

Private Duty Nursing Services (for Mississippi Only)

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[Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> Home Health, Skilled, and Custodial Care Services (for Mississippi Only) Home Hemodialysis

Application

This Medical Policy only applies to the state Mississippi.

Coverage Rationale

Private Duty Nursing 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 when a 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 (e.g., 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 generally requires four (4) or more continuous hours of Skilled Care which can be safely provided outside an institution (**Note:** Refer to federal, state, or contractual requirements for state applicable minimum hour requirement); 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 Private Duty Nursing services is to support, not replace, the caregiver); and
- Face-to-face visit with the patient within 90 days prior to the start of care, or within 30 days after the start of care; 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)
- Home care agency can safely deliver the required care at home: and
- Home environment is safe, accessible, and can be modified to accommodate the home care plan

Acuity Tool

Refer to the MCG™ Care Guidelines, [27th edition, 2023], Private Duty Nursing, PDN-2001 (HC) PDN Acuity Tool as a guideline to determine the number of hours of Private Duty Nursing services needed by the member.

Click [here](#) to view the MCG™ Care Guidelines.

Documentation Requirements

Initial Request for Authorization

Initial service requests of Private Duty Nursing services (i.e., the first-time member is requesting services with UnitedHealthcare for Private Duty Nursing 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 (MD or DO) or signed by an advanced practitioner (NP, CNS, or PA) in accordance with state law; and
- Treatment plan, which typically includes diagnosis, proposed treatment by type, frequency, and expected duration of treatment, expected treatment goals, and frequency of treatment plan updates
- 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 Private Duty Nursing services for discharge from inpatient setting, subspecialist visit notes are not required); and
- Consultation notes if the member is receiving services from subspecialist; and
- Delineated scope and duration of Private Duty Nursing 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
- Home care agency can safely deliver the required care at home: and
- Home environment is safe, accessible, and can be modified to accommodate the home care plan Verification of primary caregiver's employment schedule annually, 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 requested.

Renewal of Services

Requests for renewal of Private Duty Nursing services (i.e., any request for Private Duty Nursing services subsequent to the initial request for Private Duty Nursing 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 (MD or DO.) or signed by an advanced practitioner (NP, CNS, or PA) in accordance with state law; and
- Treatment plan, which typically includes diagnosis, proposed treatment by type, frequency, and expected duration of treatment, expected treatment goals, and frequency of treatment plan updates
- Nurses' notes, logs, and daily care flow sheets, as applicable
- Home care agency can safely deliver the required care at home: and
- Home environment is safe, accessible, and can be modified to accommodate the home care plan
- Verification of primary caregiver's employment schedule annually, as applicable; and school attendance and availability of coverage for services by school district, if applicable

Transition of Services

If a member is transitioning from another health plan and is already receiving Private Duty Nursing 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) form signed by a physician (MD or DO) or signed by an advanced practitioner (NP, CNS, or PA) in accordance with state law; and
- Treatment plan, which typically includes diagnosis, proposed treatment by type, frequency, and expected duration of treatment, expected treatment goals, and frequency of treatment plan updates
- Nurses' notes, logs, and daily care flow sheets, as applicable
- Copy of approved services from previous health plan; and
- Home care agency can safely deliver the required care at home: and

- Home environment is safe, accessible, and can be modified to accommodate the home care plan
- Verification of primary caregiver’s employment schedule annually, as applicable; and
- School attendance and availability of coverage for services by school district, if 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.

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 Medical Policy.

Custodial Care: Nonskilled, personal care, such as help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving round, and using the bathroom. It may also include care that most people do themselves, like using eye drops. (Centers for Medicare & Medicaid Services [CMS] Glossary).

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 (CMS Medicare Benefit Policy Manual, 2022)

Private Duty Nursing: Provision of continuous Skilled Care from Registered Nurses (RNs) or Licensed Practical Nurses (LPNs) under the direction of the member’s physician (CFR § 440.80).

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 Care: A level of care that includes services that can only be performed safely and correctly by a licensed nurse (either a registered nurse or a licensed practical nurse) (CMS Glossary).

