



MEDICAL COVERAGE POLICY

SERVICE: Private Duty Nursing

Policy Number: 208

Effective Date: 08/01/2020

Last Review: 06/25/2020

Next Review Date: 06/25/2021

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

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PRIOR AUTHORIZATION: Required.

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

For Medicare plans, please refer to appropriate Medicare LCD (Local Coverage Determination). If there is no applicable LCD, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

Many contracts exclude coverage for private duty nursing. If private duty nursing is a benefit, then the following criteria must be met:

1. Services should be skilled in nature; **AND**
2. The skilled services will be provided by a nurse with a current, active, Texas license; **AND**
3. The service ordered by a primary practitioner (M.D., D.O., P.A. or N.P), after a face to face evaluation by the physician, licensed or certified physician assistant or nurse practitioner; **AND**
4. Home is a safe environment for the patient based on a home health assessment and therapies needed for the patient's medical condition; **AND**
5. Directed by, or under the supervision of, a primary practitioner (M.D., D.O., P.A. or N.P); **AND**
6. The treatment plan should be submitted with the request for specific services and equipment; **AND**
7. The services are **MORE cost effective** in the home or patient residence (not a hospital or a facility that provides skilled care) than an alternative setting (ongoing monitoring of the cumulative costs over 6 months should be documented and reviewed); **AND**
8. Services require one or more of the following:
 - a. Patient's condition makes him or her homebound (not an all-inclusive list)
 - Poor Prognosis for full recovery;
 - Risk of death;
 - Imminent risk to health status due to fragility;



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- Condition that may deteriorate quickly without intervention;
 - Health status or functional status that can be expected to stabilize or significantly improve with the services provided;
- OR**
- b. Patients condition plus the geographic distance make it unreasonable for patient to obtain the needed services in an outpatient facility, primary practitioner (M.D., D.O., P.A. or N.P) office;
- OR**
- c. Patient is technology dependent, **OR**
 - d. Nursing intervention is necessary every 2-3 hours; **OR**
 - e. Services are needed on a continuous basis (this is more than “intermittent or part-time” such as suctioning or hemodynamic monitoring to assure immediate intervention)
9. Patients who are birth through age 18 must reside with a responsible adult who is either trained to provide nursing care or is capable of initiating an identified contingency plan when the scheduled private duty nurse is unexpectedly unavailable. (The name and relationship to the patient should be part of the initial request for services); **AND**
10. Private Duty Nursing services are NOT for custodial care (see Medical Coverage Policy 042);
Custodial care is defined as follows:
- Non-health-related services, such as domiciliary care and personal care/assistance in activities of daily living (examples include feeding, dressing, bathing, transferring and ambulating).
 - Health-related services which do not seek to cure or which are provided during periods when the medical condition of the patient who requires the service is not changing.
 - Services that do not require administration by trained medical personnel in order to be delivered safely and effectively.
 - Services that can be trained by skilled personnel for non-skilled personnel to perform

The treatment plan will be reviewed by the SWHP utilization management nurse for progress toward goals periodically (at least every 60 days).

Recertification by the primary practitioner (M.D., D.O., P.A. or N.P), or healthcare professional must be submitted at least every 60-120 days (or more often if requested by SWHP). Additional documentation including, but not limited to nurse's notes, medication administration records, seizure logs, and ventilator logs to support medical necessity, may be requested to support medical necessity for recertification

For Texas Medicaid plans:

Medicaid clients who are 20 years of age or younger, and who are eligible for THSteps, are entitled to all medically necessary PDN services to promote independence and support the client living at home.

PDN services are considered medically necessary when a client has a disability, physical or mental illness, or chronic condition, and he or she requires continuous, skillful observations, judgments, and interventions to correct or ameliorate his or her health status.

The following elements should always be addressed in documentation submitted with a request for PDN services:



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- Dependent on technology to sustain life.
- Requires ongoing and frequent skilled interventions to maintain or improve health status; and delayed skilled intervention is expected to result in:
 - ✓ Deterioration of a chronic condition;
 - ✓ Loss of function;
 - ✓ Imminent risk to health status due to medical fragility; or
 - ✓ Risk of death.

