PRIVATE DUTY NURSING SERVICES (PDN)

Protocol: MSC017
Effective Date: October 1, 2016

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INSTRUCTIONS FOR USE

This protocol provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificate of Coverage (COC) or Evidence of Coverage (EOC)) may differ greatly. In the event of a conflict, the enrollee's specific benefit document supersedes this protocol. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Protocol. Other Protocols, Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Protocols, Policies and Guidelines as necessary. This protocol is provided for informational purposes. It does not constitute medical advice. This policy does not govern Medicare Group Retiree members.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care 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.

COMMERCIAL & MEDICARE COVERAGE RATIONALE

Refer to enrollee’s plan specific benefit plan or any federal or state mandates, if applicable to determine if the plan has exclusion for Private Duty Nursing. If the plan has the exclusion for Private Duty Nursing then the services are not eligible for coverage.

Requirements for Coverage

The services being requested must meet all of the following:

- Be ordered and directed by the treating practitioner or specialist (M.D., D.O., P.A. or N.P), after a face to face evaluation by the physician, licensed or certified physician assistant or nurse practitioner, and services are:
  - Skilled Care services (please see Definitions below)
  - Required on a continuous basis rather than short term intermittent care
Subject to frequent reassessments and changes in treatment
- Private Duty Nursing services provided in the home
- Not Custodial Care

A written treatment plan and a letter of medical necessity must be submitted by the treating practitioner or specialist (M.D., D.O., P.A. or N.P) with the request for specific services and equipment; and
Continuation of services requires documentation to support the need for ongoing treatment; and
Private Duty Nursing Care services must be clinically appropriate and not more costly than alternative health services.

**Note:** The absence of an available care giver does not make the requested services Skilled Care.

Plans may require the caregiver to provide a certain number of hours of care for the patient. Check the enrollee specific plan documents or the federal or state mandate requirements for the maximum number of Private Duty Nursing Hours.

**Coverage Limitations and Exclusions**
- Services beyond the plan benefits (hours or days).
- Requested services are excluded in the plan documents or state specific contracts.
- Requested services are defined as non-skilled or Custodial Care in enrollee/member’s plan specific documents (refer to the enrollee specific benefit plan document or any federal or state mandate requirements).
- Respite care and convenience care unless mandated (respite care relieves the caregiver of the need to provide services to the patient).
- Services that can be provided safely and effectively by a non-clinically trained person are not skilled when a non-skilled caregiver is not available.
- Services that involve payment of family members or nonprofessional caregivers for services performed for the member unless required by state contract.
- Services when enrollee does not meet criteria for Skilled Care services.
- Enrollee is no longer eligible for benefits under the plan or any federal or state mandate requirements.

**DEFINITIONS**

Please check the enrollee specific benefit plan document(s) or any federal or state mandate language before using the definitions below; if definitions exist in the enrollee specific benefit plan document(s), the specific definitions must be applied.

**Custodial Care:**
- Non-health-related services, such as assistance in activities of daily living (examples include feeding, dressing, bathing, transferring and ambulating, companion services).
- Health-related services that are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function (even if the specific services are considered to be skilled services), as opposed to improving that function to an extent that might allow for a more independent existence.
Services that do not require continued administration by trained medical personnel in order to be delivered safely and effectively.

**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 7 days each week or fewer than 8 hours each day for periods of 21 days or less.

**Private Duty Nursing**: Nursing care that is provided to a patient on a one-to-one basis by licensed nurses in an inpatient or home setting when the following is true:
- The service is provided to a Covered Person by an independent nurse who is hired directly by the Covered Person or his/her family. This includes nursing services provided on an inpatient or home-care basis, whether the service is skilled or non-skilled independent nursing.

**Skilled Care**:
- Skilled Nursing
- Skilled Teaching
- Skilled Rehabilitation

To be skilled, the service must meet all of the following requirements:
- It 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,
- It is ordered by a Physician,
- It is not delivered for the purpose of assisting with activities of daily living (dressing, feeding, bathing or transferring from bed to chair),
- It requires clinical training in order to be delivered safely and effectively, and
- It is not Custodial Care

Medicare does not have a National Coverage Determination (NCD) or Local Coverage Determination (LCD) for Private Duty Nursing. (Accessed August 2016).

**For Medicare and Medicaid Determinations Related to States Outside of Nevada**:
Please review Local Coverage Determinations that apply to other states outside of Nevada using http://www.cms.hhs.gov/mcd/search.