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 private duty nursing 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 (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
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

Benefit Considerations

Coverage Limitations and Exclusions

- Requested services are excluded in the state specific contracts
- Services beyond the plan benefits (hours or days) or member is no longer eligible for benefits under the state contract
- Requested services 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 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)
 - Private Duty Nursing 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 Private Duty Nursing 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, or watching or protecting a member
- Respite care and convenience care unless mandated (**Note:** Respite care relieves the caregiver of the need to provide services to the member)
- Services involve payment of family members or non-professional caregivers for services performed for the member unless required by state contract

Clinical Evidence

Foster et al. (2019) studied the characteristics and longitudinal outcomes of children with medical complexity (CMC) with private duty nursing (PDN) who are hospitalized in a retrospective cohort study. This study was a 1-year retrospective study of patients receiving PDN who were hospitalized at a quaternary freestanding children's hospital; there was an additional 2-year follow-up. Patient characteristics, rehospitalization rates, length of stay, mortality, and hospital charges were identified. Descriptive statistics were performed to characterize trends, and a time-to-event analysis was used to characterize unplanned rehospitalization. Among 8187 unique patients who were hospitalized in the initial study year (June 1, 2014, to – May 31, 2015), 188 patients (2%) used PDN. Of patients using PDN, 94% used gastrointestinal devices. The median index length of stay was 4 days (interquartile range 2-6). Two-year mortality was 12%. Cumulative all-cause rehospitalization rates were 18% by 30 days, 62% by 365 days, and 87% within 2 years; the median rehospitalization frequency was 3 per patient. The most common reasons for unplanned rehospitalization were infection (41%) and device complication (10%). During the study period, 11% of both rehospitalizations and total hospital days were attributed to patients with PDN. The authors found that children discharged with PDN accounted for a disproportionate frequency of rehospitalizations and hospital days overall, with more than three-quarters having at least 1 unplanned rehospitalization within 2 years. This study is limited by lack of comparison of CMC discharged with PDN versus CMC discharged without PDN.

In a retrospective cohort study, Gay et al. (2016) assessed the relationship between home health nursing care (HH) services and hospital use in children. Retrospective, matched cohort study of 2783 children who were hospitalized receiving post-discharge HH services by BAYADA Home Health Care across 19 states and 7361 matched controls not discharged to HH services from the Children's Hospital Association Case Mix database between January 2004 and September 2012. Subsequent hospitalizations, hospital days, readmissions, and costs of hospital care were assessed over the 12-month period after the initial hospitalization. Nonparametric Wilcoxon signed rank tests were used for comparisons between HH and non-HH users. Although children who received HH services had a higher percentage of complex chronic conditions (68.5% vs 65.4%), technology assistance (40.5% vs 35.7%), and neurologic impairment (40.7% vs 37.3%) than matched controls ($P \leq .003$ for all), 30-day readmission rates were lower in individuals who received HH services (18.3% vs 21.5%, $P = .001$). At 12 months after the index admission, individuals who received HH services averaged fewer admissions (0.8 vs 1.0, $P < .001$), and fewer days in the hospital (6.4 vs 6.6, $P < .001$) compared with matched controls. The authors concluded that children discharged to HH care experienced less hospital use than children with similar characteristics who did not use HH services.

Clinical Practice Guidelines

American Academy of Pediatrics

In a clinical report, Elias et al. (2012) reviewed approaches to discharging CMC and technology dependencies from the hospital to home. Most CMC are discharged to home after birth or hospital admissions for acute exacerbations or conditions. They are discharged with complex medical interventions, including oxygen, tracheostomies with or without ventilators, enteral feeding tubes, intravenous infusions, dialysis, and complex medication regimens. Some children and youth with special health care needs have requirements that are so time-consuming and complex that parents alone cannot meet those needs without home nursing support. Children who require intensive respiratory supports, such as those with tracheostomy and ventilator dependencies associated with high suctioning requirements, are likely to require private duty home nursing rather than brief and periodic skilled nursing visits. Caregivers should be actively involved in determining the child's care plan to ensure that the plan is feasible from their perspective in the context of their community. For example, caregivers who must work outside the home often elect to have home nursing during the day, whereas other families elect to have nighttime nursing so that they can sleep. However, some nursing agencies will not allow the nurse to be the only adult in the home and require that a family caregiver be present as well. In some limited areas, providers specially trained in the care of CMC may offer an additional care option for caregivers who are employed outside the home or who are full-time students themselves. Families and providers should have well-established contingency plans that are responsive to unanticipated interruptions in caregiving (family or home nursing care).

