

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Private Duty Nursing-PREAUTH

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>12/6/2011</b>	<b>Policy Last Updated:</b>	<b>12/6/2011</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

**The effective date of this policy is the date BCBSRI created documentation to reflect reimbursement processes that have already been established and does not indicate a change in the payment process.**

### **Description:**

Private duty nursing (PDN) is substantial, complex, and continuous service that requires more individual and continuous care than is available from a visiting nurse or skilled nursing home care visit and which would require frequent nursing interventions in the home.

PDN services are provided under the direction of a written individualized plan of care signed by the member's attending physician. Care is managed by a certified home health care agency or certified community home health care agency. Nursing services are rendered by a licensed registered nurse (RN) or licensed practical nurse (LPN) and employed by the home care agency.

Examples of private duty nursing services include the following types of care (the list is not all inclusive):

- Chronically ill patients who require greater than 8 hours of continuous skilled nursing care to remain at home.
- New ventilator dependent patients.
- New tracheotomy patients
- Patients dependent on other device-based respiratory support, including tracheostomy care, suctioning, and oxygen support.

### **Medical Criteria:**

Private duty nursing services received in the home may be medically necessary when ordered by a physician, and the services are performed by a certified home health care agency.

**Preauthorization is required for Blue CHiP for Medicare and recommended for all other BCBSRI products.**

**Policy:**

Private duty nursing services are covered when the patient requires continuous observation and intervention in the home.

Private duty nursing is considered **not covered** for the following when:

- Acting as a nurse's aide;
- Primary duties are limited to bathing, feeding, exercising, homemaking, giving oral medications or acting as companion/ sitter;
- PDN is a member of your household or for the cost of care is provided by one of your relatives (by blood, marriage or adoption);
- It is for maintenance care after the condition has stabilized (including routine ostomy care or tube feeding administration) or if the anticipated need is indefinite;
- The care is for a person without an available caregiver in the home (twenty four hour private duty nursing is not covered);
- It is for respite care (e.g., care during a caregiver vacation) or so that the caregiver may attend work or school;
- The caregiver or patient has demonstrated the ability to carry out the plan of care;
- PDN is provided outside the home (e.g., school, nursing facility or assisted living facility);
- It is a duplication or overlap of services (e.g., when a person is receiving hospice care services or for the same hours of a skilled nursing home care visit.); or
- It is for observational purposes only.
- Skilled nursing is provided as part-time/intermittent and not continuous care.

**Coverage:**

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable "Private Duty Nursing" coverage.

**Coding:**

The following services require preauthorization:

**G0154** Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting, each 15 minutes

**Related Topic:**

Home Health Care

**Published:**

Provider Update, February 2012

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance

to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.