**Important Note**: Please also review local carrier Web sites in addition to the Medicare Coverage database on the Centers for Medicare & Medicaid Services’ Web site.

**COVERAGE RATIONALE**

Medicaid for the state of Nevada has dedicated chapter 900 (32 pages) to private duty nursing (Accessed August 2016). The highlights are as follows:

Private duty nursing (PDN) is an optional benefit offered under Nevada Medicaid State Plan. Private duty nursing provides more individual and continuous care than is available from a visiting nurse. The
intent of private duty nursing is to assist the non-institutionalized recipient with complex direct skilled nursing care, to develop caregiver competencies through training and education, and to optimize recipient health status and outcomes. This benefit is not intended to replace caregiving responsibilities of parents, guardians or other responsible parties, but to promote family-centered, community based care that enables the recipient to remain safely at home rather than in an acute or long-term care facility. Private duty nursing services may be provided, within program limitations, to a recipient in his/her home or in settings outside the home wherever normal life activities may take them. Services may be approved based on medical necessity, program criteria, utilization control measures and the availability of the state resources to meet recipient needs.

**Medicaid Decision Guide***:
The decision guide identifies the benefit limitations for individual recipients based upon the skilled nursing need intensity of care (SNN 1, SNN 2, and SNN 3) and the family/caregiver’s situation. Family situation includes the availability of caregivers in the home, the health status of caregivers and the recipient’s attendance at school. The decision guide is Nevada Medicaid’s tool used to determine the appropriate range of nursing hours that can be authorized under the Medicaid PDN benefit.

- Skilled Nursing Need Category I – Limited to recipients who, in addition to skilled nursing observation, have at least one continuous skilled nursing need (as opposed to an intermittent need, such as wound care). An example of this category type recipient is the recipient who has a gastroscopy tube that receives nutritional feedings and medication administration through the tube, but who is unable to participate or direct his/her own care.

- Skilled Nursing Need Category II – Limited to recipients that in addition to skilled nursing observation require 2 or more different skilled nursing interventions.

- Skilled Nursing Need Category III – Limited to recipients that are ventilator dependent at least 6 hours a day, or to recipients that, in addition to skilled nursing observation, have 4 or more different skilled nursing interventions daily*.

* Different skilled nursing intervention refers to distinct tasks that affect different body systems and require separate skilled nursing knowledge.

**Covered Services**

- PDN service may be approved for recipients who need more individual and continuous skilled nursing than can be provided in a skilled nurse visit through a home health agency, and whose care exceeds the scope of service that can be provided by home health aide or personal care aide (PCA).
- PDN services may be approved for up to 16 hours per day for new ventilator dependent recipients for an eight week interval in the period immediately following discharge from the hospital.
- PDN services may be approved for up to 12 hours per day for new tracheotomy recipients for an eight week interval in the period immediately following discharge from the hospital.
- PDN services may be approved for recipients who are chronically ill who require extensive skilled nursing care to remain at home.
Non-Covered Services

- Services provided to recipients that are ineligible for Medicaid;
- Services normally provided by a legally responsible adult or other willing and capable caregiver;
- Services provided to a recipient who is a resident in a hospital, skilled nursing facility including a nursing facility for the mentally ill (NF/MI) or intermediate care facility for the mentally retarded (ICF/MR) or at institution for the treatment of mental health or chemical addiction.
- Services rendered to recipients in pediatric and adult day centers.
- Services rendered at school sites responsible for providing “school based health service” pursuant to IDEA §300.24.
- Services provided to someone other than the intended recipient;
- Services that Nevada Medicaid determines could reasonably be performed by the recipient;
- Services provided without authorization;
- Services that are not on the approved plan of care;
- Service requests that exceed program limits;
- Respite care that is intended to relieve a legally responsible adult or primary caregiver from the daily routine of providing care for the recipient;
- Companion Care that is intended to provide friendly or social time with a recipient;
- Sitters or services that are intended for individuals to watch or supervise a recipient in the absence of a legally responsible adult or primary caregiver and that provide no skilled care;
- Homemaker services;
- Medical Social Services (MSS);
- Duplicative services, such as personal care services that are provided during private duty nursing hours;
- Travel time to and from the recipient’s residence;
- Transportation of the recipient by the private duty nurse to Medicaid reimbursable settings. PDN recipients may require immediate skilled nursing intervention. Such intervention would be precluded by the SN driving the vehicle.

