

## Corporate Medical Policy

### Private Duty Nursing Services

**File Name:** private\_duty\_nursing\_services  
**Origination:** 11/3/2005  
**Last CAP Review:** 2/2021  
**Next CAP Review:** 2/2022  
**Last Review:** 2/2021

#### Description of Procedure or Service

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Private duty nursing (PDN) is hourly, skilled nursing care provided in a patient's home. Private duty nursing provides more individual and continuous skilled care than can be provided in a skilled nurse visit through a home health agency. The intent of private duty nursing is to assist the patient with complex direct skilled nursing care, to develop caregiver competencies through training and education, and to optimize patient health status and outcomes. Private duty nursing is medically necessary continuous, substantial and complex hourly nursing services provided by a licensed nurse in the patient's home. (The nursing tasks must be done so frequently that the need is continuous.)

The frequency and duration of private duty nursing services is **intermittent** and **temporary** in nature and is not intended to be provided on a permanent ongoing basis.

Examples of private duty nursing services may include:

- New ventilator dependent patients,
- New tracheotomy patients,
- Patients who are dependent on other device-based respiratory support, including tracheostomy care, suctioning, and oxygen support,
- Patients who are chronically ill and who require extensive skilled nursing care to remain at home,
- Patients who require prolonged intravenous nutrition or drug therapy with needs beyond those covered by Home Infusion Therapy services.

**Related policy:**

Skilled Nursing Services

#### Policy

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**BCBSNC will provide coverage for Private Duty Nursing when it is determined to be medically necessary and when medical criteria and guidelines shown below are met.**

#### Benefits Application

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This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

Most plans require prior review for private duty nursing services.

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## **When Private Duty Nursing Services are covered**

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Private Duty Nursing Services may be considered medically necessary in patients who meet ALL of the following criteria:

1. The services are ordered by a licensed physician (MD or DO) as part of a treatment plan for a covered medical condition, **and**
2. The attending physician must approve a written treatment plan with short and long term goals specified, **and**
3. The services provided are reasonable and necessary for care of a patient's illness or injury or particular medical needs, and are within the accepted standards of nursing practice, **and**
4. The services are performed by a licensed nurse (i.e., Registered Nurse or Licensed Practical Nurse), **and**
5. The services provided are within the scope of practice of a licensed nurse (RN or LPN), **and**
6. The services require the professional proficiency and skills of a licensed nurse (RN or LPN), **and**
7. The services are provided in the patient's private residence, **and**
8. The patient's condition is unstable and requires frequent nursing assessments and changes in the plan of care. It must be determined that the patient's needs could not be met through a skilled nursing visit, but only through private duty nursing services.

## **When Private Duty Nursing Services are not covered**

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The nurse providing care must not be the patient's spouse, natural or adoptive child, parent, or sibling, grandparent or grandchild. This also includes any person with an equivalent step or in-law relationship to the patient.

PDN is not covered if the patient is in an acute inpatient hospital, inpatient rehabilitation, skilled nursing facility, intermediate care facility or a resident of a licensed residential care facility.

PDN is not covered solely to allow respite for caregivers or patient's family.

Time the nurse spends traveling to and from a patient's home is included in the cost for providing the service. It is not covered separately.

PDN is not covered solely to allow the patient's family or caregiver to work or go to school.

PDN is not automatically covered in the school setting. The level of need still must be determined. All other criteria and limitations must be addressed.

Maintenance care or custodial care is not considered PDN. (See Policy Guidelines below.)

PDN in the home is not covered when provided at the same time as home healthcare nursing services.

## **Policy Guidelines**

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All private duty nursing requests will be referred to and discussed with the Medical Director. The frequency and duration of approved services will be determined on a case-by-case basis. 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 patient's care and the number and frequency of skilled nursing interventions needed. Skilled nursing intervention refers to distinct tasks that affect different body systems and require separate skilled

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nursing knowledge. For example, care for a tracheotomy and care for total parenteral nutrition (TPN) would be considered two (2) different skilled nursing tasks.

