive increases with the exception of emergency services which occur when the Department is closed (i.e. evenings/nights or weekends). In the case of emergency services, no more than two (2) days worth of service will be retrospectively approved and approval is dependent upon a detailed explanation for the delay. The explanation must be provided to the prior approval office on the next business day.

- Requests for temporary increases must be submitted in advance (4-6 weeks) of the occurrence to allow for review and requests for additional information, (if needed).
- Requests will not be granted retroactively.
- All PDN cases must have available at all times a responsible back-up caregiver who is completely trained in the skilled needs of the beneficiary.

278 Electronic Transactions

The Department is unable to add procedure codes to 278 electronic transactions. If you need to add a code to an existing 278 electronic prior approval number, you must send in a paper PA request form (DSS3615-2) OR a new electronic 278 transaction with both procedure codes listed along with any supporting documentation for the request. You must note that you are requesting to add a procedure code to an existing PA number and you must provide the PA number.

If you need to add a code to an existing **paper** PA submission, you must send a CR form to CSC with supporting documentation and a list of the codes being requested. Refer to the **Changes in PA Process for Adding Codes to an existing PA** under the Private Duty Nursing Provider Communications section in the Private Duty Nursing Provider Manual for further instructions.

Other

Faxes – with the exception of new case requests, please do **not** fax documents directly to the Department unless you are specifically directed to do so by one of the nurse reviewers in the PDN unit. If there is an emergency situation (i.e. death in family or sudden illness of primary caretaker), which you feel warrants immediate attention or review (for an increase) by the Department nurses, you must first call the Department and speak with a nurse reviewer. He/she will give you further guidance and specifically advise you as to where the documents should be sent.

When there has been an improvement in the beneficiary's medical condition (i.e. decannulation, discontinuation of G-tube feedings or TPN, vent weaning, etc.), or there has been a change in the social environment (i.e. beneficiary attending school/day program, a change in caregiver status, etc.), the provider is responsible for calling the Department as soon as possible to speak with a nurse reviewer for further guidance.

The name of the Ordering Provider (physician or nurse practitioner) on the paper or electronic PA must be the same provider who signs the orders/Plan of Treatment. The ordering physician or nurse practitioner must be an enrolled Medicaid provider.

Third Party insurance -- ALL PDN providers are responsible for submitting claims to the primary insurance **first** before submitting claims to Medicaid. The Department will continue to request a copy of the current insurance claim response (denial or proof of payment) for every renewal.

Any questions regarding the Prior Approval process can be directed to the Department at (800) 342-3005, option 1 or 518-474-3575, option 1.