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Private duty nursing services are not subject to regulation by the FDA.

References

- Centers for Medicare & Medicaid Services. Glossary. Available at: <https://www.cms.gov/glossary>. Accessed June 23, 2023.
- CMS Medicare Benefit Policy Manual, Chapter 7 Home Health Services June 6, 2022. <http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>. Accessed June 23, 2023.
- 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 June 6, 2023.
- Elias ER, Murphy NA; Council on Children with Disabilities. Home care of children and youth with complex health care needs and technology dependencies. *Pediatrics*. 2012 May;129(5):996-1005.
- Foster CC, Kwon S, Whitlow L, et al. Connecting hospital to home: Characteristics of and rehospitalization rates in hospitalized children with private-duty nursing. *Hosp Pediatr*. 2019 Jul;9(7):530-537.
- Gay JC, Thurm CW, Hall M, et al. Home health nursing care and hospital use for medically complex children. *Pediatrics*. 2016 Nov;138(5):e20160530.

Policy History/Revision Information

Date	Summary of Changes
01/01/2024	<p>Template Update</p> <ul style="list-style-type: none">Changed policy type classification from “Coverage Determination Guideline” to “Medical Policy” <p>Coverage Rationale</p> <ul style="list-style-type: none">Revised coverage criteria:<ul style="list-style-type: none">Replaced criterion requiring the member has a:<ul style="list-style-type: none">“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” with “complex medical need and/or unstable medical condition that <i>generally</i> requires four (4) or more continuous hours of Skilled Care which can be safely provided outside an institution (<i>refer to federal, state, or contractual requirements for state applicable minimum hour requirement</i>)”“Face-to-face visit with the provider within 60 days prior to the start of care, or within 30 days after the start of care” with “face-to-face visit with the provider within 90 days prior to the start of care, or within 30 days after the start of care”Relocated language pertaining to coverage limitations and exclusions to the <i>Benefit Considerations</i> section of the policyRemoved content addressing primary caregiver responsibility <p>Documentation Requirements</p> <ul style="list-style-type: none">Revised list of required clinical documentation:<p>Initial Request for Authorization</p><ul style="list-style-type: none">Added:<ul style="list-style-type: none">Treatment plan, which typically includes diagnosis, proposed treatment by type, frequency, and expected duration of treatment, expected treatment goals, and frequency of treatment plan updatesReplaced language indicating:<ul style="list-style-type: none">“Additional documentation clarifying clinical status (such as well child check and/or specialist visit notes) may be requested if clinical documentation provided does not support the hours <i>being</i> requested” with “additional documentation clarifying clinical status (such as well child check and/or specialist visit notes) may be requested if clinical documentation provided does not <i>clearly</i> support the hours requested”<p>Transition of Services</p><ul style="list-style-type: none">Added:<ul style="list-style-type: none">Treatment plan, which typically includes diagnosis, proposed treatment by type, frequency, and expected duration of treatment, expected treatment goals, and frequency of treatment plan updates<p>Renewal of Services</p><ul style="list-style-type: none">Added:<ul style="list-style-type: none">Treatment plan, which typically includes diagnosis, proposed treatment by type, frequency, and expected duration of treatment, expected treatment goals, and frequency of treatment plan updates<p>Definitions</p><ul style="list-style-type: none">Removed definition of:<ul style="list-style-type: none">HomeMedically Necessary (or Medical Necessity)Plan of CareTreatment PlanUpdated definition of:<ul style="list-style-type: none">Custodial CarePrivate Duty NursingSkilled Care

Date	Summary of Changes
	<p>Applicable Codes</p> <ul style="list-style-type: none"> Revised description for HCPCS code S9123 <p>Supporting Information</p> <ul style="list-style-type: none"> Added <i>Benefit Considerations</i>, <i>Clinical Evidence</i>, and <i>FDA</i> sections Updated <i>References</i> section to reflect the most current information Archived previous policy version CS102MS.P

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.

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