The following are examples (not an all inclusive list) of services that do not require private duty nursing care in the home by a RN or LPN unless there is documentation of comorbidities and complications:

- Administration or set up of oral medications
- Application of eye drops or ointments or topical medications
- Routine enteral feedings
- Routine colostomy care
- Ongoing intermittent straight urinary catheterization for chronic conditions (urinary tract infection, urinary retention, enlarged prostate)
- Suctioning of the nasopharynx, nasotrachea, tracheostomy or ventilator maintenance of a stable individual

Other considerations include the family or caregiver's abilities. The goal should be to make the patient and family as independent as possible and to gradually wean nursing care away as the patient'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 patient and family should be made aware of this goal and to expect that the number of PDN hours approved will decrease with eventual termination of PDN services. If there is no caregiver available to assume this role, private duty nursing is NOT appropriate.

A patient who needs PDN is normally unable to leave home without being accompanied by a licensed nurse. Note that the need for nursing care to participate in activities outside of the home is not a basis for authorizing PDN services or expanding the hours needed for PDN services.

A nurse may accompany the patient when the patient's normal life activities (such as a child attending school) take the patient outside of the home. The medical needs of the child must meet the criteria requiring PDN. The term "normal life activities" does not include coverage of PDN when the patient is receiving medical care in an inpatient facility, outpatient facility, hospital, physician's office or other medical care setting.

The patient's condition must be unstable, requiring frequent nursing assessments and changes in the plan of care. The nursing and other adjunctive therapy progress notes must indicate that such interventions or adjustments have been made and are necessary. Also, the physician's orders dealing with the patient's unstable condition must reflect that changes or adjustments have been made at least monthly.

PDN services become maintenance or custodial care when any one of the following situations occur:

- Medical and nursing documentation supports that the condition of the client is stable/predictable; or
- The plan of care does not require a Licensed Nurse to be in continuous attendance; or
- The patient, family, or caregivers have been taught the nursing services and have demonstrated the skills and ability to carry out the plan of care, or
- Maintenance care provided by family members, health aids or other unlicensed individuals after an acute medical event when an individual has reached the maximum level of physical or mental function and is not likely to make further significant improvement.

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

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## **Billing/Coding/Physician Documentation Information**

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable service codes: S9123, S9124*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

## **Medical Term Definitions**

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### **Custodial Care**

Care comprised of services and supplies, including room and board and other facility services, which are provided to the patient, whether disabled or not, primarily to assist him or her in the activities of daily living. Custodial care includes, but is not limited to, help in walking, bathing, dressing, feeding, preparation of special diets and supervision over self administration of medications. Such services and supplies are custodial as determined by BCBSNC without regard to the place of service or the provider prescribing or providing the services.

### **Respite**

Short-term inpatient care provided to the member only when necessary to relieve the family member or other persons caring for the individual ("Inpatient respite care" is addressed in the "Hospice Services" section in the member benefits booklet.)

### **Unstable Medical Condition**

A patient is considered to have an unstable medical condition if 1) the physician has ordered that the nurse constantly monitor and evaluate the patient's condition on an ongoing basis and make any necessary adjustments to the treatment regimen; and that the nursing and other therapy progress notes indicate that such interventions or adjustments have been made and are necessary; OR 2) the physician's orders dealing with the patient's unstable medical condition reflect that changes or adjustments have been made at least monthly.

## **Scientific Background and Reference Sources**

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North Carolina Division of Medical Assistance. Medicaid Clinical Coverage Policies and Provider Manuals. Community Care Provider Manual, Section 9. Private Duty Nursing (PDN) retrieved on September 6, 2005 from <http://www.dhhs.state.nc.us/dma/cc/9.pdf>

Oregon Department of Human Services. Health Services. Office of Medical Assistance Programs (OMAP). Rule Book for Private Duty Nursing Services Program retrieved on September 6, 2005 from [http://www.dhs.state.or.us/policy/healthplan/guides/pdn/132\\_rb\\_080104.pdf](http://www.dhs.state.or.us/policy/healthplan/guides/pdn/132_rb_080104.pdf)

State of Nevada. Department of Health and Human Services. Division of Health Care Financing and Policy. Medicaid Services Manual. Private Duty Nursing retrieved on September 6, 2005 from <http://dhcftp.state.nv.us/MSM/Ch%20900%2007-23-03%20FINAL.pdf>