(From June, 2019 TMPPM)

The "Tool" on the following page can be used to determine the PDN hours that are medically necessary **for non-Medicaid members**:



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Care Element	Points
Nutrition	
Special diet or prolonged oral feeding	1
reflux/dysphagia	1.5
NGT	1.5
Gastromy	1.2
enteral pump	2
Integumentary	
stoma	1
wound care-general	1.5
decubitus care	2
burn care	2
complex dressing	2
skin treatment>q4h	1
Neurological	
seizures-mild, min management	1
seizures-mod, med administration	1.5
intervene>3x/week	1
intervene daily	1.5
seizures-severe, meds/airway/injury	2
palsies	1.5
Sleep	
awake<3x/noc	1
awake>3x.noc	1.5
sleep hours <5 consecutive	1.25
sleep hours <3 consecutive	2

Medication Administration	
Injectable med <1x/week	1
Injectable med <1x/week	1.5
complex med administration, >q2hr	1.5
CPT and/or nebulizer	1
Routine med administration	1
Elimination	
incontinent stool occasionally	0.5
incontinent stool daily	1.5
incontinent urine occasionally	0.5
incontinent urine daily	1.25
trip training (bowel/bladder)	1
total assist. Perineal care	2
urinary catheter	1.5
Hydration/Specialty Care	
PIV/GT/Enteral therapy <q4h	2
PIV/GT/Enteral therapy >q4h	1.5
PIV/GT/Enteral therapy continuous >4hours	2
PIV/GT/Enteral therapy intermittent	1.5
TPN central	2.5
central line care	2
IV medication administration	2
lab draw	1.5
Assessments	
general assessmnt every visit	1

assess q8h	1.5
assess q4h	1.5
assess q2h or more often	2
Acute Care Episodes	
new or revised trach within 30 days	2
recent hospitalization within 30 days	1.5
recent abdominal/bone/shunt surgery within 30 days	2.5
Developmental	
developmental delay	1
Airway management	
tracheostomy	1
oxygen-continuous	1
oxygen-PRN	0.5
tracheostomy suctioning	1.5
CPAP	2
Ventilator use	3.5
vent on standby	1
SIMV <10hrs/day	2
SIMV >10hrs/day	3
respiratory assist mode	2
Aspiration precautions	1
pulse oximetry	1
apnea	1.5
Total	94.2

Hours scale
15-17 points = 4 hr/day
18-20 points = 5 hr/day
21-23 points = 6 hr/day
24-25.5 points = 7 hr/day
26-26.5 points = 8 hr/day
27-27.5 points = 9 hr/day
28-28.5 points = 10 hr/day
29-29.5 points = 11 hr/day
30-30.5 points = 12 hr/day
31-32 points = 13 hr/day
33-34 points = 14 hr/day
35-36 points = 15 hr/day
36-36.5 points = 16 hr/day
37-41 points = 17 hr/day
42-45 points = 18 hr/day
46-50 points = 19 hr/day
51-55.5 points = 20 hr/day
56+ points = 21-24 hr/day



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Exclusions:

1. Services beyond the plan benefits (hours or days).
2. Requested services are excluded in the plan documents.
3. Requested services are defined as non-skilled or custodial care in enrollee/member’s plan documents.
4. Services involve payment of family members or nonprofessional caregivers for services performed for the member.
5. Services when enrollee does not meet criteria for skilled services.

Home Health Skilled Nursing/Aide Services: Medical necessity reviewed using InterQual®

Additional Information:

Definition of “Skilled Nursing:” Skilled nursing services refers to services that are provided or supervised by a qualified or licensed professional. The care needs of the patient require assessment, observation, monitoring, and/or education to achieve the medically desired result.
From InterQual® Level of Care Criteria 2011, Home Care Adult & Pediatric, HC-240. McKesson Health Solutions, LLC

CODES:

CPT Codes:	
HCPCS:	T1000, T1002, T1003, T1004 – PDN and nursing services S9123, S9124 – Nursing care in home G0156, G0299, G0300 – Home health skilled nursing/aide (use InterQual®)
ICD10 codes:	

CMS:

POLICY HISTORY:

Status	Date	Action
New	4/25/2013	New policy
Review	4/24/2014	No changes.
Review	4/30/2015	No changes
Review	5/12/2016	No changes
Review	4/18/2017	No changes
Review	3/06/2018	Codes added, and direction given for Home Health SN/aide
Review	6/27/2019	Added TX Medicaid medical necessity statement
Review	6/25/2020	Added language for use across all LOBs. Added “Hours” table

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.



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1. CMS Medicare Benefit Policy Manual, Chapter 7 Home Health Services @ <http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>
2. Texas Star Medicaid Program, Long Term Home Health @ <http://www.dads.state.tx.us/lts/>
3. Texas Medicaid Provider Procedures Manual, June 2019 @ http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx