



Status

Active

Medical and Behavioral Health Policy

Section: Skilled Services

Policy Number: IX-01

Effective Date: 04/23/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

EXTENDED HOURS HOME CARE SKILLED (PRIVATE DUTY) NURSING

Description: Extended hours of skilled nursing, sometimes referred to as private duty nursing, is continuous and complex skilled nursing care provided in a member's home. Extended hours of skilled nursing provides more skilled care than can be provided in a skilled nursing visit through a home health agency.

The intent of extended hours of skilled nursing is to assist the member with complex direct skilled nursing care, to develop caregiver competencies through training and education, and to optimize member's health status and outcomes. The nursing tasks must be required so frequently that the need is continuous. The duration of extended hours of skilled nursing services is temporary in nature and is not intended to be provided on a permanent ongoing basis.

Definitions: **Custodial Care** is primarily for the purpose of assisting the individual in the activities of daily living such as assistance in walking, bathing, dressing, feeding, and supervision of medication that ordinarily would be self-administered, or in meeting personal rather than medical needs, which is not specific therapy for an illness or injury and is not skilled care and does not require the continuous attention or supervision of trained, licensed medical personnel.

- In determining whether an individual is receiving custodial care, factors considered include the level of care and medical supervision required and furnished. The decision is not based on diagnosis, type of condition, degree of functional limitation or rehabilitation potential.

Home is a place a member makes his/her residence, other than a skilled nursing facility (SNF) or a hospital.

Medically complex home care means care of a patient, in the home setting, that would otherwise be provided in a hospital or other active inpatient setting. Reasons for medically complex home care are high

severity or life-threatening nature of illness or technology dependence.

Medically fragile refers to a condition that makes the patient likely to require care to prevent, or intervene in, a life-threatening episode. This involves a wide variety of illnesses with the common denominator of extreme severity of existing disease or the potential to develop severe complications. Examples include but are not limited to, patients on continuous peritoneal dialysis, those with an unstable airway, or severe neurological impairment.

Respite is short-term patient care provided to the member only when necessary to relieve the family member or other persons caring for the individual.

Skilled nursing (from Medicare Benefit Policy Manual, Chapter 7, Home Health Services):

- **Skilled nursing** is a service that must require the skills of a registered nurse (RN) or a licensed practical (vocational) nurse (LPN) working under the supervision of an RN to be safe and effective. A skilled nursing visit is intermittent in nature.
- **Skilled treatments and procedures** include, but are not limited to: administering medications that cannot be self-administered, wound care, continuous or near continuous IV infusion, and catheter insertion.
- **Teaching and training** activities that require skilled nursing personnel to teach a patient, the patient's family, or caregivers how to manage the treatment regimen would constitute skilled nursing services. The teaching and training relates to the skill required to teach and not to the nature of what is being taught. Teaching and training should be appropriate for the member's functional loss, illness, or injury. Teaching and training are no longer appropriate if, after a reasonable period of time, the member, family, or caregiver will not or is not able to be trained.

Policy:

Extended hours of skilled nursing may be considered **MEDICALLY NECESSARY** when:

- I. **ALL of the following criteria are met:**
 - A. The member must have a skilled nursing care need. Extended hours of skilled nursing is provided to meet the skilled needs of the member only; not for the convenience of the family caregiver.
 - B. The member must have a medically complex, or medically fragile condition that requires frequent (multiple times each day) nursing assessments and monitoring with changes in the plan of care and treatment goals in accordance with the individual's condition.
 - C. The member's skilled care needs cannot be met through an intermittent skilled nursing visit.
 - D. The complexity of the member's treatment plan requires the skills of a registered nurse (RN) or licensed practical nurse

