JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans **Medical Policy Manual** **Medical Policy**	*Policy Number*	CMS24.05
		Effective Date	08/01/2023
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	Subject **Private Duty Nursing**	*Supersedes Date*	08/01/2022
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This document applies to the following Participating Organizations:

Priority Partners

Keywords: private duty

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I. ACTION

X	New Policy	
	Revising Policy Number	
	Superseding Policy Number	
	Retiring Policy Number	

II. POLICY DISCLAIMER

Johns Hopkins Health Plans (JHHP) provides a full spectrum of health care products and services for Advantage MD, Employer Health Programs, Johns Hopkins Health Plan of Virginia Inc., Priority Partners, and US Family Health Plan. Each line of business possesses its own unique contract, benefits, regulations, and regulators' clinical guidelines that supersede the information outlined in this policy.

III. POLICY

For Priority Partners (PPMCO) refer to: Code of Maryland Regulations

- Code of Maryland Regulations (COMAR) 10.67.06.20 Benefits-EPSDT Services
- Code of Maryland Regulations (COMAR) 10.09.53 Early and Periodic Screening, Diagnosis, and Treatment: Nursing Services for Individuals Younger than 21 Years Old

IV. POLICY CRITERIA

A. Initial Requests for Private Duty Nursing: Private Duty Nursing (PDN) services are temporary, complex skilled nursing services that are considered medically necessary if both A1 and A2 criteria are met.

1. The member's condition is unstable or complex (*refer to Appendix for a non-all-inclusive list of complex conditions*) such that:
    a. The treating provider has performed a comprehensive assessment of the member's health status and documented the instability and/or complexity of the member's condition such that frequent assessments and changes to the plan of care by a nurse are indicated, and the services can only be provided through private duty nursing.
    b. The treating provider has ordered the services in a way that reflects the need for constant monitoring and evaluation of the member's condition and nursing adjustment of the treatment plan as indicated.
    c. At least one caregiver is willing to accept responsibility for the member's care once the member's condition has stabilized/improved and the skilled nurse is no longer available.
        i. For member's safety, if no caregiver(s) is willing or available to provide care, private duty nursing cannot be approved.
    d. An assessment of the need for skilled services so that the services require the skill sets appropriate for the type of licensed nurse requested (RN or LPN) such that:
        i. The complexity of services or the condition of a member requires judgment, knowledge, and skills of a registered nurse (RN) and cannot be provided by a licensed practical nurse (LPN) or performed by a certified nursing assistant (CNA) or a home health aide (HHA); OR,
        ii. The complexity of services or the condition of a member requires the judgment, knowledge, and skills of a LPN and does not require the skills or knowledge of an RN, and cannot be performed by a CNA or HHA; AND,
    e. An assessment of the scope, duration (including short- and long-term goals), and frequency of the PDN services to be provided.
    f. An assessment of the member's residence.
2. Training a caregiver:
    a. PDN services are provided such that the caregiver(s) practices the skills necessary to provide care to the member in accordance with the established plan of care.
        i. Re-teaching and re-training are appropriate when there is a change in the services required for the member's condition and the caregiver is not able to carry out the new task properly. The need for these services should be clearly documented.
    b. The plan of care should include plans to decrease services as the member's condition improves, and/or the caregiver(s) is able to demonstrate progress in skills necessary to meet the member's needs.
    c. Nursing documentation on the training and progress of the member's caregiver(s) or the individual(s) providing backup to the caregiver(s) is required for medical necessity review.
3. Substitution of care ordinarily rendered by the caregiver(s) may be considered medically necessary if the criteria in sections A1 and A2 are met, AND one of the following is applicable:
    a. The member requires care at all times, and the primary caregiver needs substitute nursing services to have adequate time to sleep each day; OR,
    b. The caregiver faces emergency circumstances including but not limited to the inability of the primary caregiver to provide care due to hospitalization or an acute debilitating illness for up to 60 days.
        i. The caregiver must provide documentation of emergency circumstances; OR,
    c. To allow for the primary caregiver's attendance at work and school.
        i. Documentation for proof of employment includes:
            - Official documentation specifying job title and weekly work schedule (specifying work dates/hours, location) from the employer.
            - Employer's contact information (name and address).
            - Commuting times.
        ii. Documentation for proof of schooling includes:

- The official letter from school confirming the course of study (this should include degree/diploma caregiver is seeking, dates, times, duration, and location of each course).
- Commuting times.

