

MedStar Health, Inc. POLICY AND PROCEDURE MANUAL

POLICY NUMBER: MP.050.MH
REVISION DATE: 06/13
ANNUAL APPROVAL DATE: 08/13
PAGE NUMBER: 1 of 7

SUBJECT: Private Duty Nursing
INDEX TITLE: Medical Management
ORIGINAL DATE: December 2000

This policy applies to the following lines of business: (Check those that apply.)

COMMERCIAL	CMS-MA
MedStar Select (X)	MedStar Medicare Choice (X)

I. POLICY

It is the policy of MedStar Health, Inc. to cover private duty nursing when it is medically necessary (refer to CRM.015.MH Medical Necessity policy and covered under the member's specific benefit plan).

MedStar Health, Inc. recognizes private duty nursing provided in the member's home as appropriate and consistent with good medical practice. Private duty nursing in the home will be considered after review on an individual basis for the indications detailed in this policy. The services must be provided by an actively practicing Registered Nurse (RN) or a Licensed Practical Nurse (LPN) that is not a member of the member's immediate family.

All denials are based on medical necessity and appropriateness as determined by a MedStar Health, Inc. Medical Director (Medical Director).

II. DEFINITIONS

Unstaffed Hours are hours that are not staffed due to the unavailability of a skilled nurse. It does not include authorized hours that are cancelled by a caregiver.

III. PURPOSE

The purpose of this policy is to define the medically necessary criteria for the private duty nursing benefit.

IV. SCOPE



UPMC HEALTH PLAN

UPMC Health Plan and Evolent Health provide administrative functions and services on behalf of MedStar Health, Inc. and its affiliates.

Proprietary and Confidential Information of UPMC Health Plan
© 2013 UPMC All Rights Reserved

This policy applies to various MedStar Health, Inc. departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

A. Medical Description

Skilled nursing services are those services that have been ordered by a physician and must be provided by or under the direct supervision of a licensed health professional if the safety of the member is to be assured and the medically desired result is to be obtained. The fact that a physician has ordered or prescribed a service does not, in itself, determine whether a service is skilled.

The services must be provided by an actively practicing RN or a LPN that is not a member of the member's immediate family.

Skilled nursing services can be provided through either:

- **Home health skilled nursing visit** consists of skilled nursing services involving monitoring and observation of member that requires direct nursing supervision for less than 4 hours per day continuous.
- **Private duty nursing** consists of skilled nursing services involving continuous monitoring and observation of a member who requires frequent medical intervention and who requires four (4) or more continuous hours per day of direct nursing supervision. ***Less than 4 hours of continuous skilled nursing care may be provided by a home health skilled nursing visit.***

B. Specific Indications

Private Duty Nursing Criteria

Private duty nursing requires a need for skilled nursing services involving continuous monitoring and observation of a member who requires frequent medical intervention and who requires four (4) or more continuous hours per day of direct nursing supervision. **Less than 4 hours of member care requiring direct nursing supervision may be provided by a home health skilled nursing visit.**

Indications for private duty nursing include the following:

1. Member requires more continuous skilled nursing care than can be provided by a home health skilled nursing visit.
2. Member is ventilator dependent.
3. Member is being weaned from ventilator.



UPMC Health Plan and Evolut Health provide administrative functions and services on behalf of MedStar Health, Inc. and its affiliates.

UPMC HEALTH PLAN

Proprietary and Confidential Information of UPMC Health Plan
© 2013 UPMC All Rights Reserved

4. Tracheostomy members with respiratory compromise requiring frequent suctioning.
5. Nasogastric tube feedings or medications, when removal and insertion of the nasogastric tube is required associated with complex medical problems.
6. The member has medical needs that require complex nursing assessments and interventions that are in response to acute episodes of medical instability.

C. Limitations

Private Duty Nursing is provided in the home in order to meet the skilled needs of the member, not for the convenience of the family/caregiver.

Refer to **Section F** titled **Variations** for product specific limitations.

