

Private Duty Nursing (PDN) Services (for New Jersey Only)

Guideline Number: CS102NJ.E

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[Instructions for Use](#)

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Related Policies

- [Home Health, Skilled, and Custodial Care Services \(for New Jersey Only\)](#)
- [Home Hemodialysis \(for New Jersey Only\)](#)

Application

This Coverage Determination Guideline only applies to the state of New Jersey.

Coverage Rationale

Requirements for Coverage

For medical necessity clinical coverage criteria, refer to the MCG[™] Care Guidelines [27th edition, 2023], Private Duty Nursing, PDN-2001 (HC).

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

Private Duty Nursing (PDN) Acuity Tool

Refer to the MCG[™] Care Guidelines [27th edition, 2023], 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.

Primary Caregiver Responsibility

The following criteria must be met in order to approve coverage of private duty nursing services in the home:

- The Member resides with an adult who is willing and able to act as the member's primary caregiver and who accepts 24-hour responsibility for the member and agrees to be trained or has been trained in the care of the Member; **and**
- 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 (N.J.A.C. 10:60-5.3 and 10:60-5.8)

Qualification for the PDN Benefit

Members must qualify for the PDN benefit:

- Members under 21 years of age who live in the community requiring PDN as a result of an EPSDT screen or who are MLTSS-qualified are eligible for PDN care as medically necessary (N.J.A.C. 10:60-5.4 and 10:60-5.8)

- The presence or absence of alternative care, such as medical day care and/or nursing/skilled services provided by the child's school/day program and/or nursing services provided by another payor, shall be identified, and recorded, and those hours shall be deducted from the total hours of EPSDT/PDN services to be authorized (N.J.A.C. 10:60-5.5.d.)
- Members age 21 years of age or older: Private Duty Nursing shall be a covered service only for those beneficiaries enrolled in MLTSS or the DDD Supports Plus PDN (SPPDN) Program. Members who meet the medically necessary criteria can receive PDN services
 - Under MLTSS, when payment for private duty nursing services is being provided or paid for by another source, MLTSS shall supplement payment up to 16 hours per 24-hr period [N.J.A.C. 10:60-5.9(b)]
 - Private Duty Nursing Services rendered during hours when the Member's normal activities take him or her outside the home will be covered. Private Duty Nursing services solely to be used when attending school or other activities and not needed in the home are not covered by UnitedHealthcare Community Plan [N.J.A.C. 10:60-5.9(a)1]
 - The presence or absence of alternative care, such as medical day care and/or nursing/skilled services provided by the member's day program and/or PCS will be taken into consideration when determining the PDN award
 - For MLTSS and SPPDN members for which PDN care is medically necessary, the maximum daily services that can be received, including PDN from other sources and alternative sources of nursing care, beyond the 8-hour coverage requirement of the primary caretaker, is 16 hours per day [N.J.A.C. 10:60-5.9(f)]
- Private Duty Nursing is not authorized for providing childcare, companion/custodial care, monitoring, housekeeping, activities of daily living, respite care, or comprehensive care management. Services are not authorized for the convenience of the member's primary caregiver [N.J.A.C. 10:60-3.8(c)]
- Family members of beneficiaries receiving EPSDT PDN services that are licensed as a RN or LPN in the State of New Jersey may be employed by the agency authorized to provide PDN services to the beneficiary for up to 8 hours per day, 40 hours per week. The family member of the beneficiary may not serve as the supervising RN responsible for developing the treatment plan for the beneficiary. The agency employing the family member is responsible to ensure that the PDN services are properly provided and meet all agency standards and regulatory requirements [N.J.A.C. 10:60-5.1(c)]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)/Private Duty Nursing (PDN)

- **Medical necessity for EPSDT/PDN services shall be based upon, but may not be limited to, the either of 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-convulsants [N.J.A.C. 10:60-5.4(b)]
- The following situational criteria shall be considered when determining the extent of the need for EPSDT/PDN services and the authorized hours of service:
 - Available primary care provider support:
 - Determining the level of support should take into account any additional work related or sibling care responsibilities, as well as increased physical or mental demands related to the care of the beneficiary;
 - Additional adult care support within the household; and
 - Alternative sources of nursing care [N.J.A.C. 10:60-5.4(c)]
- 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;
 - Gastrostomy feedings, unless complicated as described [above](#); and
 - Seizure disorders controlled with medication and/or seizure disorders manifested by frequent minor seizures not occurring in clusters or associated with status epilepticus [N.J.A.C. 10:60-5.4(d)]
- Private Duty Nursing shall be a covered service only for those beneficiaries covered under EPSDT/PDN
 - Private duty nursing services shall not include respite or supervision or serve as a substitution for routine parenting tasks [N.J.A.C. 10:60-5.4(f)]

