This medical policy is not a guarantee of benefits or coverage, nor should it be deemed as medical advice. In the event of any conflict concerning benefit coverage, the employer/member summary plan document (SPD) supersedes this medical policy.

DEFINITIONS: The private duty aide/L.P.N. is responsible for providing skilled nursing care to patients in the home care setting. A set schedule will be given for patient care on a PRN/as medically necessary basis.

INDICATIONS: Home private duty nursing care indications include the following (list is not all-inclusive and care must be a covered benefit):

- New ventilator-dependent patients
- New tracheotomy patients
- Patients who are dependent on other device-based respiratory support, including tracheostomy care, suctioning and oxygen support
- Patients who are chronically ill and who require extensive skilled nursing care to remain at home
- Transfer from an inpatient setting to home
- Where provision of home private duty nursing will prevent a hospital admission
- A skilled nursing facility bed is not available and home private duty nursing is medically necessary, even though the patient meets the SNF criteria
- Patients who require prolonged intravenous nutrition or drug therapy with needs beyond those adequately and safely provided by a person with the skill set of a private duty nurse who is a registered or licensed vocational nurse (R.N. or L.V.N.).

POLICY: Care of a home private duty nurse is not covered if it is for services including but not limited to personal hygiene, services for convenience, or care that is considered experimental, investigational or unproven.

Home private duty nursing must meet ALL of the following criteria:

- The services are ordered by a licensed physician (M.D. or D.O.) as part of a treatment plan for a covered medical condition.
- The attending physician approves a written treatment plan with short- and long-term goals specified.
• The services provided are reasonable and necessary for care of a patient’s illness or injury or particular medical needs, and are within the accepted standards of nursing practice.
• The services are performed by a licensed nurse (R.N. or L.V.N.).
• The services provided are within the scope of the practice of a licensed nurse (R.N. or L.P.N.).
• The services require the professional proficiency and skills of a licensed nurse (R.N. or L.P.N.).
• The services are provided in the patient’s private residence.
• The patient’s condition is unstable and requires frequent nursing assessments and changes in the plan of care. It must be determined that the patient’s needs could not be met through a skilled nursing visit, but only through private duty nursing service.

Note: This Home Private Duty Policy does not supersede requirements referenced in the Home Skilled Nursing Policy # MEDM-033.

PROCESS: The member or provider must:
1. Contact the Customer Service department to verify eligibility/benefits.
2. Contact Medical Management to initiate a pre-authorization.
3. Provide clinical information which supports the medical necessity of the requested service.

CPT, HCPCS CODES: Approved CMS codes for home private duty nursing services must be for care that is medically necessary/related and a covered benefit for the member’s plan.

For Additional Information