Clinical Policy: Private Duty Nursing (PDN) Services

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See Important Reminder at the end of this policy for important regulatory and legal information.

Policy Statement
This clinical policy is to define the criteria needed to be reviewed in order to approve Private Duty Nursing (PDN) Services delivered by a Registered Nurse (RN) or Licensed Practical Nurse (LPN).

Purpose
To ensure consistency in the application of medical necessity criteria for members who require Private Duty Nursing (PDN) Services

Scope
This policy applies to the Utilization Management team at NH Healthy Families for HCPS code S9123 and S9124.

Definitions
S9123: Nursing care, in the home; by registered nurse, per hour

S9124: Nursing care, in the home; by licensed practical nurse, per hour

Private Duty Nursing (PDN) Services definitions below per NH Administrative Code He-W 540.01:

Clinically appropriate means care that is:
(1) Provided in a timely manner and meets professionally recognized standards of acceptable medical care;
(2) Delivered in the appropriate medical setting; and
(3) The least costly of multiple, equally effective alternative treatments or diagnostic modalities.

Order means a written authorization issued by a licensed practitioner for medications, treatments, recommendations, and referrals, and signed by the licensed practitioner using terms such as authorized by, authenticated by, approved by, reviewed by, or any other term that denotes approval by the licensed practitioner.

Licensed practitioner means:
(1) Physician;
(2) Physician's assistant;
(3) Advanced practice registered nurse (APRN); or
(4) Any practitioner with diagnostic and prescriptive powers licensed by the appropriate state licensing board.

Plan of care means a plan of care prepared in accordance with 42 CFR 484.60.

Private duty nursing (PDN) means the provision of skilled nursing services for recipients who require more individual and continual skilled nursing observation, judgment, assessment, or interventions than are available from a visiting nurse, in contrast to part-time or intermittent care, such as wound care.

Reasonable attempt means such action taken to accomplish the purpose as may be customary, appropriate, and suitable to the circumstances and that is in the best interests of the recipient.

Recipient means any individual who is eligible for and receiving medical assistance under the Medicaid program.

Skilled nursing services means services that are provided by a registered nurse (RN) or a licensed practical nurse (LPN) because the nature of the service is inherently complex or the recipient's condition is such that the service can be safely and effectively provided only by a licensed nurse in accordance with the nurse practice act, RSA 326-B.

Policy/Criteria
POLICY:
1. Any New Hampshire Medicaid beneficiary who meets the requirements of He-W 540.02 will be eligible for Private Duty Nursing (PDN) Services, specifically must meet all requirements below in sections a through e:

a. The member requires continual skilled nursing observation, judgment, assessment, or interventions for more than a 2 hour duration which can only be provided by an RN or LPN, to maintain or improve the recipient's health status; and

b. The member is receiving nursing care under a written plan of care established or approved by the recipient's physician or other licensed practitioner.

c. PDN is part of the recipient's medical regimen and rendered under the order and general direction of the recipient's physician or other licensed practitioner.

d. PDN is provided in one of the following locations:

(1) The recipient's home; or

(2) In locations other than the recipient's home when routine life activities take the recipient outside of the home if the services would have otherwise been provided in the recipient's home.

e. Prior authorization has been requested and obtained.

2. Private Duty Nursing (PDN) Services shall be a covered service based on medical necessity and is subject to utilization management reviews, including prior authorization processes. Medical necessity for PDN performed by a licensed nurse is a determined by the member's eligibility, as well as meeting medical necessity criteria and utilizing InterQual Private Duty Nursing Assessment to determine the clinically appropriate number of hours for PDN services for initial and ongoing services.

3. Upon receipt of the prior authorization completed documentation from the ordering provider, the Plan shall review the request. If the Plan approves the entire request as ordered by the ordering provider, the Plan shall notify the Member and the rendering provider of the approval of service coverage. If the Plan is unable to approve the entire request, as signed by the ordering provider, the Plan shall deny or partially deny the request, sending notification to the Member, the ordering provider and the rendering provider. The Plan shall afford the ordering provider the opportunity to have a peer-to-peer consultation after a denial or partial denial has been issued. The ordering provider may request a peer-to-peer consultation with the authorizer at any time during the utilization management determination process including prior to an approval, denial, or partial denial of service is issued.

