

MEDICAL POLICY

POLICY TITLE	PRIVATE DUTY NURSING SERVICES
POLICY NUMBER	MP- 3.004

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I. POLICY

- Private duty nursing include services provided by an actively practicing registered nurse (RN) or a licensed practical nurse (LPN) when ordered by a physician provided that such nurse does not ordinarily reside in the member’s home or is not a member of the member’s immediate family, and that Capital concurs with the physician’s certification that the care is medically necessary.
- A Medical Director must review the initial request for private duty nursing and at least every thirty (30) days thereafter, as services are needed.
- Only a licensed home health agency enrolled as a Medicare/Medicaid provider, with accreditation by the Joint Accreditation of Hospital Associations (JCAHO) or similar accrediting agency approved by the Plan may provide private duty nursing services.

Private duty nursing services may be considered **medically necessary** when all of the following conditions are met:

- If not for the availability of private duty care in the home, the patient would require care as an inpatient in a hospital or a skilled facility.
- Skilled nursing interventions must constitute at least fifty percent (50%) of the total time the nurse is in the home.
- The patient must require at least eight hours of skilled nursing care per day.
- The skilled care must be ordered by a physician.
- The patient’s condition must be unstable and require frequent nursing assessments and changes in the plan of care.
- If no caregiver is available in the home to eventually assume the role, private duty nursing is not appropriate.

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Private duty nursing is **not covered** to provide services solely for the following:

- Custodial or sitter care to ensure the patient is compliant with treatment;
- Monitoring behavioral or eating disorders;
- Observation or monitoring medical conditions that do not require skilled nursing care;
- Respite care

Cross-references:

MP-3.008 Parenteral Home Infusion Therapy (Including Total Parenteral Nutrition)

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital BlueCross please see additional information below, and subject to benefit variations as discussed in Section VI below.

FEP PPO - Private duty nursing is not a covered benefit in any setting. The FEP Medical Policy manual can be found at www.fepblue.org.

III. DESCRIPTION/BACKGROUND

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Private duty nursing refers to provision of continuous skilled one-on-one nursing care in the home provided by an RN or LPN on an hourly basis. Usually the patient requires eight or more hours of skilled nursing services per day. Skilled nursing services are ordered by a physician, and must be delivered by licensed, skilled personnel to ensure patient safety and achieve medically desired outcomes. Services must require the professional proficiency and skills of an RN or LPN. The decision to use an RN or LPN is dependent on the type of services required and must be consistent with the scope of nursing practice under applicable state licensure regulations. Private duty nursing performed by an LPN must be under the supervision of an RN following a plan of care developed by the physician in collaboration with the individual, family/caregiver and private duty nurse.

Examples of private duty nursing services may include, but are not limited to:

- New/chronic 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 in the home;
- Patients who require prolonged intravenous nutrition or drug therapy with needs beyond those covered by the Home Infusion Therapy services.

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IV. DEFINITIONS

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PRIVATE DUTY NURSING is skilled nursing care provided to an individual by a registered nurse (RN) or licensed practical nurse (LPN) in the home or in a hospital setting.

SKILLED CARE is defined as medically necessary services that can only be rendered under state law or regulation by licensed health care professionals such as a medical doctor, physician assistant, physical therapist, occupational therapist, speech therapist, social work, registered nurse, or a licensed practical nurse.

HOMEBOUND is when a patient has a condition due to an illness or injury that restricts his/her ability to leave his/her place of residence except with the aid of supportive devices such as crutches, canes, wheelchairs, and walkers, the use of special transportation, or the assistance of another person, or if leaving home is medically contraindicated.

V. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

VI. DISCLAIMER

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Capital BlueCross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital BlueCross' Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

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Covered when medically necessary:

HCPCS Code	Description
S9123	Nursing care, in the home; by registered nurse, per hour
S9124	Nursing care, in the home; by licensed practical nurse, per hour
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes
T1030	Nursing care, in the home, by registered nurse, per diem
T1031	Nursing care, in the home, by licensed practical nurse, per diem

Specific diagnosis coding does not apply to this policy.

VIII. REFERENCES

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1. *Alper E., O’Malley, T., Greenwald, J. Hospital Discharge and Readmission. In: UpToDate Online Journal [serial online]. Waltham, MA: UpToDate; updated July 16, 2020. [Website]: www.uptodate.com. Accessed November 5, 2020.*
2. *American Thoracic Society Documents. Statement on home care for patients with respiratory disorders. Am J Respir Crit Care Med. 2005; 171(12):1443-1464.*
3. *Sterni LM, Collaco JM, Baker CD, et al. American Thoracic Society Documents. An official American Thoracic Society clinical practice guideline: pediatric chronic home invasive ventilation. Am J Respir Crit Care Med. 2016; 193(8):e16-35.*

IX. POLICY HISTORY

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MP-3.004	CAC 5/26/09
	CAC 11/24/09 Minor Revision. FEP variation added “Private Duty Nursing is not covered in any setting”. References updated.
	CAC 11/30/10 Consensus Review. No changes in policy statements.
	CAC 11/22/11 Consensus Review.
	7/24/13 Admin coding review complete
	CAC 9/24/13 Consensus review. No change to policy statements. References updated.
	CAC 9/30/14 Consensus review. No changes to the policy statements. References updated.
	CAC 9/29/15 Consensus review. No change to policy statements. References updated. Coding reviewed.
	Administrative 1/27/16: 2016 coding update, end dated code G0154 removed.
	CAC 9/2/16 Consensus. No change to policy statements. References reviewed. Variation reformatted. Coding reviewed.

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	CAC 11/28/17 Consensus review. Policy statements unchanged. Reference section updated. Coding reviewed.
	8/22/18 Consensus review. No change to the policy statements. References updated.
	12/09/19 Consensus review. No change to the policy statements. References updated.
	11/19/2020 Consensus Review. No change to policy statements. References reviewed.

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