Coverage Guidelines

Private Duty Nursing

Disclaimer:
Please note that Baptist Health Plan Coverage Guidelines may be updated throughout the year. A printed version may not be most up to date version available. The health plan reserves the right to review and update this policy as needed. Refer to the website to ascertain that you are utilizing the most current available version. Clinical guideline policies are not intended to serve as treatment guidelines or treatment recommendation. Treating providers must use their own clinical judgment in rendering care to their patient population.

For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern. In addition, coverage for Medicare Advantage members may differ. This is a result of applicable coverage statements by the Center for Medicare and Medicaid Services (CMS). The National Coverage Determinations, Local Coverage Determinations, and Local Medical Review Policies may be found at the CMS website, http://www.cms.gov. Please note that for all plans, the member’s health plan benefits that are in effect on the rendered date of service must be used in coverage determinations.

DEFINITION

Private duty nursing (PDN) is one-on-one skilled nursing care provided by or supervised by a licensed registered nurse (RN) or a licensed practical nurse (LPN) to a single patient. PDN in the Member’s home may be considered only when the criteria listed below are satisfied.

Skilled care is defined as assessment, monitoring, skilled nursing care, caregiver or family training, and/or rehabilitation services that are delivered or supervised by licensed technical or professional medical personnel in order to obtain a specified medical outcome. A service is not considered “skilled” simply because there is not an available caregiver.

Custodial care is defined as the actions that most people do for themselves during a normal day such as getting in and out of bed, bathing, eating, dressing, using the bathroom, taking medications, using oxygen, or routine care of colostomy or bladder catheters. Other examples of custodial care provided by some home health care services include:

• Domestic housekeeping services unrelated to patient care,
• Meals on Wheels or similar food arrangements,
• Assistance with medication that would not normally require assistance.
A visit of at least 4 hours by a registered nurse or a licensed practical nurse is considered one home health care visit. Private Duty Nursing visits shall not exceed 2000 hours per calendar year or in any continuous 12-month period, or 4000 hours per lifetime, per Covered Person. Certain therapies, including physical therapy, occupational therapy, and speech therapy, when received from a Home Health Agency, do not count towards a Member’s Plan Year benefit maximum for Therapy Services.

**COVERAGE CRITERIA**

Refer to the Home Health Care paragraphs in the Benefits section and in the Exclusions section of the Member’s Plan document and its accompanying Schedule of Benefits to determine the number and length of visits available when criteria are met.

After determining that private duty nursing is NOT excluded by the Member’s Plan, there must be a family member or friend who is willing and able to assume the responsibility of caring for the Member while the licensed RN is not on duty. This person will not be reimbursed in any manner by the Plan.

Private duty nursing (PDN) in the Member’s home is considered medically necessary when all of the following criteria are met:

- The attending physician must order PDN and certify that intermittent skilled nursing care is required; and
- A written treatment plan with specific long and short term goals must be submitted by the attending physician; and
- Services must require the professional proficiency and skills of a licensed RN or licensed LPN. The decision to use a licensed RN or licensed LPN is dependent on the type of services required and must be consistent with the scope of nursing practice under applicable state licensure regulations. Private duty nursing by a licensed LPN must be under the supervision of a licensed RN or licensed LPN following a plan of care developed by the physician in collaboration with the individual family/caregiver and private duty nurse; and
- Services are provided only on a part-time, intermittent schedule; and
- The service(s) must be appropriate with regard to standards of good medical practice and not solely for convenience; and
- The member’s condition is unstable* and requires frequent nursing assessment and changes in the plan of care; and
- Services are necessary to avoid or reduce hospitalization of the Member, and
- Services are provided in the Member’s home; and
- Skilled care rather than custodial care is required; and
- Weekly documentation of the patient's progress should be made to the attending physician by the licensed RN or licensed LPN providing care; and
- The Member’s physician may be required to recertify the medical necessity for private duty

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nursing visits at least monthly.

- Examples of unstable medical conditions include but may not be limited to:
  - Dependence on mechanical ventilation
  - Gastrostomy feeding complicated by frequent regurgitation, with or without aspiration
  - Tracheostomy care requiring deep suctioning at least every 4 hours
  - Seizure disorder manifested by prolonged seizures, requiring emergent administration of anticonvulsant medication.

The Plan shall not pay for services that have not been authorized. Private duty nursing is **NOT currently considered medically necessary, or is excluded by the Plan** in any of the following situations:

- PDN in the Member’s home is excluded by the Plan; or
- Service required is custodial rather than skilled; or
- Services for which there is no cost to the Member
- Services not specified in the physician’s prescribed treatment plan; or
- Services of an immediate family member, visiting teachers, family members, visitors, vocational guidance or other counselors
- Services related to diversional and/or social activities
- Services that have not been authorized by Baptist Health Plan; or
- Services to assist with activities of daily living, such as:
  - Bathing
  - Dressing
  - Feeding
  - Transferring from bed to chair; or
- When goals in the treatment plan have been met; or PDN in any location other than the Member’s home; or
- If there is no one in the household able and willing to take over the duties of the private duty nurse when the Member becomes medically stable.

