

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

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[Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> Home Health Care Services (for Nebraska Only) Home Hemodialysis

Application

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

Coverage Rationale

Requirements for Coverage

Private Duty Nursing (PDN) services (also known as Extended Hour Nursing 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 four (4) or more continuous hours of Skilled Care which can be safely provided outside an institution; and
- Requires ongoing and frequent skilled interventions that are Medically Necessary for the member’s disease, illness, or injury; and
- Has family or other appropriate support that has the ability and availability to be trained to care for the member and assume a portion of the care (Note: The intent of PDN services is to support, not replace, the caregiver); and
- Periodically reviewed Treatment Plan (no more frequently than every 60 days) updated by the treating physician; and
- The services are more cost-effective in the Home than in an alternative setting such as a hospital or a facility that provides Skilled Care (Note: Please refer to federal, state or contractual requirements for benefit coverage, as applicable) and
- Delaying skilled intervention directly impacts the health status of the member, due to the risk of sudden decompensation in the absence of direct ongoing nursing care (not observation).

Coverage Limitations and Exclusions

- Requested services are defined as non-Skilled Care or Custodial Care in the member’s state contractual language such as but not limited to:
 - Members who are on continuous or bolus nasogastric (NG) or gastrostomy tube (GT) feedings and do not have other Skilled Care needs (Note: Transition after discharge from an inpatient setting to the Home may be considered Medically Necessary for these members when there is a need to train the member’s family or caregiver to administer

- the NG or GT feedings or the enteral feeding associated with frequent regurgitation and aspiration);
- PDN services become maintenance or Custodial Care and not Medically Necessary when any one of the following situations occur:
 - Medical and nursing documentation shows that the member's condition is stable/predictable/controlled and that a licensed nurse is not required to monitor the condition (Note: routine monitoring in case an intervention is required is not considered skilled care.
 - The Plan of Care does not require a licensed nurse to be in continuous attendance; and/or
 - The Plan of Care does not require hands-on nursing interventions (Note: Observation in case an intervention is required is not considered Skilled Care)
- The following are examples of services that do not require the skill of a licensed nurse and therefore do not meet the Medical Necessity requirements for PDN services:
 - Observation of a member. Routine monitoring is not considered skilled care.
 - Any duplication of care which is already provided by supply or infusion companies
 - Care for known seizure disorders with clinically insignificant seizure activity
 - Typically, not medically necessary and does not require skilled nursing care
 - Private duty nursing may be considered medically necessary for individuals with a seizure disorder manifested by prolonged seizures which require emergent administration of anticonvulsant medication
 - Care of an established colostomy/ileostomy
 - Care of an established gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings
 - Care of an established indwelling bladder catheter (including emptying/changing containers and clamping tubing)
 - Chronic care and monitoring of an established tracheostomy with or without intermittent suctioning
 - In the event a member has high potential risk of clinical airway obstruction and is unable to alert for assistance in the case of dislodgement or malfunction of the tracheostomy, PDN may be covered if an alternate awake/alert caregiver is not available on a case-by-case basis. Assessment of high potential risk must be documented at least annually by a specialty physician and objective evidence of airway pathology provided (sleep study, bronchoscopy, etc.) documented at least every 2 years.
 - Help with daily living activities, such as but not limited to walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating or preparing foods
 - Institutional care, including room and board for rest cures, adult day care and convalescent care
 - Adult (or child) day care or convalescent care
 - Routine administration of maintenance medications including insulin [this applies to oral (PO), subcutaneous (SQ) and intramuscular (IM) medications]
 - Routine patient care such as changing dressings, periodic turning and positioning in bed, administering oral medications
 - Watching or protecting a member
- Requested services are excluded in the state specific contracts
- Respite care unless mandated or as noted below (Note: Respite care relieves the caregiver of the need to provide services to the member.)
 - For those who are receiving medically necessary extended hour nursing services and have complex medical needs and/or unstable medical conditions that require skilled care from a professional with proficiency and skills of a licensed nurse (RN or LPN), respite hours may be considered on a case-by-case basis.
- Services beyond the plan benefits (hours or days) or member is no longer eligible for benefits under the state contract
- Services involve payment of family members or non-professional caregivers for services performed for the member unless required by state contract

Documentation Requirements

Initial Request for Authorization

Initial service requests of PDN services (i.e., the first-time member is requesting services with UnitedHealthcare for PDN services) must be submitted with all of the following clinical documentation:

- Home Health Certification and Plan of Care, such as a CMS-485 form, signed by a physician (M.D. or D.O.); and
- A comprehensive assessment of the member's health status including but not limited to documentation of the Skilled Care need and medication administration record; and
- Discharge summary or recent progress note if member is being discharged from an inpatient setting (Note: If member is requesting PDN services for discharge from inpatient setting, subspecialist visit notes are not required); and

- Consultation notes if the member is receiving services from subspecialist; and
- An assessment of the scope and duration of PDN services being requested; and
- An assessment of the available support system must include but not limited to the following:
 - Availability of the member's primary caregiver; and
 - Ability of the member's primary caregiver to provide care; and
 - School attendance and availability of coverage for services by school district, if applicable; and
 - Primary caregiver's work schedules, as applicable

Additional documentation clarifying clinical status (such as well child check and/or specialist visit notes) may be requested if clinical documentation provided does not clearly support the hours being requested.

