Medical Coverage Policy | Private Duty Nursing



EFFECTIVE DATE: 12 | 06 | 2011

POLICY LAST UPDATED: 02 | 02 | 2016

OVERVIEW

Private duty nursing (PDN) is considered 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.

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 healthcare agency.

PRIOR AUTHORIZATION

Prior authorization review is recommended for Commercial products.

POLICY STATEMENT

BlueCHiP for Medicare

Private duty and full time nursing services are not covered for BlueCHiP for Medicare members.

Commercial Products

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

Services of a private duty nurse are considered **not covered** in the following instances:

- The PDN is acting as a nurse's aide;
- The primary duties are limited to bathing, feeding, exercising, homemaking, giving oral medications or acting as companion/sitter;
- The 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 (24-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
- The caregiver or patients have demonstrated the ability to carry out the plan of care;
- The 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.
- The 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 Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable "Private Duty Nursing" coverage/benefits.

BACKGROUND

Private duty nursing is considered 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 (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

CODING

Commercial Products

Preauthorization is recommended for private duty nursing services for all Commercial products. To report private duty nursing services, use the following HCPCS codes:

G0299 (Code effective 1/1/2016) **G0300** (Code effective 1/1/2016)

G0154 (Code discontinued 12/31/2015)

RELATED POLICIES

Home Health Care

PUBLISHED

Provider Update, April 2016 Provider Update, April 2015 Provider Update, January 2013 Provider Update, February 2012

REFERENCES

None

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