
Medical Policy



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Joint Medical Policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and is therefore subject to change.

***Current Policy Effective Date: 9/1/24**
(See policy history boxes for previous effective dates)

Title: Private Duty Nursing

Description/Background

Private duty nursing (PDN) is considered substantial, complex, and continuous service that requires more individual and continuous care than is available from a visiting nurse or skilled nursing home care visit and which would require frequent nursing interventions in the home. PDN services are provided under the direction of a written individualized plan of care signed by the patient's attending physician. Care is managed by a certified home health care agency or certified community home health care agency. Nursing services are rendered by a licensed registered nurse (RN) or licensed practical nurse (LPN) who is employed by the home care agency.

The PDN benefit is not a 24/7 or lifetime benefit. When criteria are met, the health plan may cover up to 16 hours per day of PDN care. The goal is to transition care to patient's family or caregivers.

Examples of private duty nursing services include the following types of care (list is not all inclusive):

- New ventilator dependent patients (See section on PDN for Patient's on Ventilators)
- New tracheostomy patients
- Medically complex newly discharged patients who have experienced a significant change in their clinical condition.

Regulatory Status

The Accreditation Commission for Health Care (ACHC) is a United States nonprofit accreditation organization that represents an alternative to the Joint Commission and The Community Health Accreditation Program.

In January 2009, the Centers for Medicare & Medicaid Services (CMS) announced the approval of the ACHC for continued Deeming Authority for Home Health Agencies through 2015. Initial approval of Deeming Authority of ACHC for Home Health Agencies was granted in February 2006.

Medical Policy Statement

Private duty nursing may be considered established when specified criteria are met (refer to inclusionary and exclusionary guidelines).

Inclusionary and Exclusionary Guidelines

Inclusions—ALL MUST BE MET:

- The PDN services must be ordered by a physician, MD or DO, who is involved in the ongoing care of the patient.
- The patient must have a need for skilled nursing care.
- The patient's condition must be complex and/or medically fragile.
- The patient's complex or fragile condition requires continuous assessment, observation and monitoring.
- The patient must be medically stable at the time of discharge from the hospital such that PDN services can be provided safely.
- At least two caregivers (family, friends, etc.) must be trained and competent to give care.
- The patient needs skilled care that exceeds the scope of intermittent care.
- The family or caregivers must provide at least 8 hours of skilled care/day (a maximum of 16 hours per day of PDN care may be approved per day if medical necessity criteria are met).
- Training and teaching activities by the private duty nurse to teach the patient, family, or caregivers how to manage the treatment regimen is required and considered a skilled nursing service.
 - Training is no longer appropriate if, after a reasonable period, the patient, family, or caregiver will not or is not able to be trained.
 - If the caregiver/family member cannot or will not accept responsibility for the care, private duty nursing will be considered not medically necessary as the home would be deemed an unsafe environment.
- Criteria for specific conditions, if present, in addition to the medically complex and or fragile condition of the patient; documentation in the medical record of one of the following must be present:

- Tracheostomy tube suctioning that is necessary for secretion control and required at least twice per 8 hour shift. (Tracheostomy tube changing is skilled, tracheostomy hygiene care is not)
- Management of tube drainage, complex wounds, cavities or irrigations.
- Complex medication administration (excluding PO medications that would ordinarily be taken by self-administration) of drugs with potential for serious side effects or drug interactions and appropriate monitoring. This includes intravenous administration of drugs or nutrition.
- Tube feedings that require frequent changes in formulation or administration rate or have conditions that increase the aspiration risk.

PDN for patients on ventilators

- For patients who are on ventilators after discharge or suffer an acute event, a limited period of time may be allowed to train parents and caregivers to manage the ventilator and wean the member, if a weaning schedule has been ordered.
- Ventilator management: There must be documentation of the initial settings of mode of ventilation, tidal volume, respiratory rate, and wave form modifications, if any, (PEEP), and FIO2 at the beginning of each shift.
 - Oxygen saturation must be measured continuously for ventilator patients and any changes from baseline recorded thereafter.
 - Hourly observations of the patient's clinical condition related to the ventilator management must be documented along with any changes in oxygen saturation.
- The goal is to transition ventilator care to family or caregivers once the member is stable. Once the family has been trained to manage the ventilator and/or wean the patient, the patient is deemed stable.
- Ventilator care/management is not considered a skilled service requiring private duty nursing. In the absence of meeting other criteria, PDN may no longer be approved.

Exclusions:

Services of a private duty nurse are considered **not covered** in **any** of the following instances:

- The PDN is acting as a nurse's aide;
- Custodial care (bathing, feeding, exercising, homemaking, giving oral medications or acting as a companion/sitter) does not qualify for PDN.
- The private duty nurse is a member of the patient's household or if the cost of care is provided by one of the patient's relatives (by blood, marriage or adoption);
- The PDN is for maintenance care after the patient's condition has stabilized (including routine ostomy care, tube feeding administration and tracheostomy or ventilator management)
 - Medical and nursing documentation shows that the patient's condition is stable/predictable or controlled, and a licensed nurse is not required to monitor the condition;
 - Care plan indicates a licensed nurse is not required to be in continuous attendance;
 - Care plan does not require hands-on nursing interventions (Note: Observation in case an intervention is required is not considered skilled care)
 - The caregiver or patient's family have demonstrated the ability to carry out the plan of care.

