



## Private Duty Nursing

Private Duty Nursing (PDN) Billing Guidance - Clarification to Zero Fill Edit 2304 Implemented June 1, 2021



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On June 1st, 2021, a new edit, edit 2304, was set to pend for submission of documentation for zero fill claims for all practitioners. Please refer to the following links for complete information on the edit:

- [https://www.emedny.org/Listserv/eMedNYGeneralUpdates/Correction\\_Edit\\_02304\\_will\\_Pend\\_for\\_Manual\\_Review\\_for\\_all\\_Professional\\_Claims\\_5-3-21.pdf](https://www.emedny.org/Listserv/eMedNYGeneralUpdates/Correction_Edit_02304_will_Pend_for_Manual_Review_for_all_Professional_Claims_5-3-21.pdf)
- [https://www.emedny.org/Listserv/eMedNYGeneralUpdates/Submission\\_Guidance\\_for\\_Claims\\_with\\_Third\\_Party\\_12-4-20.pdf](https://www.emedny.org/Listserv/eMedNYGeneralUpdates/Submission_Guidance_for_Claims_with_Third_Party_12-4-20.pdf)

#### Clarification for Private Duty Nursing claims:

- If Prior Approval ( PA) submitted documents in the current calendar year contains a letter from the primary insurance or an Explanation of Benefits (EOB) showing that PDN is a non-covered service, the documentation requirement is met and no additional information is required during claims submission. Claims will initially show as Pend and will continue processing with status updates in the cycle. All subsequent claims should process without being pended for this edit.
- If the documentation has not been submitted in a PA for the current calendar year, the letter or EOB showing that PDN is not covered must be submitted as outlined in the May 3, 2021, All Provider LISTSERV ( see link above). Claims will initially show as Pend and will continue processing with status updates in the cycle. All subsequent claims should process without being pended for this edit.
- If PDN is a non-covered service, only one letter/EOB is required per calendar year. This will reset each January and providers will have to submit a new letter/EOB before claims will process.
- If PDN is a primary insurance covered benefit, documentation that each date of service was submitted to the primary insurer is required until the benefit is exhausted. These claims should not be zero filled but should be submitted reflecting the amount paid by the primary insurer. This is the current procedure for claims submission for members with third party insurance. Please see Medicaid Update Article dated December 4, 2020 for additional guidance (see link above).
- When the primary insurance EOB demonstrates that the PDN benefit is exhausted for the calendar year, subsequent claims should be submitted as a zero fill claim, but, no further documentation will be required for the remainder of the calendar year. Documentation will be required for each new

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calendar year as the primary insurance PDN benefit resumes and continue to be submitted until the benefit is exhausted.

**Questions and Additional Information:**

- General questions regarding claims submission should be directed to the eMedNY Call Center at (800) 343-9000.
- Questions regarding specific medical pended claims should be directed to the Bureau of Medical Review, Pended Claims Unit at (800) 342-3005 (option 3).

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