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Skilled Private Duty Nursing (PDN)

PURPOSE:

Skilled nursing care that is provided to a patient on a one-to-one basis by licensed nurses in the home setting. Private duty nursing is an alternative to institutional care and is the program of last resort.

DEFINITIONS/EXAMPLES:

Home: Location, other than a hospital or other facility, where the patient receives care in a private residence.

Intermittent Care: Skilled nursing care that is provided or needed either fewer than 7 days each week or fewer than 4 hours each day.

Skilled Nursing Care: Care, treatment and education delivered by Licensed Practical or Registered Nurses in order to obtain the specified medical outcome, and provide for the safety of the patient,

- It is ordered by a Physician,
- It is not delivered for the purpose of assisting with activities of daily living (dressing, feeding, bathing or transferring from bed to chair),
- It is provided for more than 4 hours per day on a daily basis
- It requires clinical training in order to be delivered safely and effectively (treatment decisions dependent on nursing assessment results), and
- It is not Custodial Care

Custodial Care:

- Services and supplies that are primarily intended to help members meet personal needs.

Examples:

- Help with the daily living activities, such as walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating or preparing foods;
- Watching or protecting a member
- Routine patient care such as changing dressings, periodic turning and positioning in bed, administering oral medications
- Care of a stable tracheostomy (including intermittent suctioning);
- Care of a stable colostomy/ileostomy;
- Care of a stable gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings;
- Care of a stable indwelling bladder catheter (including emptying/changing containers and

- clamping tubing);
- Any services that a person without medical or paramedical training could be trained to perform, and
- Any service that can be performed by a person without any medical or paramedical training

PROCEDURE:

All requests for skilled private duty nursing will require Medical Director review.

All members receiving PDN services should be referred to a care coordination program for evaluation.

In-home skilled nursing may be considered medically necessary when all of the following requirements are met:

- Services must be ordered and directed by primary care provider or treating specialist (M.D., D.O. or N.P) after face to face evaluation, AND
- Services must be provided by a licensed nurse (R.N. or L.P.N.) based on scope of practice and services provided, AND
- Requested services must be determined to be skilled nursing care in nature, (see definition/examples), AND
- Member's condition requires frequent nursing assessments and changes in the plan of care, AND
- It must be determined that the member's needs could not be met through an intermittent skilled nursing visit, but only through private duty nursing services, AND
- Services are required on a continued basis (not short term/intermittent), AND
- Services are provided in the home (see definition), AND
- Services are NOT custodial in nature (see definition/examples), AND
- Services must be clinically appropriate and not more costly than alternative health services(SNF), AND
- Services must utilize informal supports, nurse delegation and/or self-directed care in the development of overall plan of care. Family members may provide skilled care tasks with appropriate trainings. Members may choose to use self-directed care, AND
- Clients requesting PDN who share a household are subject to evaluation to determine if needs could be served by one PDN provider at the same time, AND
- A written treatment plan and a letter of medical necessity must be submitted by the PCP or treating specialist with request for specific services and description of equipment using CMS 485 Form with each request for services, including continuation of services requiring submission of documentation to support ongoing need for treatment.

Note: The absence of an available caregiver does not make the requested services Skilled Care.

Time-frames for authorization/review:

- 24 hour care requires a minimum of weekly review and will be authorized 1 week at a time. Permanent ventilator/CPAP dependence (continuous 24 hour daily) with no plan or reasonable expectation for ventilator wean can be approved for up to 60 day certification period. All other PDN request are limited to 1 month timeframe (30 days at a time) subject to medical necessity review.

Limitations and Exclusions

- Services beyond the plan limits (more than 12 hours per day NOT covered by THP unless: meets for Ventilator/CPAP dependent care under Transitional Care Section*

OR

- acutely ill/decompensation where additional nursing services will prevent readmission to acute facility, subject to limitations,
- Meets requirements for SNF bed and awaiting bed availability (subject to limitations)
- Requested services excluded in the benefit documents or state specific contracts
- Requested services are defined as non-skilled or Custodial Care
- Respite care and convenience care (respite care relieves the caregiver of the need to provide services to the patient)
- Services that can be provided safely and effectively by a non-clinically trained person are not skilled when a non-skilled caregiver is not available
- Services that involve payment of family members or nonprofessional caregivers for services performed for the member (unless required by state contract)
- Services when the member does not meet criteria for Skilled Care services
- Member is no longer eligible for benefits under the plan

Note: Medicaid line of business PDN is covered only for CSHCN and members under 21 years.

Note: Any services identified through Medicaid EPSDT screening provided by PDN providers that are medically necessary are covered for members up to 21 year of age. To obtain authorization for services identified as a result of EPSDT that are outside of the above guideline, supportive medical documentation must be submitted via the Provider Portal at myplan.healthplan.org/Account/Login.

Private Duty Nursing for Patients on Ventilators:

In-home skilled nursing may be considered medically necessary for members who are on ventilators or continuous positive airway pressure (CPAP) for respiratory insufficiency 24 hours per day at home when the primary care physician or treating specialist has met all of the above criteria in addition to the meeting all of the following criteria:

- Member is on either a pressure or volume ventilator or CPAP continuously, AND
- Member meets the medical necessity criteria for confinement in a SNF but desires placement in the home with availability of family/informal support persons or self-directed care, AND
- Placement of the nurse is for the care and benefit of the member with a skilled need only.

Transitional Care For Ventilator/CPAP Dependent:

For members continuously on a ventilator/CPAP at home, skilled private duty nursing may be considered medically necessary for up to 24 hours per day for up to 2 weeks upon an initial discharge from an inpatient setting, as long as the member requires continuous skilled care to manage the ventilator. Thereafter, up to 16 hours of home nursing per day may be considered medically necessary if the member requires continuous skilled care to manage the ventilator/CPAP. Payment for any additional home nursing care is the responsibility of the member/family.

CODING:

HCPCS Code	Description
S1924	Nursing care, in the home; by licensed practical nurse, per hour
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes
T1001	Nursing assessment/evaluation
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes

HCPCS Code	Description
T1030	Nursing care, in the home, by registered nurse, per diem
T1031	Nursing care, in the home, by licensed practical nurse, per diem

REFERENCES:

Centers for Medicare & Medicaid Services (CMS). Custodial care vs. skilled care. Infograph. Medicaid Integrity Program Resource Library. Baltimore, MD: CMS; August 14, 2015. Accessed December 23, 2021. <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/infograph-CustodialCarevsSkilledCare-%5BMarch-2016%5D.pdf>

Centers for Medicare & Medicaid Services (CMS). General exclusions from coverage. Medicare Benefit Policy Manual, Chapter 16. Rev. 198. Baltimore, MD: CMS; revised November 6, 2014. Accessed December 23, 2021. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf>

Centers for Medicare & Medicaid Services (CMS). Home health services. Medicare Benefit Policy Manual, Chapter 7. Rev. 10438. Baltimore, MD: CMS; revised May 7, 2021. Accessed December 23, 2021. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>

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This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to, state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

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All revision dates:

1/17/2022

Attachments

No Attachments

