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Lines Of Business All Lines of Business
Area Medical Policy

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 (SNF): 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:

Guidelines for Commercial, Self-Funded, ASO, and WV PEIA Lines of Business:

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

All members newly identified as 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 time frame (30 days at a time) subject to medical necessity review.

Limitations and Exclusions

- A. 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** any of the following:
- B. acutely ill/decompensation where additional nursing services will prevent readmission to acute facility, subject to limitations,
 1. Meets requirements for SNF bed and awaiting bed availability (subject to limitations)
- C. Requested services excluded in the benefit documents or state specific contracts
- D. Requested services are defined as non-skilled or Custodial Care
- E. Respite care and convenience care (respite care relieves the caregiver of the need to provide services to the patient)
- F. 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
- G. Services that involve payment of family members or nonprofessional caregivers for services performed for the member (unless required by state contract)
- H. Services when the member does not meet criteria for Skilled Care services
- I. 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 <https://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:

- A. Member is on either a pressure or volume ventilator or CPAP continuously, AND
- B. 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
- C. 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.

Mountain Health Trust Guidelines:

All of the following information is required and must be submitted to the appropriate UMC within seven working days prior to the start of care date and recertification dates. NOTE: All clinical documentation, including the medication list, must be from the physician or APRN, not from the family/caregiver. The Plan of Care and nursing notes must also be maintained in the member's home.

- A. Physician (Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO)) or Advanced Practice Registered Nurse (APRN) Plan of Care (signed and dated) must include all of the following information on the Centers for Medicare and Medicaid Services (CMS) 485 form:
 - 1. Diagnosis and procedure;
 - 2. Medical history;
 - 3. Prognosis (include specific expectations for the member's diagnosis and condition);
 - 4. Approximate length of time PDN services will be needed;
 - 5. Medical justification for services requested, including orders;
 - 6. Documentation that the member is medically stable, except for acute episodes that PDN can manage.
- B. Nursing Plan of Care must include all of the following information on the CMS 485 form:
 - 1. Proposed start of care date;
 - 2. International Classification of Diseases (ICD) diagnosis and procedures codes;

3. Justification for skilled nursing services eight hours or more in a 24-hour period;
4. Description of needs must include interventions, measurable objectives and short- and longterm goals with time frames;
5. Medications new or changed including dose, frequency and route;
6. Technology dependent:
 - a. Ventilator dependent and one of the following:
 - i. Mechanical ventilator support is necessary for at least eight hours per day and not at maintenance level; or
 - ii. Oxygen supplementation for ventilator dependent members at or below an inspired fraction of 40% (FI_{O2} of 0.40).
 - b. Physician/APRN review required for:
 - i. Ventilator Dependent: if indicators above (6a1 or 6a2) are not met and member also requires one or more of the following indicators below (6b, 6c, 6d or 6e):
 - ii. Non-Ventilator Dependent: if one or more indicators below are required:
 - a. Non-ventilator: Tracheostomy care requires documentation of site appearance, type/frequency of wound care/dressing changes and description of any drainage around site. Also, record frequency of suctioning, including amount, color, consistency of secretions;
 - b. Oxygen: documentation required concerning rapid desaturation without oxygen;
 - c. Tube feedings: (NG tube, G-tube and J-tube) requires type and frequency of product given. Also includes bolus feeding or continuous infusion via pump;
 - d. Intravenous Infusions: Intravenous infusions, including Total Parenteral Nutrition (TPN), medications, and fluids require documentation of type of line, site, dose, frequency, and duration of infusion. Also record gravity or pump installation.
7. The PDN provider must document and maintain an effective infection control program that protects members, families, foster parents, visitors, and PDN personnel by preventing and controlling infections and communicable diseases.
8. The PDN provider must comply with all applicable federal, state, and local emergency preparedness requirements. The PDN Provider must establish, document, and maintain an emergency preparedness program for each member.
9. West Virginia PDN services out of state will be determined and authorized on a case by case basis - refer to [Chapter 300, Provider Participation Requirements, West Virginia RN Board for License Compact Information, West Virginia LPN Board, West](#)

Virginia State Plan Attachments 3.1-D.