4. InterQual® guidelines will be used by JHHP Utilization Management as a reference to determine the number of hours appropriate for PDN services based on provided clinical documentation.

B. Continuation Requests for Private Duty Nursing: Continuing requests for private duty nursing (PDN) services are covered when the criteria in sections A1- A2, and A3 (if applicable) are met, AND all of the following criteria apply:
1. There is written documentation from the treating provider of the medical necessity for continued PDN and an updated plan of care; AND,
2. The treating provider has provided a signed and dated order for renewal of services every 60 days; AND,
3. The skilled nursing documentation is submitted, including the following:
   a. Documentation showing the initial nursing care plan has been reevaluated every 30 days after the initial assessment and modified as necessary to meet the participant's nursing needs.
   b. Nurse's progress notes, clinical notes, logs, daily flowsheets providing information regarding the course of treatment, outcomes (observations, assessments, treatment and training performed, highlighting whether the patient meets the goals of the plan of care), and the next steps in care.
4. Updated or new documentation supporting PDN needs for substitution of care for employment or schooling should be submitted by a caregiver every 3 months.
5. The member or member's caregiver has been enrolled or in the process of enrollment in the JHHP Care Management Program for the member.

C. Exclusions: Private Duty Nursing services are not considered medically necessary if any of the following apply:
1. The documentation does not support the medical necessity of care as defined by COMAR; OR,
2. A stable medical condition; OR,
3. The services are solely for the convenience or preference of the primary caregiver (for instance, for the sole purpose of going to school or work) or member, rather than required by the member's medical condition; OR,
4. Respite care; OR,
5. Custodial services; OR,
6. Member is in a hospital, residential treatment center, an intermediate care facility, a residence or facility where nursing services are included in the living arrangement by regulation or statute, or any other medical care setting; OR,
7. Services not requiring skilled nursing care unless documentation of the complexity and complications of the member's overall medical condition requires individual considerations:
   a. Routine injections of insulin
   b. Routine administration of oral medication (unless the complexity of member's condition, nature/number of drugs require skilled nurse assessment to evaluate for side effects/reactions)
   c. Routine administration of eye drops and topical ointments
   d. Stable/established nasogastric, gastrostomy, and jejunostomy tubes (i.e., the feedings are not required to treat the member's acute illness/injury)
   e. Stable nasopharyngeal and tracheostomy aspiration.
   f. Stable wound care (i.e., does not require the skills of a skilled nurse to assess, treat the illness/injury)
   g. Stable indwelling catheter.
8. Requested services are duplicative (for instance, they are already rendered by a member's caregiver, other insurance, or another third party); OR,
9. PDN services for adults 21 years old and older.

V. DEFINITIONS

Custodial Care: Nonskilled, personal care, such as help with activities of daily living (bathing, dressing, eating, getting in or out of bed or a chair, moving around, using the bathroom) (CMS.gov).

Emergency Service or Medical Condition: A service or medical condition due to symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing health in jeopardy
- Serious impairment of bodily functions
- Serious dysfunction of any bodily organ or part
- Development of continuance of severe pain (COMAR).

Employment: Includes job training or classes required to obtain government licensure or certification to engage in an occupation or profession, and work to fulfill requirements to obtain Temporary Cash Assistance or other public benefits (COMAR).

Home: The place of residence occupied by the member, other than a residence or facility where private duty nursing services are included in the living arrangement by regulation or statute (COMAR).

Medically Necessary: The service or benefit is directly related to the diagnosis, prevention, curation, palliative and rehabilitative/ameliorative treatment of an illness, injury, disability, or health condition, such that it is:

- Consistent with currently accepted standards of good medical practice
- Cost-efficient without sacrificing effectiveness or access to care
- Not primarily for the convenience of the consumer, family or provider (COMAR).

Plan of Care: An individualized care plan, written in collaboration with the participant or family, outlines a plan of action to meet the goals or expected outcomes for the member (COMAR).