North Carolina Division of Medical Assistance. Medicaid Clinical Coverage Policies and Provider Manuals. Community Care Provider Manual, Section 9. Private Duty Nursing (PDN) retrieved on 1/31/13 from <http://www.dhhs.state.nc.us/dma/cc/9.pdf>

# Private Duty Nursing Services

Specialty Matched Consultant Advisory Panel- 2/2013

Specialty Matched Consultant Advisory Panel- 2/2014

Specialty Matched Consultant Advisory Panel- 2/2015

Specialty Matched Consultant Advisory Panel- 2/2016

Specialty Matched Consultant Advisory Panel review 2/2020

Specialty Matched Consultant Advisory Panel review 2/2021

## Policy Implementation/Update Information

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- 11/3/05 Original policy issued.
- 5/8/06 Medical Policy Advisory Group review 3/24/06. No change to policy.
- 10/22/07 Added statement to Description section: "The frequency and duration of private duty nursing services is intermittent and temporary in nature and is not intended to be provided on a permanent ongoing basis." Added items to the When PDN is Covered section: "The attending physician must approve a written treatment plan with short and long term goals specified" and "The patient's condition is unstable and requires frequent nursing assessments and changes in the plan of care. It must be determined that the patient's needs could not be met through a skilled nursing visit, but only through private duty nursing services." The statements "The frequency and duration of approved services will be determined on a case-by-case basis" and "All private duty nursing requests will be referred to and discussed with the Regional Medical Director" were moved from the Description section to the Policy Guidelines section. Also noted in the Policy Guidelines, "If there is no caregiver available to assume this role, private duty nursing is NOT appropriate." Definitions of Custodial Care and Unstable Medical Condition added to medical terms section. Specialty Matched Consultant Advisory Panel review meeting 9/20/07. No change to policy statement. (adn)
- 11/23/09 The following statement was added to the Policy Guidelines section: "The patient's condition must be unstable, requiring frequent nursing assessments and changes in the plan of care. The nursing and other adjunctive therapy progress notes must indicate that such interventions or adjustments have been made and are necessary. Also, the physician's orders dealing with the patient's unstable condition must reflect that changes or adjustments have been made at least monthly." Definition for Custodial Care was revised. New definition for Respite was added along with the statement, "Inpatient respite care" is addressed in the "Hospice Services" section in the member benefits booklet. Specialty Matched Consultant Advisory Panel review meeting 9/28/09. No change to policy coverage criteria. (adn)
- 6/22/10 Policy Number(s) removed (amw)
- 2/1/11 Policy status changed to "Active policy, no longer scheduled for routine literature review." Approved by medical director in 2010. (lpr)
- 3/12/13 Specialty Matched Consultant Advisory panel review meeting 2/20/2013 . No change to policy statement. References updated. Converted policy to active status from active archive status. Medical director review. (lpr)
- 3/11/14 Specialty Matched Consultant Advisory panel review meeting 2/25/2014. No change to policy statement. (lpr)
- 3/10/15 Specialty matched consultant advisory panel review meeting 2/25/2015. No change to policy statement. (lpr)
- 4/1/16 Specialty Matched Consultant Advisory Panel review 2/24/2016. No change to policy. (an)

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- 3/31/17 Specialty Matched Consultant Advisory Panel review 2/22/2017. No change to policy. (an)
- 3/29/18 Specialty Matched Consultant Advisory Panel review 2/28/2018. No change to policy. (an)
- 3/12/19 Added the following statement to the “When Not Covered” section: “PDN in the home is not covered when provided at the same time as home healthcare nursing services”. Updated Policy Guidelines section to include list of examples of services that typically do not require PDN services. Added additional statement to define “maintenance”. Also added statement to read: “In determining whether an individual is receiving custodial care, the factors considered are the level of care and medical supervision required and furnished. The decision is not based on diagnosis, type of condition, and degree of functional limitation or rehabilitation potential.” Specialty Matched Consultant Advisory Panel review 2/20/2019. (an)
- 3/10/20 Specialty Matched Consultant Advisory Panel review 2/19/2020. No change to policy. (eel)
- 3/31/21 Specialty Matched Consultant Advisory Panel review 2/17/2021. No change to policy statement. (bb).

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.