

## Clinical Policy: Private Duty Nursing (PDN)

Reference Number: LA.CP.MP.511

Date of Last Revision: 11/21

[Coding Implications](#)

[Revision Log](#)

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

### **Description**

Louisiana Healthcare Connections (Plan) Population Health and Clinical Operations (PHCO). The purpose is to define Private Duty Nursing (PDN) services and the criteria for medical necessity.

### **Policy/Criteria**

Extended Home Health, also known as extended skilled nursing services (a minimum of three or more hours of nursing services per day) may be provided to members under the age of 21 by a home health agency if determined to be medically necessary, ordered by a physician, and prior authorized. The member must require skilled nursing care that exceeds the caregiver's ability to care for the member without the extended home health services.

Skilled nursing services are to be conducted in the member's residential setting. Extended home health services may be provided outside of the residential setting when the nurse accompanies the member for medical reasons such as doctor appointments, treatments or emergency room visit. The Plan will not reimburse for skilled nursing services performed outside of state boundaries.

This determination only applies to the services approved where requested services remain at the approved level. Requests for an increase in these services will be subject to a full review requiring all documentation used for a traditional PA request.

### **Procedure**

The member cannot be in a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID), or any setting in which payment is or could be made for inpatient services that include room and board.

Home health skilled nursing is considered medically reasonable and appropriate when the member's medical condition and records accurately justify the medical necessity for services to be provided in the member's residential setting rather than in a physician's office, clinic, or other outpatient setting.

### **Member Criteria**

Medical necessity for extended skilled nursing services exists when the beneficiary has a medically complex condition characterized by multiple, significant medical problems that require nursing care in accordance with the Louisiana Nurse Practice Act (La. R.S. 37:911, et seq). Medical necessity for home health services must be determined by medical documentation

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that supports the member's illness, injury and/or functional limitations. All home health services must be medically reasonable and appropriate. To be considered medically reasonable and appropriate, the care must be necessary to prevent further deterioration of a member's condition regardless of whether the illness/injury is acute, chronic, or terminal.

The services must be reasonably determined to:

- Diagnose, cure, correct, or ameliorate defects, physical and mental illnesses, and diagnosed conditions of the effects of such conditions;
- Prevent the worsening of conditions, or the effects of conditions, that endanger life or cause pain; results in illness or infirmity; or have caused, or threatened to cause a physical or mental dysfunctional impairment, disability or development delay;
- Effectively reduce the level of direct medical supervision required or reduce the level of medical care or services received in an inpatient or residential care setting;
- Restore or improve physical or mental functionality, including developmental functioning, lost or delayed as the result of an illness, injury, or other diagnosed condition or the effects of the illness, injury, or condition; or
- Provide assistance in gaining access to needed medical, social, educational, and other services required to diagnose, treat, to support a diagnosed condition or the effects of the condition, in order that the beneficiary might attain or retain independence, self-care, dignity, self-determination, personal safety and integration into family, community, facility environments and activities

The following circumstances are not considerations when determining medical necessity for home health services:

- Inconvenience to the member or the member's family;
- Lack of personal transportation; and
- Failure or lack of cooperation by the member or the member's legal guardians or caretakers to obtain the required medical services in an outpatient setting.

When requesting prior authorization for extended home health, all hours of care must be included with the PA request. In addition, the physician's prescription and a copy of the plan of care (POC) must be attached to the appropriate PA form. Cases approved for extended home health should be billed using appropriate codes for a registered nurse (RN) and a licensed practical nurse (LPN) in conjunction with the total number of hours provided, indicating the units as hours.

All extended skilled nursing services for members under the age of 21 require PA. Daily nursing visits that are less than three hours per day for members under the age of 21 who do not meet medical necessity criteria for extended home health do not require prior authorization.

### Plan of Care

The attending physician must certify that the member meets the medical criteria to receive the service in the member's residential setting and is in need of the home health services on an intermittent basis. The attending physician must order all home health services and sign a POC submitted by the home health agency.

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The physician must reauthorize the POC every 60 days.

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date		11/21

### References

1. Louisiana Medicaid Home Health Services Provider Manual

### 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. LHCC 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.

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 LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. 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. LHCC 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. 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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Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

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