Physician’s Order and Plan of Care (POC)
The provider must provide PDN services initiated by a physician’s order and designated in the plan of care (POC) which is documented on a CMS 485. The POC is a written set of medical orders signed by the physician which certify the specific HHA services that will be provided, the frequency of the services and the projected time frame necessary to provide such services. The plan of care is reviewed by the physician every 60 days. A new POC is required when there is a change in the recipient’s condition, change in orders following hospitalization, and/or change in the physician.

Private Duty Nursing Decision Tool (Medicaid Services Manual)

<table>
<thead>
<tr>
<th>Household Situation and Resource Consideration</th>
<th>Intensity of Care</th>
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</thead>
<tbody>
<tr>
<td><em>Unavailable – works or attends school either full-time or part-time</em></td>
<td></td>
</tr>
<tr>
<td>a) 2 or more caregivers; both unavailable* FT or PT. No available/capable caregiver</td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Level 1</td>
<td>Skilled Nursing Level 2</td>
</tr>
<tr>
<td>Not to exceed 20 hours per week</td>
<td>Not to exceed 40 hours per week</td>
</tr>
<tr>
<td>Factor</td>
<td>Intensity of Care</td>
</tr>
<tr>
<td>--------</td>
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<tr>
<td><strong>Factor II – Capability of Caregiver</strong></td>
<td><strong>Primary caregiver as identified in Factor I above. ± Verification required.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Skilled Nursing Level 1</strong></td>
</tr>
<tr>
<td>a) Available caregiver has health issues ± which inhibits their ability to provide any of the needed care.</td>
<td>May allow an add’l 2 hours per day. NTE 25 total hours per week.</td>
</tr>
<tr>
<td>b) Available caregiver has moderate health issues ± which impacts their ability to provide all of the needed care.</td>
<td>May allow an add’l 1 hr per day. NTE 20 total hours per week.</td>
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</tbody>
</table>

**Factor III – Recipient’s Participation in School**

<table>
<thead>
<tr>
<th>Household Situation and Resource Consideration</th>
<th><strong>Primary caregiver as identified in Factor I above. ± Verification required.</strong> Limitations imposed on the hours identified in Factor I above. Limitations imposed on all school aged recipients regardless of homebound status. ††</th>
<th><strong>Skilled Nursing Level 1</strong></th>
<th><strong>Skilled Nursing Level 2</strong></th>
<th><strong>Skilled Nursing Level 3</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Recipient attends school 20 or more hours per week. †</td>
<td>Reduce allowable hrs by 2 per day. NTE 14 hrs per wk</td>
<td>Reduce allowable hrs by 2 per day. NTE 38 hours per week.</td>
<td>Reduce allowable hours by 2 hours per day. NTE 57 hours per week.</td>
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† Includes hours attending school plus transportation time.
†† During planned breaks (i.e. summer vacation) of at least five consecutive schools day, hours may be authorized pursuant to Factor I and II.

**BACKGROUND**

Private duty nursing (PDN) is typically prescribed on an hourly basis for tasks that require continuous one-on-one nursing care by registered nurses (RNs) or licensed practical nurses (LPNs), and is distinguished from skilled nursing care provided by home care agencies that is prescribed on an intermittent (per visit) basis.

The purpose of PDN is to assess, monitor and provide skilled nursing care in the home; to assist in the transition of care from a more acute setting to home; and to teach competent caregivers the assumption...
of this care when the condition of the individual is stabilized. The length and duration of PDN services is intermittent and temporary in nature and not intended to be provided on a permanent ongoing basis.

The private duty nurse cannot be a member of the individual’s immediate family or anyone living in the home.

Private duty nursing is distinguished from caregivers who are not nurses who provide non-skilled care (bathing and other hygiene assistance, eating, etc.) and companionship to patients. Such “sitters” often do minor housekeeping chores for patients, but they are neither educated nor qualified to provide skilled nursing care.

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 the member specific benefit plan document 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.

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<tr>
<th>HCPCS Procedure Code</th>
<th>Description</th>
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<tr>
<td>T1000</td>
<td>Private duty / independent nursing service (s) – licensed, up to 15 minutes</td>
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*CPT® is a registered trademark of the American Medical Association.*

REFERENCES

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


3. Colorado Medicaid. Long Term in Home Care

PROTOCOL HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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Corporate Medical Affairs Committee

The foregoing Health Plan of Nevada/Sierra Health & Life Health Operations protocol has been adopted from an existing UnitedHealthcare coverage determination guideline that was researched, developed and approved by the UnitedHealthcare Coverage Determination Committee.