Primary Caregiver: A willing and able individual trained in providing care to the member (a parent, family member, or guardian) (COMAR).

Private Duty Nursing (PDN): Skilled nursing services for members who require more individual and continuous care than is available under the home health program, and which are provided by a registered nurse or a licensed practical nurse, in a member's own home or another setting when normal life activities take the recipient outside his or her home (COMAR).

Respite Care: Temporary or periodic care provided in a nursing home, assisted living residence or other type of long-term care program so that the member's caregiver can rest or take some time off (CMS.gov).

School: Courses or classes for the acquisition of a General Education Diploma (GED), high school diploma, associate degree, or a first-time bachelor's degree (COMAR).

Skilled Care: Care requiring skilled nursing or rehabilitative staff to manage, observe and evaluate a member's care (CMS.gov).

Treating Provider or Primary Medical Provider: The medical provider (physician, nurse practitioner) who functions as the principal medical provider to the participant (COMAR).

VI. BACKGROUND

Private duty nursing is skilled, temporary, one-on-one nursing care services rendered in the home by either a registered nurse (RN) or a licensed practical nurse (LPN). Private duty nursing services are different than home health care services because they require:

- a skilled nurse (RN or LPN) due to a complex medical need or an unstable medical condition
- approval and order from a medical provider
- a family member or support to be trained to care for the member
- clear documentation of medical necessity and expectations around clinical or functional improvement.

Approval of services requires a member to be homebound, defined by COMAR as "a patient who is confined to the home due to a medical condition." Homebound does not require that an individual is entirely immobile or bedridden. CMS defines it as someone at baseline unable to leave home without assistance and when "leaving home takes considerable and taxing effort. A person may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as a barber trip or attending a religious service. A need for adult daycare doesn't keep one from getting home health care".

Private duty nurses do not provide non-skilled care services such as companionship, nursing, bathing, or other daily living activities, as these are custodial care services. Furthermore, PDN services do not cover routine, stable home medical services that a well-trained caregiver already delivers (CMS).

Ultimately, PDN services should only be approved based on an individual's medical condition, with the goal of decreasing services as the condition stabilizes and/or improves. Services should not solely be approved based on a caregiver's, provider's, or member's preferences (CMS).

VII. CODING DISCLAIMER

Note: The following CPT/HCPCS codes are included below for informational purposes and may not be all inclusive. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member's specific benefit plan 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 of payment. Other policies and coverage determination guidelines may apply.

Note: All inpatient admissions require preauthorization.

Adherence to the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits
Priority Partners (PPMCO): Regulatory guidance supersedes JHHP Medical Policy. If there are no criteria in COMAR regulations, or other State guidelines, apply the Medical Policy criteria.

VIII. CODING INFORMATION

CPT® CODES ARE FOR INFORMATIONAL PURPOSES ONLY	
CPT® CODES	**DESCRIPTION**
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
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

IX. REFERENCE STATEMENT

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins Health Plans (JHHP) Medical Policy Team during the development and implementation of this medical policy. The Medical Policy Team will continue to monitor and review any newly published clinical evidence and revise the policy and adjust the references below accordingly if deemed necessary.

X. REFERENCES

Centers for Medicare and Medicaid Services (CMS). *Medicare Benefit Policy Manual, Publication 100-02, Chapter 7 Home Health Services.* Retrieved April 24, 2023 from https://www.cms.gov.

Centers for Medicare and Medicaid Services (CMS). *Glossary.* Retrieved April 24, 2023 from https://www.cms.gov

MedStar Family Choice. (July, 2021). *Private Duty Nursing Care.* Administrative Policy and Procedure Number: 1426. https://www.medstarfamilychoice.com

Aetna. (March 28, 2023). *Skilled Home Private Duty Nursing Care.* Medical Clinical Policy Bulletins Number: 0136. http://www.aetna.com

United Healthcare Commercial. (December 1, 2022). *Skilled Care and Custodial Care Services.* Coverage Determination Guideline Number: MMG030.L https://www.uhcprovider.com/

XI. APPROVALS

Historical Effective Dates: 08/01/2022, 08/01/2023