Renewal of Services

Requests for renewal of PDN services (i.e., any request for PDN services subsequent to the initial request for PDN services made to UnitedHealthcare) will require submission of all of the following specific clinical documentation to support Medical Necessity:

- Home Health Certification and Plan of Care (CMS-485) form signed by a physician (M.D. or D.O.); and
- Nurses' notes, logs, and daily care flow sheets; and
- Verification of primary caregiver's employment schedule annually, as applicable

Transition of Services

If a member is transitioning from another health plan and is already receiving PDN services, then all of the following documentation must be submitted before the end of the required continuity of care period:

- Home Health Certification and Plan of Care (CMS-485) signed by a physician (M.D. or D.O.); and
- Nurses' notes, logs, and daily care flow sheets; and
- Verification of primary caregiver's employment schedule annually, as applicable

Additional documentation for renewal and transition of services 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 clearly support the hours being requested.

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.

Primary Caregiver Responsibility

The state of Nebraska requires family or other appropriate support to have the ability and availability to be trained to care for the member and assume a portion of the care as the intent of PDN services is to support, not replace, the caregiver.

Services that can be provided safely and effectively by a non-clinically trained person do not qualify as Skilled Care due solely to the unavailability of a non-Skilled Care primary caregiver, such as but not limited to when:

- The primary caregiver is identified as available and able, but is not willing to provide care to the member;
- Placement of a nurse in the Home is for the convenience of the member's family and/or primary caregiver, including solely to allow the member's family and/or primary caregiver to go to work or school; and/or
- There is no person available to assume the role of primary caregiver

Also, the member must have one primary caregiver willing and able to accept responsibility for the member's care when the nurse is not available. If family/primary caregiver cannot or will not accept responsibility for the care, PDN will not be authorized as this is deemed an unsafe environment in which to provide PDN services.

Definitions

Check the member specific benefit plan document or any applicable federal or state contractual or regulatory requirements. In the event of a conflict, the federal, state, or contractual definitions for benefit plan coverage supersede this Coverage

Determination Guideline.

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 but are not limited to eating, dressing, bathing, transferring, and ambulating.
- Health-related services 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.

Extended Hour Nursing Services: Provision of continuous skilled nursing care from Registered Nurses (RNs) or Licensed Practical Nurses (LPNs), either via a home health agency or through private duty nursing. Extended-hour nursing services are authorized only when the client's care needs must be provided by skilled nursing personnel in the absence of the caregiver or parents. Children must have documented medical needs, which cannot be met by a traditional childcare provider system.

- Nursing coverage at night: Caregivers or families may be eligible for night hours if the client requires procedures on an ongoing basis throughout the night hours. As used in this policy, night hours refer to the period after the client has gone to bed for the day. Day and evening hours refer to the period of time before the client goes to bed for the day. Night hours will be authorized only if the monitoring and treatments cannot be accomplished during day and evening hours. The medical necessity for monitoring and treatments during the night hours must be reflected in the physician's orders and nursing notes.

High potential risk of clinical airway obstruction is determined by a number of factors including, age, size of trach, degree of airway obstruction, underlying airway pathology, and comorbid conditions. Objective evaluation of high potential risk for clinical airway obstruction includes but is not limited to bronchoscopy, sleep study, or specialty evaluation.

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 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.

Medically Necessary (or Medical Necessity): Health care services that are all of the following as determined by us or our designee:

- In accordance with Generally Accepted Standards of Medical Practice
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your sickness, injury, mental illness, substance-related and addictive disorders, disease or its symptoms
- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your sickness, injury, disease, or symptoms

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials.

If no credible scientific evidence is available, then standards that are based on physician specialty society recommendations or professional standards of care may be considered. We have the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

We develop and maintain clinical policies that describe the *Generally Accepted Standards of Medical Practice* scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services. These clinical policies (as developed by us and revised from time to time) are available to members on www.myuhc.com or the telephone number on your ID card. They are also available to physicians and other health care professionals on www.UHCprovider.com.

Plan of Care: Written instructions detailing how the member is to be cared for. The plan is initiated by the private duty nurse or nursing agency with input from the prescribing physician and is the basis of the ongoing care of the member by the private duty nurse.

Private Duty Nursing: Provision of continuous Skilled Care from Registered Nurses (RNs) or Licensed Practical Nurses (LPNs) in an individual's Home under the direction of the member's physician.

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 but not limited to dressing, feeding, bathing, or transferring from bed to a chair;
- Requires clinical training in order to be delivered safely and effectively; and
- Not Custodial Care, which can safely and effectively be performed by trained non-medical personnel

Treatment Plan: Treatment plan includes all of the following:

- Diagnosis
- Proposed treatment by type, frequency, and expected duration of treatment
- Expected treatment goals
- Frequency of treatment plan updates

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 Coverage Determination 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
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
T1030	Nursing care, in the Home, by registered nurse, per diem
T1031	Nursing care, in the Home, by licensed practical nurse, per diem

References

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Colorado Medicaid. Long Term in Home Care <https://www.colorado.gov/pacific/hcpf/long-term-services-and-supports-programs>. Accessed January 28, 2021.

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North Carolina Division of Medical Assistance. Clinical Coverage Policy 3G-1: Private Duty Nursing for Beneficiaries Age 21 and Older. 2019: https://files.nc.gov/ncdma/documents/files/3G-1_2.pdf. Accessed January 28, 2021.

North Carolina Division of Medical Assistance. Clinical Coverage Policy 3G-2: Private Duty Nursing for Beneficiaries Under 21 Years of Age. 2019: https://files.nc.gov/ncdma/documents/files/3G-2_1.pdf. Accessed January 28, 2021.

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Guideline History/Revision Information

Date	Summary of Changes
07/01/2022	Related Policies <ul style="list-style-type: none">Updated reference link to the Medical Policy titled <i>Home Hemodialysis</i>
05/01/2022	Coverage Rationale <ul style="list-style-type: none">Replaced reference 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 CS102NE.J

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.