- (LPN) working under the supervision of an RN.
- E. The required services must be appropriate for the treatment of the illness or injury.
 - F. The services are ordered by a professional practitioner, in accordance with their scope of practice (i.e. MD, DO) who is involved in the oversight of the individual's care and is included as part of a written treatment plan for a covered medical condition.
 - G. The services are provided in the member's private residence, not an inpatient or skilled nursing facility.
 - H. When determining the number of hours of coverage in a 24 hour cycle, approval must be based on an assessment and supporting documentation that describes the complexity and intensity of the member's care and the number and frequency of skilled nursing interventions needed.
 - I. Other considerations include the family or caregiver's abilities. The goal should be to make the member and family as independent as possible and to gradually decrease nursing care hours as the member's medical condition improves and/or the family/caregiver have been taught and demonstrate the skills and ability to carry out the plan of care. The member and family should be made aware of this goal prior to the initiation of services and to expect that the number of extended hours of skilled nursing services approved will decrease with eventual termination of the extended hours of skilled nursing services.
 - J. A member who needs extended hours of skilled nursing is normally unable to leave home without being accompanied by a licensed nurse. The need for nursing care to participate in activities outside the home is not a basis for authorizing extended hours of skilled nursing services or expanding the hours needed for extended hours of skilled nursing services.
 - K. A nurse may accompany the member when the member's normal life activities (such as a child attending school) take the member outside the home. The medical needs of the member must meet the criteria requiring extended hours of skilled nursing. The term "normal life activities" does not include coverage of extended hours of skilled nursing when the member is receiving medical care in an inpatient facility, outpatient facility, hospital, physician's office or other medical care setting.

II. Extended Hours of Skilled Nursing for Greater Than 16 Hours/Day

In most cases, extended hours of skilled nursing services generally consist of 8 or more continuous hours, but typically not more than 16 hours per day. More than 16 hours per day of extended hours of skilled nursing care may be considered **MEDICALLY NECESSARY** when the criteria in Section I are met and in the following circumstances:

- A. Member is being transitioned from an inpatient setting to

home.

- B. Member becomes acutely ill and the additional skilled nursing care will prevent a hospital admission. Consideration may be given for up to 24 hours a day of extended hours of skilled nursing services for a 3 day period.

III. Extended Hours of Skilled Nursing for Members Requiring Mechanical Ventilation:

Extended hours of skilled nursing may be considered

MEDICALLY NECESSARY for members who are on a ventilator for respiratory insufficiency at home when the primary care physician or specialist has agreed to the home care plan and all of the following criteria are met:

- A. Mechanical ventilation for life support is needed for at least 6 continuous hours a day.
- B. The person is expected to be or has been ventilator dependent for 30 consecutive days.

Note: For members on a ventilator, home nursing up to 24 hours per day for up to three weeks upon an initial discharge from an inpatient setting as a transition to home may be considered **MEDICALLY NECESSARY**. Thereafter, up to 16 hours of home nursing per day is considered **MEDICALLY NECESSARY**.

IV. Concurrent Review

Continued extended hours of skilled nursing care may be considered **MEDICALLY NECESSARY**, when all of the following criteria are met:

- A. All the criteria in Section I or III continue to be met.
- B. Documentation that the home care nurse, in consultation with the physician, has completed follow-up and outcome reassessments, at least each 60 days, which include all of the following:
 - A statement of goals including long and short term goals and need for continuing medically complex home care.
 - The nursing and other adjunctive therapy progress notes indicating that necessary interventions or adjustments have been made.
 - Documentation of education/training of the family and/or caregivers has been provided.
 - Expected course of the underlying disease and rehabilitation potential.
 - Identification of current and potential ongoing medically complex home care needs.
- C. Written documentation by the physician specifying the medical necessity, according to the criteria above, is required. Requested documentation may include, but is not limited to:
 - A completed Form CMS-485 – Home Health Certification and Plan of Care
 - Home care records

- A current physician's order, renewed at least every 60 days
- V. Extended hours of skilled nursing is considered **NOT MEDICALLY NECESSARY** in the following situations, including but not limited to:
- A. A caregiver is not available for training. Or, the caregiver is unwilling, or unable to comply with the plan of care.
 - B. The nurse providing care may not be the member's spouse, natural or adoptive child, parent, foster parent, sibling, grandparent or grandchild. This also includes any person with an equivalent step or in-law relationship to the member.
 - C. The member may not be in an acute inpatient hospital, inpatient rehabilitation, skilled nursing facility, intermediate care facility or a resident of a licensed residential care facility except as stated in the benefit chart.
 - D. In the school setting, the level of need still must be determined. All other criteria and limitations must be addressed.
 - E. Solely to allow respite for caregivers or member's family.
 - F. Custodial care (see definition)

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

HCPCS:

G0154 Services of skilled nurse in home health setting, each 15 minutes

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

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

Policy History:**Developed March 9, 2011****Most recent history:**

Reviewed March 14, 2012

Reviewed March 13, 2013

Reviewed April 9, 2014

Cross Reference:

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