

2025 LTSS Forum Q&A Session: PDN
Answers provided and vetted by DHB 6/17/2025

Q. When a patient in a skilled nursing facility elects hospice services, the hospice services becomes the biller. We have been having issues with rooms and board claims denying due to the new TPL update in reference to Medicaid Direct claims. Hospice was not listed as one of the services that would be affected by this but we were affected and our claims have been denied. The patients primary insurance is not going to pay for the patients room and board. Just want to know why we're included in this edit and was hospice billing thought about when this edit was made? Is there any way that we can process our claims differently so that we won't get this denial for our Medicaid R&B claims?

A. Edit 0259 bypass for hospice room and board (identified by Rev Codes 0658 and 0659) was created so these claims can process and pay through NCTracks. This edit effective date is 6/15/25.

Q. We have a patient we have serviced for years and recently we have denial issues related to insurance that the father carries. Is this new and how can we overcome this delay?

A. Medicaid is the payor of last resort. Nursing services approved by primary insurance will be utilized first and may revert to Medicaid once that coverage has been exhausted. PDN policy states that an explanation of benefits or a notification of denial is required for all beneficiaries who are covered by primary insurance.

Q. Are PDN devices referred by the beneficiary's primary physician? Where are the necessary forms located? Also, you able to clarify what "schools hours" PDN consist of?

A. Yes, the physician would make the referral or write a prescription for PDN related devices. 2. PDN forms are located on the NC Medicaid PDN webpage. 3. School hours are 1:1 skilled nursing provided in the school setting.

Q. If you don't receive a response from the ombudsman and would like to follow up in reference to the status of your inquiry how would you go about reaching out?

A. To assist with follow up of your inquiry, You can reach out to LTSS Nursing Operations Manager and PDN team at Medicaid.homecareservice@dhhs.nc.gov

Q. So many of the forms require duplicate information can this be reviewed and look at narrowing the forms to decrease the administrative burden and duplicating the info

A. We are currently revising forms and will have updated versions being released. These forms are being revised to lessen the number of forms required for submission, consolidate information, decrease redundancies, and reduce provider burden. We have been receiving feedback from providers to help us drill down on how to make these forms more user friendly and efficient.

Q. Why are school forms necessary for children not in school, can this be discussed?

A. School forms are required for all school aged beneficiaries between the ages of 3-20 years of age. Beneficiaries outside of this age range are not required to submit a school form. PDN follows NC Medicaid Outpatient Specialized Therapies Clinical Coverage Policy No.: 10C

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Local Education Agencies (LEAs) Amended Date: April 1, 2023 LEA Policy Section 2.1.2.
<https://medicaid.ncdhhs.gov/10c-local-education-agencies-leas/download?attachment>

Q. Turnaround time is either extremely quick or well past the deadline can the inconsistency with deadlines be addressed.

A. A PA should be reviewed within 5 days of submission. If a request for additional information (RAI) is issued, an additional 5 business days may be added to this review timeframe starting on the date of receipt of the requested information. Fulfilling RAIs quickly may help decrease the turnaround time as the additional 5 days is added starting on the date of RAI fulfillment. A dashboard has been created to monitor PA turnaround time and flag any PA that passes the 5 day turnaround time. The goal is a turnaround time of 3 days or less.

Q. We have had inconsistencies on requests being allowed and then pended can consistency with reviewers be addressed.

A. Please submit PDN PA questions to PDN.ticket@gdit.com

Q. We were told the SG1 and 2 pediatric policies would align with adult do we have a timeframe on when the 16 hour cap is going to be removed, we have had multiple denials from gDIT per policy when never received a denial prior

A. The policies are being reviewed and assessed for possible revisions.