

# Private Duty Nursing (PDN) Services

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[➔ Instructions for Use](#)

Table of Contents	Page
<a href="#">Application</a> .....	1
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Additional State Considerations</a> .....	3
<a href="#">Definitions</a> .....	4
<a href="#">Applicable Codes</a> .....	5
<a href="#">References</a> .....	5
<a href="#">Guideline History/Revision Information</a> .....	6
<a href="#">Instructions for Use</a> .....	6

<b>Related Community Plan Policies</b>
<ul style="list-style-type: none"> <li><a href="#">Home Health Care</a></li> <li><a href="#">Home Hemodialysis</a></li> <li><a href="#">Skilled Care and Custodial Care Services</a></li> </ul>
<b>Commercial Policy</b>
<ul style="list-style-type: none"> <li><a href="#">Private Duty Nursing (PDN) Services</a></li> </ul>

## Application

This Coverage Determination Guideline only applies to California, District of Columbia, Hawaii, Kansas, Maryland, Missouri, Ohio, Rhode Island, and Wisconsin.

Refer to the guidelines listed below for the following states:

State	Policy/Guideline
Florida	<a href="#">Private Duty Nursing (PDN) Services (for Florida Only)</a>
Kentucky	<a href="#">Private Duty Nursing (PDN) Services (for Kentucky Only)</a>
Mississippi	<a href="#">Private Duty Nursing (PDN) Services (for Mississippi Only)</a>
Nebraska	<a href="#">Private Duty Nursing (PDN) Services (for Nebraska Only)</a>
New Jersey	<a href="#">Private Duty Nursing (PDN) Services (for New Jersey Only)</a>
North Carolina	<a href="#">Private Duty Nursing (PDN) Services (for North Carolina Only)</a>

## Coverage Rationale

### Requirements for Coverage

[Private Duty Nursing](#) (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 four (4) 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
- 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: Refer to federal, state, or contractual requirements for benefit coverage, as applicable)

## 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);
  - 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;
    - 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:
    - Any duplication of care which is already provided by supply or infusion companies
    - 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)
    - Care of an established tracheostomy (including intermittent suctioning)
    - 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
    - Respite 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 and convenience care unless mandated (Note: Respite care relieves the caregiver of the need to provide services to the member)
- 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 (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.

## **Additional State Considerations**

State	State Considerations
California, Kansas, Maryland, Ohio, Rhode Island, Wisconsin	<p><b>PDN Acuity Tool</b></p> <p>Refer to the MCG™ Care Guidelines, [26<sup>th</sup> 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.</p> <p>Click <a href="#">here</a> to view the MCG™ Care Guidelines.</p>
Hawaii, Maryland, Missouri, Rhode Island	<p><b>Primary Caregiver Responsibility</b></p> <p>These states require 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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>● The primary caregiver is identified as available and able, but is not willing to provide care to the member;</li> <li>● 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</li> <li>● There is no person available to assume the role of primary caregiver</li> </ul> <p>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.</p>

# 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.

**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](http://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](http://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 Guidelines may apply.

HCPCS Code	Description
T1000	Private duty/independent nursing service(s) – licensed, up to 15 minutes
The following PDN codes may be applicable based on the state contract and/or Medicaid Fee Schedule:	
S9123	Nursing care, in the Home; by registered nurse, per hour
S9124	Nursing care, in the Home; by licensed practical nurse, per hour
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

CMS Medicare Benefit Policy Manual, Chapter 7 Home Health Services @

<http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>. Accessed June 8, 2021.

Colorado Medicaid. Long Term in Home Care <https://hcpf.colorado.gov/long-term-services-and-supports-programs>. Accessed June 8, 2021.

Electronic Code of Federal Regulations, 440.80 Private duty nursing services: [https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=226da21251cc22ef2edf285162cf73e3&ty=HTML&h=L&mc=true&r=SECTION&n=se42.4.440\\_180](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=226da21251cc22ef2edf285162cf73e3&ty=HTML&h=L&mc=true&r=SECTION&n=se42.4.440_180)

MoHealth Net. Private Duty Nursing Manual. 2017: [http://manuals.momed.com/collections/collection\\_pdn/print.pdf](http://manuals.momed.com/collections/collection_pdn/print.pdf). Accessed June 8, 2021.

North Carolina Division of Medical Assistance. Clinical Coverage Policy 3G-1: Private Duty Nursing for Beneficiaries Age 21 and Older. 2017: [https://files.nc.gov/ncdma/documents/files/3G-1\\_1.pdf](https://files.nc.gov/ncdma/documents/files/3G-1_1.pdf). Accessed June 8, 2021.

North Carolina Division of Medical Assistance. Clinical Coverage Policy 3G-2: Private Duty Nursing for Beneficiaries Under 21 Years of Age. 2017: [https://files.nc.gov/ncdma/documents/files/3G-2\\_1.pdf](https://files.nc.gov/ncdma/documents/files/3G-2_1.pdf). Accessed June 8, 2021.

Oregon Administrative Rules. 410.132: Private Duty Nursing Services Administrative Rulebook. 2015:  
<https://www.oregon.gov/oha/HSD/OHP/Pages/Policy-PDN.aspx>. Accessed June 8, 2021.

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	Summary of Changes
05/01/2022	<p><b>Additional State Considerations</b> <i>California, Kansas, Maryland, Ohio, Rhode Island, and Wisconsin</i></p> <ul style="list-style-type: none"><li>Replaced reference to “MCG™ Care Guidelines, [25<sup>th</sup> edition, 2021], Private Duty Nursing” with “MCG™ Care Guidelines, [26<sup>th</sup> edition, 2022], Private Duty Nursing”</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Archived previous policy version CS102.O</li></ul>

## 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.