

MEDICAL ASSOCIATES HEALTH PLANS AND HEALTH CHOICES HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL

POLICY TITLE: Private Duty Nursing

POLICY STATEMENT:

This policy defines private duty nursing (PDN) in the home and the conditions under which it would be considered medically necessary. PDN refers to intermittent and temporary, complex skilled nursing care on an hourly basis in the home by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN). PDN care includes assessment, monitoring, skilled nursing care, and caregiver/family training to assist with transition of care from a more acute setting to home.

- **This document applies to eligible individuals who meet the clinical criteria and who have coverage under the scope and limitations of their benefit package. Services which are medically appropriate or indicated may not be approved for coverage based on exclusions and limitations of the benefit package.**

CRITERIA:

PDN in the home is considered **medically necessary** when **ALL** of the following criteria are met:

1. Intensity of Care

- a. The services must be **skilled** and **not custodial** in nature; **AND**
- b. The member is homebound; **AND**
- c. The attending physician must certify the medical necessity of PDN; **AND**
- d. The attending physician must approve a written treatment plan with short and long term goals specified; **AND**
- e. Services must require the professional proficiency and skills of an RN or LPN/LVN. The decision to use an RN or LPN/LVN is dependent on the type of services required and must be consistent with the scope of nursing practice under applicable state licensure regulations. PDN performed by an LPN/LVN must be under the supervision of an RN following a plan of care developed by the physician in collaboration with the individual, family/caregiver and PDN; **AND**
- f. Services must be performed on a part-time or intermittent visiting basis, according to the defined treatment plan and under the direction of a physician in order to ensure the safety of the individual and to achieve the medically desired result; **AND**
- g. The service must be appropriate with regard to standards of good medical practice and not solely for convenience.

2. Availability of Caregiver

- a. PDN is appropriate for short-term training with the intent of having caregivers assume this role when the individual's medical condition becomes stable; **AND**
- b. The primary caregiver accepts ongoing 24-hour responsibility for the health and welfare of the member.

3. Unstable Condition

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- a. The individual's condition must be unstable and require frequent nursing assessments and changes in the plan of care. Instability of the individual's condition means that an individual's condition changes frequently or rapidly, so that constant monitoring or frequent adjustments of treatment regimens are required. It must be determined that these needs could not be met through a skilled nursing visit, but could be met through PDN; **AND**
- b. The individual requires treatment or complex skilled nursing care of an unstable medical condition, including but not limited to treatment of at least **one** of the following:
 - i. Dependence on mechanical ventilation;
 1. Health Plan considers initial stabilization of a member on a ventilator at home after discharge to be a skilled need requiring home nursing care. Once the member is stabilized at home, Health Plan does not consider continued ventilator management a skilled need requiring home nursing unless the member is unstable and needs close monitoring and frequent ventilator adjustments. This instability may be the result of an acute event (e.g., respiratory infection or exacerbation of chronic obstructive pulmonary disease (COPD)) or weaning from a ventilator.

For members on a ventilator at home, Health Plan considers continuous home nursing medically necessary for up to 3 weeks upon an initial discharge from an inpatient setting as a transition to home, as long as the member requires continuous skilled care to manage the ventilator. Thereafter, the amount of home nursing per day that is medically necessary will decline as the member is stabilized and the family member/caregiver is instructed on routine ventilator care.
 - ii. Enteral feeding (for example, continuous nasogastric (NG), gastrostomy tube (GT), or jejunostomy feedings) complicated by frequent regurgitation, with or without aspiration;
 - iii. Tracheostomy care requiring deep suctioning at least every 4 hours;
 - iv. Seizure disorder manifested by prolonged seizures, requiring emergent administration of anticonvulsant medication; **AND**
- c. An individual is considered to have an unstable medical condition when **both** of the following are met:
 - i. The physician has ordered that the nurse constantly monitor and evaluate the individual's condition on an ongoing basis and make any necessary adjustments to the treatment regimen; **AND**
 - ii. The nursing and other adjunctive therapy progress notes indicate that such interventions or adjustments have been made at least monthly and are necessary.

4. Regular Progress Summaries

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- a. Initially, written weekly progress summaries are required for assessing the need to extend a PDN service, in order to determine if the individual has reached his/her optimal level of recovery and that a caregiver has been taught to assume care.
- b. For continued requests for PDN, a written progress summary with measurable long and short-term goals and a plan of care are required. The frequency of these updates should be at the discretion of the case manager, but at least monthly. These updates may be done telephonically at the discretion of the case manager.

Not Medically Necessary:

1. PDN in the home is considered **not medically necessary** when it is provided for **one or more** of the following:
 - a. Solely for convenience;
 - b. Stable medical condition;
 - c. Services to allow the individual's family to work or to provide respite for the family;
 - d. Custodial care
2. The following services are examples that **do not** require the skills of a licensed nurse and therefore are considered to be **not medically necessary** in the home setting, unless there is documentation of comorbidities and complications that require individual consideration.
 - a. Routine services directed toward the prevention of injury or illness.
 - b. Administration or set-up of oral (PO) medications or both.
 - c. Application of eye drops or ointments and topical medications.
 - d. Routine administration of maintenance medications, including insulin. This applies to PO, subcutaneous (SQ), intramuscular (IM) and intravenous (IV) medications.
 - e. Routine enteral feedings (for example, continuous or bolus nasogastric (NG), gastrostomy tube (GT) or jejunostomy feedings).
 - f. Routine colostomy care.
 - g. Ongoing intermittent straight catheterization for chronic conditions.
 - h. Custodial care by an LPN/LVN or RN.
 - i. Emotional support, counseling or both.
 - j. Suctioning of the nasopharynx or nasotrachea.
 - k. Any duplication of care which is already provided by supply or infusion companies.

Requests for coverage of Rehabilitation services that do NOT appear to meet the above listed criteria will be reviewed by the Chief Medical Officer.

References: Other Major Health Plan Payers

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Original: 07/16
Reviewed: 10/17, 07/18, 08/19, 04/20, 05/21, 10/21, 02/24
Revised: 02/23