Clinical Policy: Private Duty Nursing

Reference Number: MO.CP.MP.504 Coding Implications
Last Review Date: 11/2020 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

This policy describes the medical necessity guidelines for private duty nursing services and/or personal care services. Private duty nursing is the delivery of one on one professional nursing services on more than an intermittent basis. It is intended for members with advanced medical support needs and must be requested by their physician.

Policy/Criteria

I. It is the policy of Home State Health Plan that private duty nursing is **medically necessary** when all of the following indications are met:

A. Members 20 years old or less

B. Requires advanced medical support needs or ventilator dependency (1 or 2):

1. Support needs for three or more of the following criteria:
   a. Intravenous drug therapy, or;
   b. Continuous NG or GT feedings or TPN, or;
   c. Central line care, or;
   d. Oxygen supplementation/titration, or;
   e. Peritoneal dialysis, or;
   f. Active seizures requiring clinical intervention such as IM, IV, or GT medication administration
2. Has ventilator dependency that requires nursing monitoring and intervention with at least one related diagnosis, including but not limited to:
   a. Neuromuscular disease involving the respiratory muscles, or;
   b. Brain respiratory center dysfunction, or;
   c. Severe thoracic cage abnormalities, or;
   d. Intrinsic lung disease, or;
   e. Lung disease associated with cardiovascular disorders, and:

C. At least one advanced medical support need:

1. Severe neuromuscular, respiratory, or cardiovascular disease, or;
2. Chronic liver or gastrointestinal disorders with associated nutritional compromise, or;
3. Multiple congenital anomalies or malignancies with severe involvement of vital body functions, or;
4. Serious infections that require prolonged treatment or;
5. Severe immune deficiency diseases and metabolic diseases, including AIDS, and;

D. Requires two or more services defined as non-skilled care or custodial care including but not limited to:

1. Intermittent NG or GT feedings, 3 or fewer times a day without other medical skilled care needs, including care of an established colostomy/ileostomy and/or care of an established gastrostomy/jejunostomy/nasogastric tube, or;
2. Care of established tracheostomy, or;
3. Care of established indwelling bladder catheter, or;

4. Routine member turning/positioning/dressing changes, or activities of daily living, and;

E. Member's condition is medically stable and predictable and does not require hands on licensed nurse for care for clinical intervention.

II. Personal duty nursing is not covered by the Managed Care health plan if the member has this service identified on an IEP (Individual Education Plan). PDN services as part of an IEP are the responsibility of the MO Healthnet Division and paid fee-for-service.

Background

Private duty nursing is the delivery of professional nursing services on more than an intermittent basis, and is intended for members with advanced medical support needs, who require substantial and complex continuous nursing care by a licensed nurse. Members receiving private duty nursing care are considered high risk and medically fragile. The service may be provided by a registered nurse or licensed practical nurse, according to the specific medical needs of the members, with a plan of care specifying amount, frequency, and the duration of the services. The physician approved PDN provider agency does not take the place of the parent(s)/responsible parties, and does not accept total responsibility for the member; the intention of the PDN is to support, not replace the caregiver. It is not permissible for the parent(s)/responsible parties to be away from the home for an extended period of time with the expectation that the PDN provider agency will accept total responsibility for the child; in the event of an extended absence, a designated individual must be appointed to provide care for the member and for medical care decisions.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
99502	Home visit for newborn care and assessment
99504	Home visit for mechanical ventilation
99505	Home visit for stoma care and maintenance including colostomy and cystostomy
99506	Home visit for intramuscular injections
99507	Home visit for care and maintenance of catheter(s) (e.g. urinary, drainage, and enteral)
99512	Home visit for hemodialysis
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)

HCPCS Codes	Description
T1000	Private duty/independent nursing service(s) – licensed, up to 15 minutes
T1001	Nursing assessment/evaluation
T1002	Nursing services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes

ICD-10-CM Diagnosis Codes that Support Coverage Criteria
+ Indicates a code requiring an additional character

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	11/20	11/20

References

1. Lulavage A. RN-LPN teams: Toward unit nursing case management. Nurse Manage. 1991;22(3):58-61.
2. Creighton H. Private duty nursing: Part I - Reimbursement issues. Nurse Manage. 1988;19(6):22, 26.
3. Missouri State Operations Manual (Interpretive Guidelines – Home Health Agencies) §484.102(a) - §484.102(b)(5). https://health.mo.gov/safety/homecare/hhstatelicensure.php

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage

decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.