



Private Duty Nursing Provider Specific Policy

Revision Table

Revision Date	Sections Revised	Description
7/1/02	All	Complete manual revision to reflect changes related to the MMIS and HIPAA compliance.
8/25/04	6.0 and 7.0	Providers no longer use local codes to bill DMAP for services. Therefore, local codes and references to local codes are being removed from the manual.
8/9/05	Replaced 1.0-5.1.3 with 1.0-5.3.6	Revised coverage of PDN services. Updated reimbursement rules for serving multiple clients (Effective 3/10/05). Updated prior authorization criteria.
1/19/07	1.0, 1.1, 1.1.4, 4.1.1, 4.2, 4.2.1, 5.1.2, 5.2.3, 5.2.4, 5.2.6 and 5.3.4	Additional changes made to reflect 03/10/05 legislative changes.
6/5/07	5.3.3	Update to reflect proper wording.
7/1/07	1.0, 1.1.1	Update to reflect full coverage of PDN services under managed care effective 7/1/07.
7/12/10	5.1.2	Added the Acquired Brain Injury Medicaid Waiver to the subsection

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Private Duty Nursing Provider Specific Policy Manual

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Private Duty Nursing Program Provider Specific Policy

1.0 Overview

Private Duty Nursing (PDN) services are provided to the majority of Medicaid clients through a Managed Care Organization (MCO). Effective July 1, 2007, all PDN services are included in the MCO benefits package. All Medicaid clients who are enrolled with an MCO must receive PDN services through the MCO.

Medicaid clients age 21 years and over are eligible for up to eight hours of PDN daily. Children under age 21 are covered under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and may exceed this limit if medically necessary.

Providers shall refer to the Managed Care section of the General Policy for the required forms and procedures related to Diamond State Partners (DSP).

This manual reflects the policies as they relate to:

- Medicaid clients who are exempt from managed care coverage (see list of those exempt from managed care coverage in the Managed Care section of the General Policy).
- Medicaid clients whose medical need requires private duty nursing services in a non-institutional setting.

1.1 Service Definition

- 1.1.1 PDN services are available through the DMAP for clients who require more individual and continuous skilled care than as defined in 42 CFR 440.70, Home Health Services.
- 1.1.2 PDN services may be provided by a single nurse to an individual or to multiple clients in a non-institutional group setting as described above. The nurse-client ratio will not exceed 3 clients per nurse unless authorized by the Medical Review Team.
- 1.1.3 Arrangements for multiple clients in non-institutional settings may be considered if such arrangements are medically appropriate and advantageous to both the client and to DMAP.
- 1.1.4 PDN services are provided to Medicaid clients in their home or other DMAP approved community setting as an alternative to more expensive institutional care. Generally, the total cost of PDN services shall not exceed the cost of care provided in an institutional setting.

2.0 Qualified Providers

2.1 General Criteria

- 2.1.1 Private duty nursing may be provided by any registered nurse (RN), licensed practical nurse (LPN) or certified registered nurse practitioner (CRNP) who has a professional license from the State to provide nursing services.
- 2.1.2 Home health agencies that employ and provide qualified nursing staff as described above or self-employed qualified nursing staff are considered qualified providers and may enroll as PDN providers.
 - 2.1.2.1 Individual nurses, either employed by an agency or self-employed may provide no more than 16 hours of PDN services in a 24-hour period except in an emergency situation which will be reviewed by the Medical Review Team.

3.0 Documentation

3.1 Provider Requirements

- 3.1.1 The private duty nursing provider is required to keep the following documentation in the patient's record:
 - 3.1.1.1 Documentation of orientation to client's care needs and demonstration of nursing skills necessary to deliver prescribed care.
 - 3.1.1.2 A written plan of care that is established, signed and dated by the attending practitioner which includes orders for medications, treatments, nutritional requirements, activities permitted, special equipment and other ordered therapies.
 - 3.1.1.3 Orders renewed, signed and dated at least once every 60 days or sooner as the severity of the client's conditions requires.
 - 3.1.1.4 Documentation that the nurse promptly alerts the practitioner to any changes that suggest a need to alter the plan of care.
 - 3.1.1.5 Adequate documentation dated and signed by the nurse performing the service.

