

Private Duty Nursing (PDN) Services (for Florida Only)

Guideline Number: CS102FL.D

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Commercial Policy
<ul style="list-style-type: none"> Private Duty Nursing (PDN) Services

Application

This Coverage Determination Guideline only applies to the state of Florida.

Coverage Rationale

Requirements for Coverage

In accordance with ACHA PDN Services Coverage Policy, the following criteria must be met in order to approve coverage of private duty nursing services in the home:

- The member has a skilled need, and the services of the private duty nurse are for the sole purpose of meeting the skilled needs of the member
- Examples of skilled needs that require the services of the private duty nurse may include but are not limited to the criteria below. As an example, medical necessity for EPSDT/PDN services may be based upon, but may not be limited to, the following criteria:
 - A requirement for all of the following medical interventions:
 - Dependence on mechanical ventilation;
 - The presence of an active tracheostomy; and
 - The need for deep suctioning; or
 - A requirement for any of the following medical interventions:
 - The need for around-the-clock nebulizer treatments, with chest physiotherapy;
 - Gastrostomy feeding when complicated by frequent regurgitation and/or aspiration; or
 - A seizure disorder manifested by frequent prolonged seizures, requiring emergency administration of anti-convulsant
- Services that shall not, in and of themselves, constitute a need for PDN services, in the absence of the skilled nursing interventions listed above, shall include, but shall not be limited to:
 - Patient observation, monitoring, recording or assessment
 - Occasional suctioning
 - Seizure disorders controlled with medication and/or seizure disorders manifested by frequent minor seizures not occurring in clusters or associated with status epilepticus

For medical necessity clinical coverage criteria, see MCG™ Care Guidelines, [26th edition, 2022], Private Duty Nursing, PDN-2002 (HC).

Click [here](#) to view the MCG™ Care Guidelines.

Private Duty Nursing (PDN) Acuity Tool

Refer to the MCG™ Care Guidelines, [26th edition, 2022], Private Duty Nursing, PDN-2001 (HC) PDN Acuity Tool as a guideline to determine the number of hours of PDN services needed by the member.

Click [here](#) to view the MCG™ Care Guidelines.

Qualification for the PDN Benefit

UnitedHealthcare Community Plan (UHCCP) will coordinate PDN care to its members that meet Florida Administrative Code (F.A.C 59G-1.010) medical necessity criteria.

- Eligible recipients (AHCA PDN Services Coverage Policy) must meet both of the following criteria:
 - Eligible recipients must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy. Provider(s) must verify each recipient's eligibility each time a service is rendered.
 - Florida Medicaid recipients requiring medically necessary PDN services. Some services may be subject to additional coverage criteria.
- PDN services are covered and considered medically necessary for members requiring individual and continuous Skilled Care when ordered by the member's primary care and/or treating physician as part of a treatment plan and the member meets all of the following criteria:
 - Needs skilled care that exceeds the scope of intermittent care; and
 - Needs services that require the professional proficiency and skills of a licensed nurse (RN or LPN); and
 - Is unable to have their care tasks provided through intermittent care or self-directed care; and
 - Has a complex medical need and/or unstable medical condition that requires two (2) or more continuous hours of skilled care which can be safely provided outside an institution; and
 - Requires skilled care that is medically necessary for the member's disease, illness, or injury, as defined by the member's physician; and
 - Periodically reviewed treatment plan (at least every 60 days) updated by the treating physician
- UnitedHealthcare Community Plan may reimburse an enrolled home health agency provider for up to 40 hours per week, per recipient, for PDN services rendered by a parent or legal guardian who has a valid RN or LPN license in the state of Florida, and who is employed by the home health agency. The initial assessment and all subsequent plans of care (POC) recertification assessment must be completed by an RN who is employed by the home health agency provider and who is not a relative or member of the recipient's household. Any other authorized service hours must be provided by a non-relative RN or LPN (AHCA PDN Services Coverage Policy).

Coverage Limitations and Exclusions

- Requested services to provide childcare, companion/custodial care, monitoring, housekeeping, activities of daily living, respite care, or comprehensive care management
- Requested services for respite care to facilitate the parent or legal guardian attending to personal matters

Documentation Requirements

Initial Request for Authorization

Initial service requests must be submitted with all of the following specific clinical documentation that supports medical necessity:

- Anticipated CMS-485 Home Health Certification that includes plan of care or order for PDN services signed by a physician (M.D. or D.O.); and
- A comprehensive assessment of the member's health status including documentation of the skilled need and medication administration record
 - Most recent well child check or adult office visit note from the member's primary care physician (must be actual clinical notes, not aftercare summaries), if applicable