4. The Plan shall comply with all contract provisions regarding continuing coverage of services which the beneficiary is already receiving to allow for care transitions and time periods for notifications to beneficiaries, ordering providers and rendering providers throughout the utilization review process.

PROCEDURE:
All PDN services require Plan prior authorization, including the initial evaluation. The Plan uses the clinical criteria included in this policy and/or EPSDT guidelines, when applicable, to determine medical necessity of PDN services. When criteria are met, the Plan covers PDN services for a specified authorized period of time, including a specific number of units. If a PDN agency is sharing hours with another agency, the Prior Authorization team must split these hours between two separate authorizations.

Required documentation for Private Duty Nursing (PDN) Services Authorizations outlined in sections a through e:

a. A written, signed, and dated physician's or other licensed practitioner's order for care provided, updated and
signed every 60 days, which shall include:
1. The recipient's diagnosis, with a description of the severity of the illness or condition; and
2. A detailed explanation of the medical need for PDN, including:
    a. The specific nursing services that are required; and
    b. A description of the specific medical complications necessitating PDN;

b. A nursing assessment with information that supports the need for PDN including, but not limited to, the following:
1. Recipient identification information including:

a. Recipient name;
b. Medicaid identification number (MID); and
c. Date of birth;

2. Contact information of the recipient's parent, guardian, or primary caregiver including addresses and phone numbers;
3. Private health insurance, and/or any other health insurance (OHI) information including coverage dates in addition to NH Medicaid coverage;
4. Information regarding the recipient's participation in any Medicaid program, including Medicaid to schools, waiver programs, and licensed nursing assistant (LNA) services, or participation in the special medical services program;
5. Name and contact information of the recipient's treating physician or other licensed practitioner, including the primary care physician, and any specialists;
6. A summary of the recipient's physical and behavioral health status including:
a. A list of the recipient's current conditions; and
b. A history of the conditions leading to the need for PDN;
7. An assessment of the recipient's body systems including a medication profile;
8. A functional assessment of the recipient's physical and cognitive status including a list of any durable medical equipment being utilized;
9. A description of the household make-up including the nature of the household member's relationship with the recipient and their ability and availability to provide care and support to the recipient;
10. Information about the recipient's school participation including the number of hours per week the recipient attends and whether a nurse or aide is available to assist the recipient while at school;
11. The recipient's emergency plan in the event that the primary caregiver is unable to provide care; and
12. Any additional medical or social information, such as family stressors and their impact on the mental and emotional health of the recipient that the recipient wants to provide that supports the need for PDN.

c. A plan of care documenting the extent of the recipient's nursing needs, prepared by the PDN service provider, signed and dated by the recipient's physician or other licensed practitioner, and updated every 60 days in accordance with 42 CFR 484.60(c)(1);

d. Nurses' notes that fully document, for each date of service, the provision of services and the care and treatment
provided to the recipient, including:

1. The location of where the care was provided, and the time that the nursing shift began and ended;
2. A description of each nursing service provided, including the type of nursing service, the time of the service delivery, and the recipient's response to the service so that an independent reviewer can replicate what happened during the shift;
3. Details showing that the nursing services are consistent with the care plan and orders of the recipient's physician or other licensed practitioner;
4. Any adverse findings and, if so, a plan of action to address those findings; and
5. The recipient's progress towards established goals; and

e. Documentation of a face-to-face encounter between the recipient's physician or other licensed practitioner and the recipient within 90 days prior to, or within 30 days following the start of, the PDN service provision, as established in 42 USC 1395n of the SSA and in accordance with 42 CFR 440.

