

PRIVATE DUTY NURSING SERVICES (PDN)

Guideline Number: CDG.017.02

Effective Date: July 1, 2014

Table of Contents

<u>COVERAGE RATIONALE</u>	1	Related Policies:
<u>DEFINITIONS</u>	2	• <u>Home Hemodialysis</u>
<u>APPLICABLE CODES</u>	3	• <u>Skilled Care and Custodial Care Services</u>
<u>REFERENCES</u>	4	
<u>HISTORY/REVISION INFORMATION</u>	4	

INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting certain standard UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificates of Coverage (COCs), Schedules of Benefits (SOBs), or Summary Plan Descriptions (SPDs), and Medicaid State Contracts) may differ greatly from the standard benefit plans upon which this guideline is based. In the event of a conflict, the enrollee's specific benefit document supersedes these guidelines. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this guideline. Other coverage determination guidelines and medical policies may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its coverage determination guidelines and medical policies as necessary. This Coverage Determination Guideline does not constitute medical advice.

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.

COVERAGE RATIONALE

Plan Document Language

Before using this guideline, please check enrollee's specific plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group:

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the enrollee's specific plan document to determine benefit coverage.

Refer to enrollee's plan specific SPD, Plan Documents or State Contractual Language 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:

1. Be ordered and directed by a 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
2. Services must be of Skilled Care in nature (Please see Coverage Determination Guideline titled [Custodial and Skilled Care](#) and [Definitions](#) below); and
3. A written treatment plan and a letter of medical necessity must be submitted with the request for specific services and equipment. Periodic review of the written treatment plan may be required for continued Skilled Care needs and progress toward goals; and
4. Skilled Care services must be clinically appropriate and not more costly than an alternative health services; and
5. Services must be continuous and Skilled Care (Please see Coverage Determination Guideline titled [Custodial and Skilled Care](#)); and
6. The member's condition requires continuous and/or frequent assessments and changes in the treatment; and
7. Meets the definition of Private Duty Nursing. Private Duty Nursing services are:
 - Skilled Care services
 - Continuous Skilled Care of greater than 4 hours per day
 - Services provided in the home and not in a facility
 - Services that are not Custodial Care
 - 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 state contract.

Coverage Limitations and Exclusions

1. Services beyond the plan benefits (hours or days).
2. Requested services are excluded in the plan documents or state specific contracts.
3. Requested services are defined as non-skilled or Custodial Care in enrollee/member's plan specific documents (refer to Coverage Determination Guideline titled [Custodial and Skilled Care](#), plan specific documents or state contractual language).
4. 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.
5. Services that involve payment of family members or nonprofessional caregivers for services performed for the member unless required by state contract.
6. Services when enrollee does not meet criteria for Skilled Care services.
7. Enrollee is no longer eligible for benefits under the plan or state contract.

DEFINITIONS

Please check member/enrollee plan specific documents or state contractual language before using definitions below; if definitions exist in the member/enrollee documents 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.

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

APPLICABLE CODES

The Current Procedural Terminology (CPT[®]) codes and Healthcare Common Procedure Coding System (HCPCS) codes listed in this guideline are for reference purposes only. Listing of a service code in this guideline does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the enrollee specific benefit 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 claims payment. Other policies and coverage determination guidelines may apply. This list of codes may not be all inclusive.

CPT[®] is a registered trademark of the American Medical Association.

Limited to specific procedure codes?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HCPCS Procedure Code	Description
T1000	Private duty / independent nursing service (s) – licensed, up to 15 minutes
Limited to specific diagnosis codes?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Limited to place of service (POS)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Limited to specific provider type?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Limited to specific revenue codes?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REFERENCES

1. CMS Medicare Benefit Policy Manual, Chapter 7 Home Health Services @ <http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>
2. Oversight Committee of North Carolina, Controlling the Cost of Medicaid Private Duty Nursing Services, December 10, 2008. Presenter Kieran McGorty, JD, PHD, Senior Program Evaluator
3. Colorado Medicaid. Long Term in Home Care <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1205745755264>

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
09/01/2014	<ul style="list-style-type: none"> • Updated related policies reference link; <ul style="list-style-type: none"> ○ Replaced Custodial and Skilled Care Services (title changed 09/01/14) with Skilled Care and Custodial Care Services
07/01/2014	<ul style="list-style-type: none"> • Revised coverage rationale: <ul style="list-style-type: none"> ○ Updated requirements for coverage (previously listed as "indications for coverage") to indicate the services being requested must meet all of the following: <ul style="list-style-type: none"> ▪ Be ordered and directed by a 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 must be Skilled Care in nature; and ▪ A written treatment plan and a letter of medical necessity must be submitted with the request for specific services and equipment; periodic review of the written treatment plan may be required for continued Skilled Care needs and progress toward goals; and ▪ Skilled Care services must be clinically appropriate and not more costly than an alternative health services; and ▪ Services must be continuous and Skilled Care; and ▪ The member's condition requires continuous and/or frequent assessments and changes in the treatment; and ▪ Meets the definition of Private Duty Nursing; Private Duty Nursing services are: <ul style="list-style-type: none"> - Skilled Care services - Continuous Skilled Care of greater than 4 hours per day - Services provided in the home and not in a facility - Services that are not Custodial Care - The absence of an available care giver does not make the requested services Skilled Care ○ Updated/expanded list of applicable coverage limitations and exclusions to include respite care and convenience care ○ Removed benefit considerations language specific to ASO

Date	Action/Description
	<p>plans</p> <ul style="list-style-type: none"> • Revised definitions: <ul style="list-style-type: none"> ○ Removed definition of: <ul style="list-style-type: none"> ▪ Custodial care (CMS) ▪ New Jersey Medicaid Manual eligibility for early and periodic screening, diagnosis and treatment/private duty nursing (PDN) services ▪ Private duty nursing services (shift or continuous nursing care) for ASO and Plans other than the UHC Generic Fully Insured COC who cover private duty nursing and do not define the criteria ▪ Private duty nursing (TENNCARE) ▪ Home bound (CMS) ▪ Intermittent part-time home health services (CMS) ▪ Intermittent visit (s) (CMS) ▪ Skilled care (CMS) ○ Added definitions of: <ul style="list-style-type: none"> ▪ Custodial care ▪ Skilled care • Removed Appendix containing <i>Initial Request for Information</i> and <i>Recertification Assessment</i> forms • Archived previous version CDG.017.01