- The patient's anticipated need is indefinite, **lifetime private duty nursing is not a benefit.**
- The care is for a person without an available caregiver in the home.
- The care is for respite care which includes (list not all inclusive):
 - Care during a caregiver vacation.
 - For the convenience of the family or caregiver.
 - For the caregiver to attend work or school.
 - For the caregiver to care for other family members.
- The caregiver or family cannot or will not accept responsibility for the care, private duty nursing will be considered not medically necessary as the home would be deemed an unsafe environment.
- The PDN is provided outside the home (for example, school, nursing facility or assisted living facility).
- The PDN is a duplication or overlap of services (for example, when a person is receiving hospice care services or for the same hours of a skilled nursing home care visit).
- The PDN is for observational purposes only.
- The skilled nursing is provided as part-time/intermittent and not continuous care.

Documentation requirements need **ALL** of the following:

- Current 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 state law.
 - Plan of care must reflect the patient's current clinical condition and be updated at least every three months.
 - Care plans greater than three months old may indicate the patient is stable or that care is maintenance.
- A comprehensive assessment of the patient's health status including documentation of the skilled need and medication administration record.
- Discharge summary or recent progress note if patient is being discharged from an inpatient setting.
- Consultation notes if the patient is receiving services from subspecialist.
- Hourly documentation of the clinical information and services performed is required.

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

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

Established codes:

Multiple S9123 S9124

Other codes (investigational, not medically necessary, etc.):

N/A

Note: Individual policy criteria determine the coverage status of the CPT/HCPCS code(s) on this policy. Codes listed in this policy may have different coverage positions (such as established or experimental/investigational) in other medical policies.

Definitions

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 eating, meal preparation, dressing, bathing, transferring and ambulating. Additional examples of custodial care include:
 - Management of stable tracheostomies, feeding tubes, ostomies, and indwelling catheters
 - Respite care, convalescent care, and day care
 - Monitoring stable patients
- Health-related services that can safely and effectively be performed by trained non-medical personnel. The care is 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:

- Fewer than seven days each week, OR
- Fewer than eight hours each day for periods of 21 days or less

Medically Necessary

Health care services that are **ALL** of the following as determined by Blue Cross Blue Shield of Michigan/BCN or a designee:

- Rendered 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 the patient or family convenience or that of the 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

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 not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

- 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.

The health plan has the right to consult an 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.

Medically Complex

Patients that have multiple significant chronic health problems that affect multiple organ systems and result in functional limitations, high health care need or utilization, and often the need for or use of medical technology.

Medically Fragile

A condition that makes the patient likely to require care to prevent, or intervene in, a life-threatening event. The conditions are present with the potential to develop severe complications.

Respite

Short-term care provided to the patient only when necessary to relieve the family, patient or other persons caring for the individual.

Skilled Care

A service that must be provided by professional registered nurses or licensed practical nurses supervised by registered nurses. The skilled nurses are to deliver treatments and procedures that can only be delivered by professionals. The skilled nurses are able to train and educate the patient, the patient's family, and caregivers how to manage the condition/s when the professional is not present.

***Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable "Private Duty Nursing" coverage/benefits.**

Government Regulations

National:

There is no national coverage determination for private duty nursing.

Local:

There is no local coverage determination for private duty nursing.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

- Home Spirometry
 - Home Monitoring Device for Age-Related Macular Degeneration
 - Home Cardiorespiratory Monitoring-Pediatric
 - Home Uterine Activity Monitoring (HUAM)
 - Home Health Care-BCN policy
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References

1. Centers for Medicare and Medicaid Services. Home Health Care. Medicare Benefit Policy Manual, chapter 1 and the Medicare Intermediary Manual, Part 3-Claim Process, transmittal 1838.
2. Centers for Medicare and Medicaid Services. Home Health Services. Medicare Benefit Policy Manual, chapter 7, rev. 10438, 11-06-20.
3. Michigan Department of Health and Human Services. Medicare provider Manual: Private Duty Nursing; ver. 4/01/2020.
4. Aetna Clinical Policy Bulletin 0136. Skilled Home Private Duty Nursing Care. Published 05/31/1996, last reviewed 03/28/24.
5. United Healthcare® Commercial Coverage Determination Guideline. Private Duty Nursing (PDN) Services. CDG.017.09. Policy Number: MP.017.16. Effective Date January 1, 2024.
6. Blue Cross Blue Shield of North Carolina. Private Duty Nursing Services. Published 11/03/2005, last reviewed 02/2024.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through May 2024, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
9/1/21	6/15/21		Joint policy established
9/1/22	8/16/22		Input from Dr. Williams and Dr. Langham added to policy language. Effective date 9/1/22.
6/1/23	6/26/23		Policy language revised based on review of Dr. Williams and UM team. Effective date 6/1/23. Vendor managed: N/A(ds)
9/1/24	6/11/24		Routine policy maintenance, no changes in status. Language changes made in inclusion/exclusion section based on UM physician review. Vendor managed: N/A (ds)

Next Review Date: 2nd Qtr. 2025

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN:	Revised:
BCBSM:	Revised:

**BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: PRIVATE DUTY NURSING**

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered per policy
BCNA (Medicare Advantage)	Please see government regulation section
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.