

PRIVATE DUTY NURSING SERVICES (PDN)

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- Related Commercial Policies**
 - [Home Hemodialysis](#)
 - [Skilled Care and Custodial Care Services](#)
- Community Plan Policy**
 - [Private Duty Nursing Services \(PDN\)](#)

INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Coverage Determination Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Coverage Determination Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Coverage Determination Guideline. Other Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

For self-funded plans with SPD language other than fully-insured Generic COC language, please refer to the member specific benefit plan document for coverage.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Indications for Coverage

Before using this guideline, refer to the member specific benefit plan document and any federal or state mandates to determine if the plan has an exclusion for Private Duty Nursing. If the plan has the exclusion for Private Duty Nursing, then the services are not eligible for coverage. When Private Duty Nursing is a covered benefit, please refer to the member specific benefit plan document for additional information regarding benefit coverage.

Requirements for Coverage

The services requested must meet all of the following:

- Be ordered and directed by the treating practitioner or specialist (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 services are:
 - Skilled Care services (refer to the Coverage Determination Guideline titled [Skilled Care and Custodial Care Services](#))
 - Required on a continuous basis rather than short term Intermittent Care
 - Subject to frequent reassessments and changes in treatment
 - Private Duty Nursing services provided in the Home
 - Not Custodial Care
- A written treatment plan and a letter of medical necessity must be submitted by the treating practitioner or specialist (M.D., D.O., P.A. or N.P) with the request for specific services and equipment; and
- Continuation of services requires documentation to support the need for ongoing treatment; and
- Private Duty Nursing Care services must be clinically appropriate and not more costly than alternative health services.

Please refer to the [Definitions](#) section below.

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

Plans may require the caregiver to provide a certain number of hours of care for the patient. Check the member specific benefit plan document or the federal or state mandate requirements for the maximum number of Private Duty Nursing hours.

Coverage Limitations and Exclusions

- Services beyond the plan benefits (hours or days)
- Requested services are excluded in the benefit documents or state specific contracts
- Requested services are defined as non-skilled or Custodial Care in the member specific benefit plan document (refer to the Coverage Determination Guideline titled [Skilled Care and Custodial Care Services](#), the member specific benefit plan document, or any federal or state mandate requirements)
- Respite care and convenience care unless mandated (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 or any federal or state mandate requirements

DEFINITIONS

Please check the member specific benefit plan document or any federal or state mandate language before using the definitions below; if definitions exist in the member specific benefit plan document, the specific definitions must be applied.

Custodial Care: Services that are any of the following non-Skilled Care services:

- Non-health-related services, such as help with daily living activities. Examples include eating, dressing, bathing, transferring and ambulating. Health-related services that that can safely and effectively be performed by trained non-medical personnel and are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function, as opposed to improving that function to an extent that might allow for a more independent existence.

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 either:

- Fewer than seven days each week.
- Fewer than eight hours each day for periods of 21 days or less.

Exceptions may be made in certain circumstances when the need for more care is finite and predictable.

Private Duty Nursing: Nursing care that is provided to a patient on a one-to-one basis by licensed nurses in an inpatient or Home setting when any of the following are true:

- No skilled services are identified.

- Skilled nursing resources are available in the facility.
- The Skilled Care can be provided by a Home Health Agency on a per visit basis for a specific purpose.
- The service is provided to a Covered Person by an independent nurse who is hired directly by the Covered Person or his/her family. This includes nursing services provided on an inpatient or home-care basis, whether the service is skilled or non-skilled independent nursing.

Skilled Care: Skilled nursing, skilled teaching, skilled habilitation and skilled rehabilitation services when all of the following are true:

- Must be delivered or supervised by licensed technical or professional medical personnel in order to obtain the specified medical outcome, and provide for the safety of the patient,
- Ordered by a Physician,
- Not delivered for the purpose of helping with activities of daily living, including dressing, feeding, bathing or transferring from a bed to a chair,
- Requires clinical training in order to be delivered safely and effectively,
- Not Custodial Care, which can safely and effectively be performed by trained non-medical personnel.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

HCPCS Code	Description
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes

REFERENCES

CMS Medicare Benefit Policy Manual, Chapter 7 Home Health Services @ <http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>. Accessed April 24, 2018.

Colorado Medicaid. Long Term in Home Care: <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1205745755264>. Accessed April 24, 2018.

Oversight Committee of North Carolina, Controlling the Cost of Medicaid Private Duty Nursing Services, December 10, 2008. Presenter Kieran McGorty, JD, PHD, Senior Program Evaluator.

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none"> • Updated definition of "Skilled Care" • Archived previous policy version CDG.017.06