- In the event that two Medicaid/NJ FamilyCare beneficiaries are receiving PDN services in the same household, the family may elect to have one nurse provide services for both children. The agency providing the nursing services shall document that having one nurse does not pose a health risk to either beneficiary in the plan of care which shall be signed by the physician. At no time shall a nurse provide care for more than two beneficiaries at the same time in a single household [N.J.A.C. 10:60-5.4(g)]

Coverage Limitations and Exclusions

- Requested services to provide childcare, companion/custodial care, monitoring, housekeeping, activities of daily living, respite, or comprehensive care management;
- Requested services for the convenience of the member's primary caregiver; and
- Respite or supervision or serve as a substitution for routine parenting tasks (N.J.A.C. 10:60-5.4F)

MLTSS/PDN & DDD Supports Plus/PDN (SPPDN)

- **Medical necessity for MLTSS/PDN & SPPDN services shall be based upon 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;
 - A seizure disorder manifested by frequent prolonged seizures, requiring emergency administration of anti-convulsants; or
 - The need for other skilled nursing interventions on an ongoing basis [N.J.A.C. 10:60-5.9(d)]
- Medical interventions that shall not, in and of themselves, constitute a need for MLTSS/PDN & SPPDN services, in the absence of the skilled nursing interventions listed [above](#), shall include, but shall not be limited to:
 - Beneficiary observation, monitoring, recording, or assessment;
 - Occasional suctioning;
 - Gastrostomy feedings, unless complicated as described [above](#); and
 - Seizure disorders controlled with medication and/or seizure disorders manifested by frequent minor seizures not occurring in clusters or associated with status epilepticus [N.J.A.C. 10:60-5.9(e)]
- The following situational criteria shall be considered when determining the extent of the need for MLTSS/PDN & SPPDN services in addition to the primary caregiver(s) eight-hour responsibility and the authorized hours of service:
 - Available primary care provider support:
 - Determining the level of support should take into account any additional work related or dependent(s) care responsibilities, as well as increased physical or mental demands related to the care of the individual;
 - Additional adult care support within the household; and
 - Alternative sources of nursing care [N.J.A.C. 10:60-5.9(f)]
- In the event that two Medicaid/NJ FamilyCare MLTSS or SPPDN beneficiaries are receiving PDN services in the same household, the beneficiary or legal guardian may elect to have one nurse provide services for both beneficiaries. The agency providing the nursing services shall document that having one nurse does not pose a health risk to either beneficiary in the plan of care, which shall be signed by the physician. At no time, shall a nurse provide care for more than two beneficiaries at the same time in a single household [N.J.A.C. 10:60-5.9(g)]

Documentation Requirements

Initial Request for Authorization

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

- CMS-485 Home Health Certification that includes Plan of Care signed by a physician (M.D. or D.O.);
- A comprehensive assessment of the member's health status including documentation of the skilled need and medication administration record and all of the following:
 - 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);

- Most recent office visit note from subspecialist is required if PDN request includes subspecialty care (for example: pulmonology note for members on a ventilator, CPAP, bi-level PAP or who require respiratory care; gastroenterology note for members who are fed parenterally; neurology note for members with uncontrolled seizures);
- 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; and
- 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:
 - An assessment of 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;
 - For EPSDT/PDN: Description of the ability and availability of the parents or legal guardian, or willing family members or other willing caregivers including non-parental/guardian adults to be trained to care for the member to provide services including, but not limited to, any of the following: routine tube feedings, bladder catheterizations, tracheostomy care, routine maintenance of colostomies and ileostomies;
 - For MLTSS/PDN & SPPDN: The adult primary caregiver must be trained in the care of the individual and agree to meet the beneficiary's skilled needs during a minimum of eight hours of care to the individual during every 24-hour period (N.J.A.C. 10:60-5.9.c.2)
 - Documentation regarding member's school attendance, if applicable, including:
 - Time of arrival and departure;
 - Who provides care while at school; and
 - Number of private duty nursing hours received at school

Renewal of Services

All private duty nursing must be recertified at a minimum of 90-day intervals or as clinically indicated. 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 all of the following:
 - 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
 - Additional documentation clarifying clinical status (such as well child check and/or specialist visit notes, seizure log, and ventilator, bi-level PAP, CPAP logs) may be requested if clinical documentation provided does not support the hours requested
- Optional letter of medical necessity can be submitted by the physician as supplemental information

