

Clinical Policy: Private Duty Nursing (PDN)

Reference Number: MS.CP.MP.10.20

Effective Date: 5/17/2017

Last Review Date: 2/12/2024

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Private Duty Nursing (PDN) should prevent prolonged and frequent hospitalizations or institutionalization and provide cost effective and quality care in the most appropriate, least restrictive environment. PDN provides direct nursing care and caregiver training and education. The training and education is intended to optimize member health status and outcomes, and to promote family-centered, community-based care as a component of an array of service options.

The Medical Director will consider requests for PDN based on member's extent of skilled needs, the complexity of the service, and the caregivers' and/or member's abilities. Prior to initiation of PDN, the ordering physician should convey to the member or family what the expectations are regarding the weaning of nursing hours and the eventual termination of these services.

Policy/Criteria

To be eligible for PDN services, a member must meet **all** the following criteria:

- Is under the age of 21.
- Is not receiving home health services.
- Meets medical necessity criteria for PDN.
- Requires care beyond the level of services provided under home health skilled nurse care and is more extensive and continual care than can be provided through a home health nurse visit.
- Have a physician who:
 - Provides a prescription for PDN at least every 6 months, indicating the number of hours per day or week and the duration of the request.
 - Establishes a Plan of Care (POC)
 - Provides documentation to support the medical necessity of PDN services to include a face-to-face evaluation that is no more than 6 months old.

Private Duty Nursing is considered medically necessary when the member meets all the following criteria:

- Meets all of the general criteria; and
- Placement of the nurse in the home is done to meet the medically necessary skilled needs of the member only, and not for the convenience of the family or caregiver.

And at least **one** of the following:

- Dependent on technology to sustain life; or
- Requires ongoing and frequent skilled interventions to maintain or improve health status.

PDN should NOT be considered:

- For the primary purpose of providing respite care, housekeeping services, custodial care, childcare or ADLs for the member;

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- When the member is enrolled in or Home Health; *and/or*
- In the absence of an available caregiver.

NOTE:

- *Members receiving continuous or bolus nasogastric or gastrostomy tube feeds, but not other skilled needs can only be approved for medical necessity as a transition from an inpatient setting to home.*
- *The TG billing modifier is reserved specifically for ventilator dependent members. Use of the TG modifier is restricted to procedure code S9123-Nursing Care by a Registered Nurse (RN) and does not apply to PDN services provided by a Licensed Practical Nurse (LPN) per the Mississippi Division of Medicaid.*

Background

Private Duty Nursing (PDN) is the delivery of professional nursing services in the home on more than a part-time or intermittent basis, and is intended for individuals who require substantial and complex care. The service may be provided by a registered nurse or licensed practical nurse, according to the specific medical needs of the member, with a plan of care which specifies amount, frequency and duration of the services. The provider agency does not take the place of the parent(s), legal guardian(s) or designated caregiver(s) and does not accept total responsibility for the member; the intent of PDN is to support, not replace the caregiver. It is not permissible for the parent(s), legal guardian(s) or primary caregiver(s) to be away from the home for an extended period of time with the expectation that the PDN provider agency will accept total responsibility for the member. PDN is not intended to be permanent and the goal is to wean nursing care and make the parent(s), legal guardian(s) or primary caregiver(s) as independent as possible. PDN should not be considered for the primary purpose of providing respite care, housekeeping services, custodial care, childcare or activities of daily living (ADLs).

Authorizations for more than 12 hours per day are not routinely issued unless the member requires advanced respiratory support. Requests for authorizations of PDN must always commensurate with the member’s medical needs. PDN hours are based on the complexity and intensity of the member’s care. Requests for changes in services must reflect changes in the member’s condition that affect the amount and duration of PDN. The length of the authorization is determined on an individual basis and is based on the goals and timelines identified by the physician, provider and the member or a responsible adult – but may not exceed 90 calendar days per request.

Coding Implications

HCPCS Codes	Description
S9123	Nursing care, in the home; by registered nurse, per hour
S9124	Nursing care, in the home; by licensed practical nurse, per hour

Reviews, Revisions, and Approvals	Date	Approval Date
New Policy.	5/17/2017	5/17/2017

Reviews, Revisions, and Approvals	Date	Approval Date
Annual review; removed hospice services from criteria; minor grammatical changes.	5/8/2018	5/8/2018
Policy converted to Clinical Policy.	7/13/2018	7/16/2018
Annual review; minor format changes; removed hospice and PPEC from criteria.	3/14/2019	5/16/2019
Annual review; added information regarding the TG modifier.	2/18/2020	2/20/2020
Annual review.	2/25/2021	2/25/2021
Annual review; minor formatting changes	2/19/2022	2/23/2022
Annual review	2/7/2023	2/16/2023
Annual review	2/12/2024	

Bibliography

1. State of Mississippi Division of Medicaid Provider Policy Manual for Nursing Services

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 Magnolia Health Plan, 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.

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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. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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