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4.0 Reimbursement

4.1 Methodology

4.1.1 Private duty nursing services provided to eligible DMAP clients are reimbursed using prospectively determined rates. The unit of service for agency providers is one hour, and for self-employed nurses is 15 minutes. A weekly maximum limit is established for each client by the DMAP based on the authorized services.

4.1.2 Rates for agency services are reviewed annually. The rate will relate to the lowest prevailing usual and customary charge, as determined by a survey of all private duty nursing service agencies. Agencies will be reimbursed the lower of their usual and customary charges or the maximum rate.

4.1.3 Rates for self-employed nurses will be individually negotiated, but will not exceed a predetermined percentage of the agency rate. Rates may not be renegotiated more than once annually except in extenuating circumstances. Increases will be limited to the normal medical inflation used by DMAP. Self-employed nurses will be reimbursed the lower of their usual and customary charges or the maximum rate.

4.1.4 Providers are not required to submit cost reports to the DMAP. There are no retrospective settlements on claims paid.

4.1.5 The baseline PDN reimbursement rate will normally represent services provided by one nurse to one client. An adjusted reimbursement rate per client will be established for medically appropriate PDN services provided by a single nurse for up to three clients. Maximum rates are established according to the following table:

One client:	Rate for One	=	100% of established baseline rate
Two clients:	Rate for Each	=	50% of 143% of baseline rate
Three clients:	Rate for Each	=	33% of 214% of baseline rate

For example, if the baseline rate for one client is \$21.00 per hour, the reimbursement rate for multiple client settings is as follows:

One Client:	Rate for each client	=	\$21.00 per hour (Baseline)
Two Clients:	Rate for each client	=	\$15.00 per hour
Three Clients:	Rate for each client	=	\$15.00 per hour

4.2 Counting of 15-Minute Increments

4.2.1 Visits are to be rounded to the nearest 15-minute increment. The following chart is to be used to assist providers in determining the number of units to be billed:

1 unit	1 minute to <23 minutes
2 units	>23 minutes to <38 minutes
3 units	>38 minutes to <53 minutes
4 units	>53 minutes to <68 minutes
5 units	>68 minutes to <83 minutes
6 units	>83 minutes to <98 minutes
7 units	>98 minutes to <113 minutes
8 units	>113 minutes to <128 minutes

NOTE: Unless prior authorized, providers cannot exceed the limited number of units assigned to each private duty nursing service.

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5.0 Prior Authorization

5.1 Requirements

- 5.1.1 Private duty nursing services must be prior authorized by DMAP before the services are rendered.
- 5.1.2 Private duty nursing services for clients who are eligible for the Elderly and Disabled HCBS Waiver program, the Assisted Living Medicaid Waiver program, or the Acquired Brain Injury Medicaid Waiver, must be prior authorized by the nursing staff of the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD). See the Index in back of General Policy for the appropriate address and telephone number.
- 5.1.3 All other requests for prior authorization should be directed to the Medical Prior Authorization Units. The New Castle County unit is located in the Robscott Building and the Kent/Sussex County unit is located in Georgetown (see the Index section in the back of General Policy for the address and telephone number of each Prior Authorization Unit).
- 5.1.4 The maximum number of hours provided by an individual nurse will be restricted to a level that can safely and reasonably be provided. No individual nurse will be authorized to work more than a 16 hour shift per day except in an emergency situation which will be reviewed by the Medical Review Team.
- 5.1.5 PDN hours must be used for the period of time in which they are authorized. If the authorized hours are not used they cannot be carried over into another time period.

5.2 General Guidelines for Private Duty Nursing Authorization

- 5.2.1 Initially, a DMMA Medical Services Nurse completes a face-to-face medical assessment. The client will receive a written notice of approval or non-approval for PDN services.
- 5.2.2 The on-going need for PDN care is routinely/periodically re-evaluated. DMMA may determine that because of parent/caregiver work schedule, stability of the patient, and other factors, that PDN hours may be reduced or increased.
- 5.2.3 PDN will only be authorized when there is at least one caregiver willing and able to accept responsibility for the client's care when the nurse is not available. DMMA expects that parents/caregivers be willing and capable to accept responsibility for their relative/child's care. If the parent/caregiver cannot or will not accept responsibility for the client's care when PDN is not authorized or available, the client is deemed not to be in a safe environment and PDN will not be authorized.

rantee that PDN services will be available from a specific provider.