D. Information Required for Review

In order to assess medical necessity for private duty nursing, adequate information must be obtained. The medical management staff obtains pertinent clinical and social information from the medical record, hospital/utilization nurse, referring/attending physician, and/ or the member and/or family. Necessary information includes but is not limited to the following:

1. Completion of the MedStar Health, Inc Certificate of Medical Necessity for Private Duty Nursing.
2. Clinical history and the anticipated plan of care.
3. Skilled nursing needs, including frequency and duration, that require private duty care.
4. An assessment of the member's home environment and available support system.
5. Ability of family or other caregivers to be trained to care for the member to provide services including but not limited to: routine tube feedings, bladder catheterizations, tracheostomy care, routine maintenance of colostomies and ileostomies and assistance with activities of daily living such as bathing, eating, dressing and personal hygiene. (Refer to Limitation section)
6. Member's cognitive and psychological status.
7. Parent/Caregiver work schedules indicating hours/days of week at work. Work schedules must be provided for home-based businesses as well as workplaces located outside the home in the community.
8. The nursing agency must also supply the following information on a continuing basis:
 - Monthly update on member's condition and plan of care.
 - Request for extension of the authorization must be submitted along with updated clinical information to MedStar Health, Inc two (2) weeks before the existing authorization expires. Updated clinical information must be provided.



E. Review Process

1. The Medical Management Ancillary Service staff reviews the request according to CRM.001 - Prior Authorization/Pre-Service Review policy. If the case does not meet the established criteria, it is referred to a Medical Director.
2. If referred, the Medical Director determines if the requested service is medically necessary and appropriate according to CRM.005 - Medical Director Referral, CRM .015 - Medical Necessity and CRM.032 Benefit Exception policy.
3. The Medical Management Ancillary Service staff completes the review process and communicates the review decision according to the Timeliness of UM Decisions policy for the member's benefit plan (See CRM.004 – Timeliness of Utilization Management Decisions – Medical Assistance; CRM.007 – Timeliness of Utilization Management Decisions – Commercial, and CHIP.

F. Variations

Commercial Products

Limitations

1. Private duty nursing is limited to a maximum of sixteen (16) hours per day based on medical necessity.
2. Private Duty Nursing services are limited to the member's place of residence, including the member's own home or foster home.
3. Coverage of Private Duty Nursing services for a member in an acute hospital setting, rehabilitation or skilled nursing facility, school, adult or pediatric daycare center or workplace is not provided.

Medicare Products

Policy

Private duty nursing is not covered for MedStar Health, Inc. Medicare products.

Medical Assistance (MA) Products

Policy

Home Health Aides are also covered for Medical Assistance members, under age 21, if medical necessity is established.

Continuous skilled nursing services are not limited to 4 or more hours for Medical Assistance members. Less than 4 hours of skilled nursing services may be provided through home health nursing services if medically necessary.

Indications for Unstaffed Authorized Hours of Shift Skilled Nursing Care

Unstaffed authorized hours of shift skilled nursing services are covered for use within seven (7) days of the unstaffed hours to enable the parent or guardian to:

- Work

- Sleep
- Attend a medical appointment
- Attend to household or other family responsibilities
- Attend school
- Engage in any other similar activity that is determined appropriate

(Refer to Definition section)

Limitations

Private duty nursing is not covered once the member is 21 years old.

Review Process

The MedStar Health, Inc Staff assigned to the case will send a letter (Notification of Benefit Exhaust) to the member up to forty five (45) days prior to their 21st birthday notifying the member that Medical Assistance will no longer pay for private duty nursing services. The letter will explain that continued private duty nursing may be available under the Home and Community Based Waiver Program for Attendant Care Services (OSP/AC Waiver) and that Medical Assistance will continue to cover medically necessary services other than the private duty nursing. Medical Assistance will assist the member as needed in transitioning care to the waiver program.

Information Required for Review

The agency must supply a monthly report noting any shifts/hours that were not covered during the previous month and what accommodations were made to meet the member's clinical needs.

