

Private Duty Nursing Services (for New Jersey Only)

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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 Medical Policy only applies to the State of New Jersey.

Coverage Rationale

Private Duty Nursing services with **Skilled Care** are covered in certain circumstances. These services are covered according to the federal, state, and contractual requirements and only when meeting the definition of **Skilled Care** below.

Once the coverage for **Skilled Care** has been established, for the number of Private Duty Nursing hours, refer to the InterQual® LOC: Home Care Q & A, Private Duty Nursing (PDN) Assessment.

[Click here to view the InterQual® criteria.](#)

State-Specific Criteria

Primary Caregiver Responsibility

The following criteria must be met in order to approve coverage of Private Duty Nursing services in the home:

- There is a capable adult primary caregiver residing with the individual who accepts ongoing 24-hour responsibility for the health and welfare of the beneficiary (N.J.A.C. 10:60-5.3)
- The adult primary caregiver agrees to be trained or has been trained in the care of the beneficiary and agrees to receive additional training for new procedures and treatments, if directed to do so by a State agency (N.J.A.C. 10:60-5.3)
- The Member must exhibit a severity of illness that requires complex Skilled Nursing Interventions on a continuous ongoing basis (N.J.A.C. 10:60-5.8)

Qualification for the PDN Benefit

Members must qualify for the PDN benefit:

- By being covered under EPSDT/PDN (N.J.A.C. 10:60-5.4.e) or are MLTSS-qualified or enrolled in the Division of Developmental Disabilities (DDD) Supports Plus PDN (SPPDN) program are eligible for PDN care as medically necessary. (N.J.A.C. 10:60-5.8.a)
- The presence or absence of alternative care, such as medical day care, Private Duty Nursing services provided by private insurance, or Private Duty Nursing services provided by the child's school, 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.)

- Member's 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-hour 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)
- 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.
- Private Duty Nursing services shall be limited to a maximum of 16 hours, including services provided or paid for by other sources, in a 24-hour period, per person in MLTSS. There shall be a live-in primary adult caregiver who accepts 24-hour per day responsibility for the health and welfare of the beneficiary unless the sole purpose of the Private Duty Nursing is the administration of IV therapy. (N.J.A.C. 10:60-5.9.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 either of the following criteria:
 - A requirement for all of the following medical interventions:
 - Dependence on mechanical ventilation
 - The presence of an active tracheostomy
 - 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. (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
 - 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](#)
 - 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. (N.J.A.C. 10:60-5.4.e)
- 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)

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
 - The need for deep suctioningor
 - 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
 - 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](#)
 - 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
 - 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)

Additional Non State-Specific Criteria

Refer to the InterQual® LOC: Home Care Q & A, Private Duty Nursing (PDN) Assessment as a guideline to determine the number of hours of Private Duty Nursing services needed by the member.

[Click here to view the InterQual® criteria.](#)

Requests should be documented using Home Health Certification (CMS-485) which includes the plan of care signed by a physician (M.D. or D.O.) or signed by an advanced practitioner (NP, CNS, or PA) in accordance with applicable law and regulation.

Definitions

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

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)].

Skilled Care: A type of health care given when you need skilled nursing or rehabilitation staff to manage, observe, and evaluate your care (CMS Glossary).

Skilled Nursing Interventions: Means procedures that require the knowledge and experience of a licensed registered nurse. The needed services are of such complexity that the skills of a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of a registered nurse are required to furnish the services. Services must be so inherently

complex that they can be safely and effectively performed only by, or under the supervision of, professional or technical personnel (N.J.A.C. 10:60-1.2).

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
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
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

Codes labeled with an asterisk (*) are not on the State of New Jersey Medicaid Fee Schedule and therefore may not be covered by the State of New Jersey Medicaid Program.

References

Centers for Medicare & Medicaid Services. Glossary. Available at: <https://www.cms.gov/glossary>. Accessed January 11, 2024.

Code of Federal Regulations, §440.80 Private duty nursing services: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-A/section-440.80>. Accessed May 28, 2024.

New Jersey Administrative Code Title 10. Human Services, Chapter 60. Home Care Services, Subchapter 5. Private Duty Nursing (PDN) Services. Available at: [NEW JERSEY ADMIN CODE | PAW Document Page \(lexis.com\)](#). Accessed May 28, 2024.

Policy History/Revision Information

Date	Summary of Changes
01/01/2025	<p>Coverage Rationale</p> <ul style="list-style-type: none">Added language to indicate<ul style="list-style-type: none">Private Duty Nursing services with Skilled Care are covered in certain circumstances<ul style="list-style-type: none">These services are covered according to the federal, state, and contractual requirements and only when meeting the definition of Skilled Care [listed in the policy]Once the coverage for Skilled Care has been established, for the number of Private Duty Nursing hours, refer to the InterQual® LOC: Home Care Q & A, Private Duty Nursing (PDN) AssessmentRemoved content addressing:<ul style="list-style-type: none">Documentation requirementsPrivate Duty Nursing (PDN) Acuity Tool <p>State-Specific Criteria</p> <ul style="list-style-type: none">Added language to indicate:<ul style="list-style-type: none">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

Date	Summary of Changes
	<ul style="list-style-type: none"> Private Duty Nursing services are provided by licensed nurses in the home to beneficiaries receiving managed long-term support services (MLTSS), as well as eligible early and periodic screening, diagnostic, and treatment (EPSDT) beneficiaries <p>Additional Non State-Specific Criteria</p> <ul style="list-style-type: none"> Revised language pertaining to medical necessity clinical coverage criteria: <ul style="list-style-type: none"> Removed references to the MCG™ Care Guidelines, [27th edition, 2023], Private Duty Nursing, PDN-2001 (HC) Added instruction to refer to the InterQual® LOC: Home Care Q & A, Private Duty Nursing (PDN) Assessment as a guideline to determine the number of hours of private duty nursing services needed by the member Added language to indicate requests should be documented using <i>Home Health Certification</i> (CMS-485) which includes the plan of care signed by a physician (M.D. or D.O.) or signed by an advanced practitioner (NP, CNS, or PA) in accordance with applicable law and regulation <p>Definitions</p> <ul style="list-style-type: none"> Added definition of: <ul style="list-style-type: none"> Skilled Care Skilled Nursing Interventions <p>Applicable Codes</p> <ul style="list-style-type: none"> Added HCPCS code T1001 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Removed <i>Benefit Considerations</i> section Archived previous policy version CS102NJ.F

Instructions for Use

This Medical Policy 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 policy, 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 Medical Policy 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 Medical Policies 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.