- 5.2.4 DMMA reimburses for medically necessary transportation through a Medicaid transportation broker. DMMA expects the parent/caregiver to accompany the client in transport. If, because of employment or school, the parent/caregiver cannot accompany the client, the prior authorized PDN may accompany the client. If the client is transported to a medical appointment or the hospital with the PDN, as soon as the parent/caregiver arrives, the PDN service is no longer required. PDN will not be authorized for a nurse to accompany a client to a medical appointment or hospital stay when the parent/caregiver is available.
- 5.2.5 PDN may be approved to accompany school-age children with a compromised airway or other DMAP approved high risk condition in transport to school and to provide medically necessary care during school hours.
- 5.2.6 DMMA may approve PDN when a child is home sick with a cold, virus or normal childhood disease or there are unplanned school closures or inclement weather days. However, additional hours must be prior authorized. Home health agencies may not be able to provide “on demand or same day service.” Families should contact DMMA as soon as they know about an unplanned school closure, etc. and find a willing and available provider.
- 5.2.7 DMMA may approve PDN to cover summer vacation as well as scheduled school year holiday vacations for school age children if the parent/caregiver requests coverage timely. Absence of parents/guardian from the home for employment or work-related education reasons must be documented.
- 5.2.8 DMMA projects a sufficient amount of hours per day. If the hours authorized are not used on a particular day, the hours do not carry over to the next day or weekend nor can the hours be “banked” to be used at a later time.

5.3 Determination of Hours Needed

- 5.3.1 DMMA does not approve 24 hour on-going PDN services. DMMA may approve 24 hours PDN for 3-4 days (trach and vent child/adult) to help parents/caregivers adjust and ensure all equipment is functioning. PDN reduces to 20 hours for 1-2 days. PDN then reduces to 18 hours then reduces to 16 hours, the maximum number of hours a day authorized for children (8 hours for adults).
- 5.3.2 PDN may be reduced further by school enrollment or attendance at a Prescribed Pediatric Extended Care (PPEC) facility. A home health aid or Certified Nursing Assistant (CNA) may be approved for some clients in lieu of PDN when appropriate and cost effective.
- 5.3.3 An increase in hours may be approved if additional hours will avoid hospitalization or institutional placement as a cost effective measure. This will

depend on the medical necessity, the amount of additional hours needed and the letter of medical necessity from the admitting physician.

- 5.3.4 If a parent/caregiver needs hours for sleep and skilled care is required for a client with a compromised airway (trach/vent) or other DMAP approved high risk condition during this sleep time, PDN is approved for a maximum of up to eight hours, generally eight hours within the range of 10 pm through 8 am.
- 5.3.5 PDN is adjusted to cover work and travel time of the parent/caregiver or to cover education (class schedule) and travel time of the parent, if there is not another parent/caregiver in the home. PDN is authorized for up to 40 hours per week plus an additional five hours for travel to and from work or school. Parent/guardian work hours/schedule must be verified. PDN for education is for employment related classes, vo-tech, GED, high school, college, etc. and must be documented.
- 5.3.6 If medical care is needed, but it is less than skilled care, DMMA may authorize a CNA or home health aid to provide medically necessary care if it is deemed to be the most appropriate and cost effective.


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	<p>Private Duty Nursing</p> <p>HCPCS Procedure Codes</p>
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7.0 Appendix B – HCPCS Procedure Codes

The PDN provider must use the following procedure codes when billing the DMAP for private duty nursing services effective for dates of services on and after 7/1/02.

Codes	Description
T1000	Private duty/independent nursing service(s)-licensed, up to 15 minutes
S9123	Nursing care, in the home, by registered nurse, per hour
S9124	Nursing care, in the home, by licensed practical nurse, per hour

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