In order to assess medical necessity for private duty nursing, adequate information must be obtained. The medical management staff obtains pertinent clinical and social information from the medical record, hospital/utilization nurse, referring/attending physician, and/ or the member and/or family. Necessary information includes the following:

1. Completion of the MedStar Health, Inc Certificate of Medical Necessity for Private Duty Nursing.
2. Clinical history and the anticipated plan of care.
3. Skilled nursing needs, including frequency and duration, that require private duty care.
4. An assessment of the member's home environment and available support system.
5. Ability and availability of family or other caregivers to be trained to care for the member to provide services including but not limited to: routine tube feedings, bladder catheterizations, tracheostomy care, routine maintenance of colostomies and ileostomies and assistance with activities of daily living such as bathing, eating, dressing and personal hygiene. (Refer to Limitation section)



UPMC Health Plan and Evolent Health provide administrative functions and services on behalf of MedStar Health, Inc. and its affiliates.

Note: Private Duty Nursing cannot be denied to a Medical Assistance member on the basis that the member has a family member, live-in caregiver, or other person that can provide the requested care UNLESS it is determined that the family member, live-in caregiver, or other person is actually able and available to provide the level or extent of care that the member needs, given the caregiver's work schedule or other responsibilities, including other responsibilities in the home. Less than 4 hours of direct skilled nursing services that are medically necessary for a Medical Assistance member can be provided by home health skilled nursing visit.

6. Member's cognitive and psychological status.
7. Parent/Caregiver work schedules indicating hours/days of week at work. Work schedules must be provided for home-based businesses as well as workplaces located outside the home in the community.
8. The nursing agency must also supply the following information on a continuing basis:
 - Monthly update on member's condition and plan of care.
 - Request for extension of the authorization must be submitted along with updated clinical information to MedStar Health, Inc two (2) weeks before the existing authorization expires. Updated clinical information must be provided.

CHIP Product Limitations

1. Private duty nursing is limited to a maximum of sixteen (16) hours per day based on prior authorization of medical necessity.
2. The use of private duty nursing is counted toward the member's home health benefit and will not be covered in excess of the maximum number of days allowed for the home health care benefit period.

G. Records Retention

Records Retention for documents, regardless of medium are provided within the MedStar Health, Inc. Policy and Procedure CORP.028.MH Records Retention.

H. References

1. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services: Skilled Nursing Facility Manual, Transmittal 378, Chapter 2: Coverage of Services, 11/10/03 <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R378SNF.pdf>
2. /HEALTHCHOICES/custom/post/mcopsmemo/2010/mc_ops_03-2010-007.asp
3. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services Coverage of Services: Medicare Hospital Manual, Transmittal



UPMC Health Plan and Evolent Health provide administrative functions and services on behalf of MedStar Health, Inc. and its affiliates.

UPMC HEALTH PLAN

Proprietary and Confidential Information of UPMC Health Plan
© 2013 UPMC All Rights Reserved

776: : Nursing and Other Services, Section No. 210.2, effective 8/6/2001

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R776HO.pdf>

4. Hanchett M. What you need to know about consumer-directed home care. Home Healthc Nurse. 2001 Nov; 19(11):681-686.
http://journals.lww.com/homehealthcarenurseonline/Abstract/2001/11000/What_You_Need_to_Know_About_Consumer_Directed_Home.10.aspx
5. Considine C. The private duty market: operational and staffing considerations. Home Healthc Nurse 2003 Jul; 21(7):454-459.
http://journals.lww.com/homehealthcarenurseonline/Abstract/2003/07000/The_Private_Duty_Market_Operational_and_Staffing.6.aspx
6. Tweed SC. The five most frequently answered questions about private duty home care. Home Healthc Nurse. 2003 Jul; 21(7):466-470.
http://journals.lww.com/homehealthcarenurseonline/Abstract/2003/07000/The_Five_Most_Frequently_Answered_Questions_About.8.aspx
7. Borchers Ellen L: Improving nursing documentation for private-duty home health care, J Nurs Care Qual. 1999 Jun; 13(5):24-43.
http://journals.lww.com/jncqjournal/Abstract/1999/06000/Improving_Nursing_Documentation_for_Private_Duty.5.aspx
8. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services: Medicare Benefit Policy Manual, Chapter 1- Inpatient Hospital Services Covered under Part A, Rev. 119, 01-15-2010. Section 20-Nursing and Other Services: A3-3101.2, HO-210.2 (rev.1, 10-01-03).
<http://www.cms.hhs.gov/manuals/Downloads/bp102c01.pdf>.