10. The PDN provider cannot provide services for travel according to Chapter 524, Transportation.
11. Rehabilitation potential including functional limitations related to Activities of Daily Living (ADLs), types/frequency of therapies, and activity limitations per physician order.
12. Member must be residing in a home environment.
13. Social History: number, names, and relationship of family members to the member. List the family or foster family/in-home caregivers that are trained to care for the member with supplement of PDN and other health professionals.
14. Record the family's community support system and any transportation equipment.
15. Describe teaching, delegation, assignment of care and availability of PDN.
16. Equipment and supplies necessary for the member's care.
17. Acuity and Psychosocial Grid available on the PDN web page with score meeting one of the following:
 - a. 61 points and above: up to 24 hours per day immediately after discharge from a hospital or if there is a significant worsening or decline of condition;
 - b. 50-60 points: up to 16 hours per day immediately after discharge from a hospital or if there is a significant worsening or decline of condition;
 - c. 40-49 points: up to 12 hours per day immediately after discharge from a hospital or if there is a significant worsening or decline of condition; or
 - d. 30-39 points: eight hours per day, if the score is 24 or above on the Psychosocial Grid in conjunction with the 30-39 points on the Acuity Grid.
 - e. NOTE: Physician/APRN review is required if the information on the acuity is less than 30 or the psychosocial grid does not support the other clinical information provided.
18. Family or Foster Family/in-home caregiver must require all of the following:
 - a. Family or foster family/in-home caregiver must have at least one responsible person trained and fully able to care for the member in the home at all times that is not an employee of the PDN agency. Documentation of the demonstration by family or foster family/in-home caregiver of specific skills, including Cardiopulmonary Resuscitation (CPR) instruction and certification. A ventilator dependent member requires the availability of two or more trained caregivers that are not employees of the PDN agency;
 - b. Family or foster family/in-home caregiver ability to maintain a safe home environment;
 - c. Each member's home environment must have a documented emergency response plan that includes "emergency drills" performed by the family or foster family/in-home caregiver at least every six months;

- d. PDN provider must monitor and document caregiver’s compliance with emergency plan; and
 - e. Family or foster family/in-home caregiver will work toward maximum independence, including finding and using alternative resources as appropriate.
19. Home environmental must require all of the following:
- a. Adequate electrical power including back-up power system;
 - b. Adequate space for equipment and supplies; c. Adequate fire safety and adequate exits for medical and other emergencies;
 - c. Clean environment to the extent that the member’s life and health is not at risk;
 - d. Working telephone (e.g. land line, cell, or 911 phone) maintained in the home and available 24 hours a day;
 - e. Notification to power companies, fire department, and other pertinent agencies of the presence of a special needs person in the household, to ensure appropriate response in case of power outage or other emergency.

Non-Covered Services (MHT):

Private duty nursing services are not billable in the following situations:

- PDN services for members 21 years of age or older.
- Member is residing in a nursing facility, hospital, residential care facility, intermediate care facilities for individuals with intellectual developmental disabilities (ICF/IID) or personal care home at the time of delivery of PDN services.
- Care solely to allow the member’s family, foster family, or in-home caregiver to work, go to school, or to run errands. • Care solely to allow respite for member’s caregivers and/or family.
- Care at maintenance level. Care solely to allow vacation and/or vacation travel with family, foster family, or in-home caregiver within or outside the state of West Virginia.
- Only the agency authorized to provide the PDN services can bill. If the agency finds it necessary to subcontract services due to staffing needs, the services provided by the subcontractor are not reimbursable by Medicaid.
- No PDN (RN and/or LPN) shall work more than 16 hours in a 24- hour period in accordance with the [West Virginia Code Chapter 21.Labor. Article 5F. Nurse Overtime and Patient Safety Act](#).

For additional information on PDN services for MHT members please refer to the [WV BMS Policy Manual Chapter 532 Private Duty Nursing](#).

CODING:

HCPSC 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

HCPSC Code	Description
T1001	Nursing assessment/evaluation
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes
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 February 13, 2023. <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 February 13, 2023. <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. 11447. Baltimore, MD: CMS; Revised June 6, 2022. Accessed February 13, 2023. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>

West Virginia Department of Health and Human Resources - Bureau for Medical Services. Policy Manual Chapter 532 Private Duty Nursing. Revised May 1, 2020. Accessed February 13, 2023.

POLICY HISTORY:

Date:	Summary of Changes
4/20/2022	Revised statement regarding newly identified members requiring PDN.
2/22/2022	Annual review: Added SNF abbreviation to Skilled Nursing Facility definition. Reformatted policy. Added MHT specific criteria. Updated references, and revised hyper links.

DISCLAIMER:

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

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All Revision Dates

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