- Most recent office visit note from subspecialist is required if PDN request includes subspecialty care (For example: Pulmonology note for members on a ventilator, C-PAP, BiPAP or who require respiratory care; Gastroenterology note for members who are fed parenterally; Neurology note for members with uncontrolled seizures); and
- Most recent office visit note from the physician who ordered PDN services (if not the primary care physician or subspecialist note described above)
- Medication list
- Discharge summary or recent progress note and Medication Administration Record if member is being discharged from an inpatient setting. If member is requesting PDN for discharge from inpatient setting, the well child check and subspecialist visit notes are not required.
- An assessment of the scope and duration of PDN services to be provided
- An assessment of the available support system including an assessment of the following:
 - The member's home environment (or setting outside of the member's home in which the services would be provided) and available support system which includes:
 - Description of the home environment for safety and adequacy for care of member including any identified durable medical equipment needs
 - Documentation regarding member's school attendance, if applicable, including:
 - Time of arrival and departure
 - Who provides care while at school
 - Number of private duty nursing hours received at school
 - Primary caregiver's work schedule, as applicable for EPSDT

Renewal of Services

- All private duty nursing must be recertified at a minimum of 90-day intervals or as clinically indicated by the Care Manager or UnitedHealthcare Community Plan staff person and the PDN nursing agency
- The following information must be included in the request for recertification:
 - UnitedHealthcare Community Plan PDN Prior Authorization Request signed by the member's physician which includes the:
 - Member's name and demographic information
 - Member's diagnosis(es)
 - Ordering physician's (or provider's) name and demographic information
 - Beginning date of private duty nursing and number of hours provided
 - Documentation of continued need for private duty nursing from the ordering physician and the nursing agency providing care. Clinical documentation required to support medical necessity includes:
 - CMS-485 Home Health Certification which includes the Plan of Care signed by a physician (M.D. or D.O.); and
 - Nurses' notes, logs, and daily care flow sheets for 14 consecutive days within the most current three (3) weeks preceding the request; and
 - Verification of primary caregiver's employment schedule annually, as applicable for EPSDT
 - Additional documentation clarifying clinical status (such as well child check and/or specialist visit notes, seizure log, and ventilator, BIPAP, CPAP logs) may be requested if clinical documentation provided does not support the hours requested

Transition of Services

If a member is transitioning from another health plan and is already receiving PDN services, then the PDN services will be covered until the end of the required continuity of care period. In order to continue receiving PDN services after this period ends, all of the following additional documentation must also be submitted before the end of the required continuity of care period, as defined in Article 4 of the Contract:

- Evidence that the member is already receiving PDN services that were approved by their previous plan; and
- CMS-485 Home Health Certification which includes the plan of care signed by a physician (M.D. or D.O.); and
- Nurses' notes, logs, and daily care flow sheets for 14 consecutive days within the most current three (3) weeks preceding the request or if member has been receiving PDN for less than 3 weeks, please send all available notes; and
- Additional documentation clarifying clinical status (such as well child check and/or specialist visit notes, seizure log, and ventilator, BIPAP, CPAP logs) may be requested if clinical documentation provided does not support the hours requested
- Verification of primary caregiver's employment schedule annually, as applicable for EPSDT

Definitions

Check the definitions within the member benefit plan document that supersede the definitions below.

Primary Caregiver: An adult relative or significant other adult, at least 18 years of age, who resides with the beneficiary and accepts 24-hour responsibility for the health and welfare of the beneficiary. For the beneficiary to receive private duty nursing services, the primary caregiver must reside with the beneficiary.

Private Duty Nursing (PDN) Services: Services that provide medically necessary skilled nursing to recipients whose medical condition, illness, or injury requires the care to be delivered in their home or in the community (AHCA PDN Services Coverage Policy).

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 policy 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 federal, state, or contractual requirements 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 Guidelines may apply.

HCPCS Code	Description
S9123	Nursing care, in the home; by registered nurse, per hour
S9124	Nursing care, in the home; by licensed practical nurse, per hour

References

Florida Medicaid. Private Duty Nursing Services Coverage Policy. Agency for Health Care Administration. Nov 2016.
https://ahca.myflorida.com/medicaid/review/Specific/59G-4-261_Private_Duty_Nursing_Services_Coverage_Policy.pdf.
(Accessed June 8, 2021)

Guideline History/Revision Information

Date	Summary of Changes
05/01/2022	Coverage Rationale <ul style="list-style-type: none">Replaced references to “MCG™ Care Guidelines, [25th edition, 2021], Private Duty Nursing” with “MCG™ Care Guidelines, [26th edition, 2022], Private Duty Nursing” Supporting Information <ul style="list-style-type: none">Archived previous policy version CS102FL.C

Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right 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 InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination 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.