PRIOR AUTHORIZATION PROCESS

a. Prior Authorization will remain required for all PDN services.

b. The PDN service provider shall submit a prior authorization request along with sufficient current medical and psychosocial information in order to evaluate the request and make a determination.

c. The information required by (b) above shall include, but not be limited to:
1. A written, signed, and dated physician's or other licensed practitioner's order
2. The nursing assessment; and
3. The plan of care

d. If further medical information is necessary, the health plan shall contact the recipient's physician, other licensed practitioner, or PDN service provider directly by letter, fax, or telephone and request the additional information.4

e. The health plan shall determine if PDN is appropriate, and if so, the number of hours authorized and the start and end date of the PDN authorization period, based on an evaluation of the following clinical information provided or gathered in accordance with b. through d. above:
1. The order and direction of the recipient's physician or other licensed practitioner;
2. The frequency of the recipient's need for skilled nursing observation, judgment, assessment, or interventions;
3. The nursing assessment;
4. The identified problems and goals in the plan of care; and
5. For authorization extensions in o. below, as applicable, the assessment of needs based on the face-to-face nursing visit in k. and l. below.

f. The term of prior authorized services shall be valid for no less than 6 months, unless a shorter term is identified by the practitioner ordering the PDN services, from the start date and may be longer based on the clinical prognosis of the recipient,

g. Requests for prior authorization shall be denied by the department or its prior authorization agent if, based on the evaluation in (e) above:
1. Any of the requirements of this policy, and/or InterQual Private Duty Nursing Assessment are not met, including eligibility requirements, and/or required documentation requirements.
2. It is determined that:
a. The recipient does not require skilled nursing services;
b. The recipient does not require continual skilled nursing observation, judgment, assessment, or interventions for more than a 2 hour duration; or

c. There are less costly and equally effective alternatives available, such as care provided by alternative providers including personal care attendants, licensed nursing assistants, or homemakers, which will provide the recipient with the same level of service.

h. If a request for prior authorization is denied by the health plan, notice of denial shall be forwarded to the recipient, to include:

1. The reason for the denial
2. Information on applicable appeal rights
3. There are less costly and equally effective alternatives available, such as care provided by alternative providers including personal care attendants, licensed nursing assistants, or homemakers, which will provide the recipient with the same level of service

i. If an initial request for authorization is approved, the health plan issue an initial authorization for a 90-day period.

j. Notice of the initial authorization in h. above shall be sent to the recipient and the PDN service provider and include the option in which the health plan or its designated party may conduct a face-to-face, telephonic, or virtual nursing visit.

k. If the health plan approves the prior authorization request, then the PDN service provider shall receive notification, which confirms the approval, includes the number of hours authorized and, documents the start and end date of the PDN authorization period.

l. Within the 90 days in i. and j. above, and at least once annually for all approved authorization requests, the health plan or its designated party shall conduct a face-to-face or virtual nursing visit with the recipient in order to:

1. Assess the recipient's needs;
2. Identify other supports in the home;
3. Verify the clinical appropriateness of the initial authorization or subsequent authorization extensions made based on the clinical evaluation in e. above; and
4. Provide education to the recipient.

m. For PDN to extend beyond the authorized duration, the PDN service provider shall request and obtain prior authorization in accordance with this section.

PDN services are not payable for the noted for any one of the noted instances in 1 through 8.

PDN shall not be a covered service when the recipient resides in any one of the following:

1. A nursing facility
2. A hospital
3. An assisted living residence-supported residential health care (ALR-SRHC) facility
4. A private non-medical institution
5. An intermediate care facility for individuals with intellectual disabilities (ICF/IID)
6. An institution for mental diseases (IMD)
7. Services that consist only of assistance with activities of daily living or other non-skilled services needed to live at home that do not require a nurse, including but not

limited to assistance with grooming, toileting, eating, dressing, getting into or out of a bed or chair, and walking shall not be covered as PDN.
care paraprofessional (including a home health aide) is NOT reimbursed
by the Plan.
8. Duplicate services are not considered medically necessary.

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed.	08/25	08/25

References

1. New Hampshire Department of Health and Human Services Code of Administrative Rules He-W 540

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical

policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/Enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.