Examples of conditions that do not require the skills of a licensed nurse (unless there are comorbidities/complications requiring individual consideration) include but may not be limited to:

- Routine services directed toward the prevention of injury or illness; or.
- Administration or set-up of oral (PO) medications; or
- Application of eye drops or ointments and topical medications; or.
- Routine administration of maintenance medications, including insulin; or
• Routine enteral feedings; or
• Routine colostomy care; or
• Suctioning of the nasopharynx or nasotrachea.

### MEDICAL BACKGROUND

Private duty nurses provide one on one care to a single patient rather than caring for multiple patients. Private duty registered nurses and licensed practical nurses provide care under direction of a physician to home-bound patients. Home-bound or confined does not mean bedridden. It does mean that leaving the home would require a considerable and taxing effort that would usually be undertaken only for trips to the physician.

Benefits for home health care education are provided only for a normal and customary period for learning. The ultimate goal of PDN is to provide short-term training to caregivers in the home to enable them to take on the role of the private duty nurse when the patient becomes stable.

### REGULATORY INFORMATION

Kentucky – No legislative mandates were found for coverage of private duty nursing.

Indiana – No legislative mandates were found for coverage of private duty nursing.

Tennessee – No legislative mandates were found for coverage of private duty nursing.

Baptist Health Plan Coverage Guidelines are created to provide members and providers with peer-reviewed, current medical information.

State and federal laws/mandates and contract language have priority over Coverage Guidelines and must be taken into consideration before eligibility for coverage is determined.

Baptist Health Plan Coverage Guidelines may or may not mirror Centers for Medicare & Medicaid Services benefits or coverage offered by any other health insurance company.

### COVERAGE DETAIL

All coverage for Private Duty Nursing is based on individual plan documents. Consult the Member’s Plan before making a determination as coverage varies widely between plans.

CODES INCLUDE BUT MAY NOT BE LIMITED TO THE FOLLOWING:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
<th>Coverage Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>99500</td>
<td>Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine</td>
<td>Is eligible when criteria are met</td>
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<tr>
<td>HCPCS Codes</td>
<td>Description</td>
<td>Coverage Information</td>
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<tr>
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<tr>
<td>G0154</td>
<td>Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>G0162</td>
<td>Skilled services by a licensed, registered nurse (RN) for management and evaluation and the plan of care; each 15 minutes (the patient’s underlying condition or complication requires a licensed RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>G0163</td>
<td>Skilled services by a licensed nurse (LPN or RN) for the observation and assessment of the patient’s condition, each 15 minutes (the change in the patient’s condition requires skilled nursing personnel to identify and evaluate the patient’s need for possible modification of treatment in the home health or hospice setting)</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Eligibility</td>
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<tr>
<td>G0164</td>
<td>Skilled services of a licensed nurse (LPN or RN), in the training and or education of a patient or family member, in the home health or hospice setting, each 15 minutes</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>Q5001</td>
<td>Hospice or home health care provided in patient’s home/residence</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>S5108</td>
<td>Home care training to home care client; per 15 minutes</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>S5109</td>
<td>Home care training to home care client; per session</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>S5110 – S5111</td>
<td>Home care training, family</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>S5115 – S5116</td>
<td>Home care training, non-family</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>S5180 – S5181</td>
<td>Home health respiratory therapy</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>S5497 – S5523</td>
<td>Home infusion therapy, catheter care maintenance and supplies</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>S9061</td>
<td>Home administration of aerosolized drug therapy (e.g., pentamidine); per diem</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>S9097</td>
<td>Home visit for wound care</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>S9122</td>
<td>Home health aide or certified nurse assistant, providing care in the home, per hour</td>
<td>Is NOT eligible. Cannot legally provide skilled care.</td>
</tr>
<tr>
<td>S9123</td>
<td>Nursing care in the home; by registered nurse, per hour</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>S9124</td>
<td>Nursing care in the home; by licensed practical nurse, per hour</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>S9325 – S9328</td>
<td>Home infusion therapy, pain management infusion, per diem</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>T1000</td>
<td>Private duty/independent nursing service(s), licensed up to 15 minutes</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>T1002</td>
<td>Licensed RN services, up to 15 minutes</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>T1003</td>
<td>LPN/LVN services, up to 15 minutes</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>T1004</td>
<td>Services of a qualified nursing aide, up to 15 minutes</td>
<td>Is NOT eligible. Cannot legally provide skilled care.</td>
</tr>
<tr>
<td>T1021</td>
<td>Home health aide or certified nurse assistant, per visit</td>
<td>Is NOT eligible.</td>
</tr>
<tr>
<td>T1022</td>
<td>Contracted home health agency services, all services provided under contract, per day</td>
<td>Cannot legally provide skilled care.</td>
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<tr>
<td>T1021</td>
<td>Nursing care, in the home, by registered nurse, per diem</td>
<td>Is eligible when criteria are met</td>
</tr>
<tr>
<td>T1031</td>
<td>Nursing care, in the home, by a licensed practical nurse, per diem</td>
<td>Is eligible when criteria are met</td>
</tr>
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</table>

**REFERENCES**


**SEARCH TERMS**

- Activities of daily living
- Colostomy
- Custodial
- Duty
- Enteral
- Gastrostomy
- Home
- Home-bound
- Intermittent
- LPN
- Nurse
- Nursing
- PDN
Private
Respirator
RN
Seizures
Skilled
Suctioning
Tracheotomy
Tube feeding