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:
 - Evidence that the member is already receiving PDN services that were approved by their previous plan
 - CMS-485 Home Health Certification which includes the Plan of Care signed by a physician (M.D. or D.O.)
 - Nurses' notes, logs, and daily care flow sheets for 14 consecutive days within the most current three (3) weeks preceding the request; and

- Additional documentation clarifying clinical status (such as well child check and/or specialist visit notes, seizure log, and ventilator, bi-level PAP, CPAP logs) may be requested if clinical documentation provided does not support the hours requested

In-State and Out-of-State (OOS) PDN Requests for Students Temporarily Residing Outside of the Permanent NJ Residence

Requests for PDN made by members who are temporarily residing outside of the permanent residence to attend school (i.e., college and graduate students) in or out of the State of New Jersey will be considered once the following documentation is provided:

- A notarized letter from the member/current primary caregiver(s) confirming the name(s) of the responsible adult party/parties residing with member while away at school. Letter should affirm:
 - The impending responsible adult person(s) is/are willing to take responsibility for member's health and well-being while away at school 24 hours per day, 7 days per week
 - The person(s) will be residing in the home with the member daily
 - The person(s) is/are willing and able to provide a minimum of 8 hours of the member's care in a 24-hour period daily for members over 21 years old
 - The person(s) is/are trained (or are willing to be so) to care for the member's current and future health needs, including any equipment being used regularly by the member
 - The temporary place of residence can accommodate the member, the necessary equipment, the caregiver(s), and a private duty nurse and/or PCA
- A notarized letter from each future responsible adult caregiver named in the aforementioned notarized letter (if different from the current primary caregiver) or those who the current primary caregiver(s) assign to perform their duties on their behalf (i.e., proxy caregivers). Each letter should affirm that the future primary caregivers/proxy caregivers understand and accept the responsibility of the member in the absence of the current primary caregivers and all that entails, including:
 - Understanding and acceptance of the responsibility of member's health and well-being while member is away at school 24 hours per day, 7 days per week and all it entails;
 - That they will be/are residing with the member while in school;
 - That they are trained or are being trained in member's current and future health care needs;
 - That they are willing to provide hands on care to the member as necessary
- Lease (preferably if member and/or one of the caregiver's names are on it) or confirmation from the university of acceptance in an on-campus dormitory
- POA/attestation by member regarding responsible party for discussing with and making decisions regarding his healthcare

This documentation is in addition to the clinical information necessary to make a determination.

This documentation must be resubmitted to the Health Plan annually or more often if necessary as long as:

- The member resides outside of his/her permanent address; and
- The member requests PDN from UnitedHealthcare Community Plan of New Jersey

Definitions

Check the federal, state, or contractual definitions that supersede the definitions below.

Primary Caregiver: 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 under MLTSS, SPPDN or EPSDT, the primary caregiver must reside with the beneficiary. For the beneficiary to receive Private Duty Nursing services under MLTSS/PDN or SPPDN only, they must also provide a minimum of eight hours of care to the beneficiary in any 24-hour period.

Private Duty Nursing (PDN) Services: The purpose of Private Duty Nursing services is to provide individual and continuous nursing care, as different from part-time intermittent care, to beneficiaries who exhibit a severity of illness that requires complex skilled nursing interventions on a continuous ongoing basis. PDN services are provided by licensed nurses in the home to beneficiaries receiving managed long-term support services (MLTSS) or enrolled in DDD Supports Plus (SPPDN) program, as well as eligible EPSDT beneficiaries [N.J.A.C. 10:60-5.1(b)].

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.

HCPSC Code	Description
T1000	Private duty/independent nursing service(s) – licensed, up to 15 minutes
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes

References

New Jersey Administrative Code Title 10. Human Services, Chapter 60. Home Care Services, Subchapter 5. Private Duty Nursing (PDN) Services (N.J.A.C. 10:60–5.1 – 10:60-5.11). Accessed July 27, 2021.

Guideline History/Revision Information

Date	Summary of Changes
09/01/2023	<p>Coverage Rationale</p> <ul style="list-style-type: none">Replaced references to “MCG™ Care Guidelines [26th edition, 2022], Private Duty Nursing” with “MCG™ Care Guidelines [27th edition, 2023], Private Duty Nursing” <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version CS102NJ.D

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.