

**Subject:** Private Duty Nursing in the Home Setting  
**Guideline #:** CG-REHAB-08  
**Status:** Reviewed

**Publish Date:** 09/27/2023  
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## Description

This document defines private duty nursing (PDN) in the home and the conditions under which it would be considered medically necessary. PDN refers to intermittent and temporary, complex skilled nursing care on an hourly basis in the home by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN). PDN care includes assessment, monitoring, skilled nursing care, and caregiver/family training to assist with transition of care from a more acute setting to home.

**Note:** Please see the following related documents for additional information:

- [CG-MED-19 Custodial Care](#)
- [CG-MED-23 Home Health](#)
- [CG-MED-71 Chronic Wound Care in the Home or Outpatient Setting](#)
- [CG-REHAB-07 Skilled Nursing and Skilled Rehabilitation Services \(Outpatient\)](#)

**Note:** Benefit language supersedes this document. PDN service is not a covered benefit under all member contracts/certificates. Please see the text in the footnote of this document regarding Federal and State mandates and contract language, as these requirements or documents may specifically address the topic of PDN.

## Clinical Indications

### Medically Necessary:

#### Private Duty Nursing

- A. **Initial private duty nursing services** are **medically necessary** when **all** of the following intensity of care criteria are demonstrated in the clinical record:
  1. The services must be **skilled** and **not custodial** in nature [See CG-REHAB-07 *Skilled Nursing and Skilled Rehabilitation Services (Outpatient)* and CG-MED-19 *Custodial Care*]; **and**
  2. The attending physician must certify the medical necessity of private duty nursing; **and**
  3. The attending physician must approve a written treatment plan with short and long term goals specified; **and**
  4. Services must require the professional proficiency and skills of an RN or LPN/LVN. The decision to use an RN or LPN/LVN is dependent on the type of services required. Private duty nursing performed by an LPN/LVN 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 nursing; **and**
  5. Services must be performed on a part-time or intermittent visiting basis, according to the defined treatment plan and under the direction of a physician in order to ensure the safety of the individual and to achieve the medically desired result; **and**
  6. The service must be appropriate with regard to standards of good medical practice and not solely for convenience; **and**
  7. Documentation of initial skilled nursing needs meets the following criteria (**General Criteria D and either E, For G**) below.
- B. **Continuation of private duty nursing services** are considered **medically necessary** when the following criteria are met:
  1. A weekly written progress summary with measurable long-term and short-term goals and a plan of care are required to determine if the individual has reached his/her optimal level of recovery and a caregiver has been taught to assume care (the frequency of these updates should be at least monthly, at the discretion of the case manager); **and**
  2. Documentation of *continued skilled nursing* needs meets the following criteria (**General Criteria D and either E, For G**) below.
- C. Private duty nursing is considered **medically necessary** for *caregiver training* when the following criteria are met:
  1. Private duty nursing is appropriate for short-term training for caregiver of individual with complex medical needs with the intent of having caregivers assume this role when the individual's medical condition becomes stable; **and**
  2. The primary caregiver accepts ongoing 24-hour responsibility for the health and welfare of the member.

### General Criteria

- D. Private duty nursing is **medically necessary** for individuals with unstable condition when **all** the following criteria are met:
  1. The individual's condition must be unstable and require frequent nursing assessments and changes in the plan of care. Instability of the individual's condition means that an individual's condition changes frequently or rapidly, so that constant monitoring or frequent adjustments of treatment regimens are required. It must be determined that these needs could not be met through a skilled nursing visit, but could be met through private duty nursing; **and**
  2. The physician has ordered nursing for constant monitoring and evaluation of the individual's condition on an ongoing basis and makes any necessary adjustment to the treatment regimen; **and**
  3. The nursing and other adjunctive therapy progress notes indicate that such interventions or adjustments have been made at least monthly and as necessary; **and**
- E. Private duty nursing is **medically necessary** for individuals with respiratory disorder, including but not limited to **one** of the following:
  1. Dependence on mechanical ventilation; **or**
  2. Tracheostomy care requiring deep suctioning at least every 4 hours; **or**
- F. Private duty nursing is **medically necessary** for individuals receiving enteral feeding when **one** of the following is met:
  1. Initial caregiver training for individuals receiving continuous tube feeding (for example, continuous nasogastric (NG), gastrostomy tube (GT), or jejunostomy feedings) until documentation of caregiver competence; **or**

2. Enteral feeding (for example, continuous NG, GT, or jejunostomy feedings) complicated by frequent regurgitation, with or without aspiration;  
or
- G. Private duty nursing is **medically necessary** for individuals with a seizure disorder manifested by prolonged seizures, requiring emergent administration of anticonvulsant medication.

#### Not Medically Necessary:

- A. Private duty nursing in the home is considered **not medically necessary** when it is provided for **one or more** of the following:
  1. Solely for convenience;
  2. A stable medical condition;
  3. Services to allow the individual's family to work or to provide respite for the family;
  4. Custodial care (See CG-MED 19 – *Custodial Care*).
- B. The following are examples of services that **do not** require the skills of a nurse and therefore are considered to be **not medically necessary** in the home setting, unless there is documentation of comorbidities and complications that require individual consideration.
  1. Routine services directed toward the prevention of injury or illness.
  2. Administration or set-up of oral (PO) medications or both.
  3. Application of eye drops or ointments and topical medications.
  4. Routine administration of maintenance medications, including insulin. This applies to PO, subcutaneous (SQ), intramuscular (IM) and intravenous (IV) medications.
  5. Routine enteral feedings (for example, continuous or bolus nasogastric (NG), gastrostomy tube (GT) or jejunostomy feedings).
  6. Routine colostomy care.
  7. Ongoing intermittent straight catheterization for chronic conditions.
  8. Custodial care by an LPN/LVN or RN.
  9. Emotional support, counseling or both.
  10. Nasopharyngeal or nasotracheal suctioning.
  11. Any duplication of care which is already provided by supply or infusion companies.

## Coding

*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

#### When services may be Medically Necessary when criteria are met:

##### HCPCS

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
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, 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

##### ICD-10 Diagnosis

All diagnoses

#### When services are Not Medically Necessary:

For the procedure codes listed above when criteria are not met or for situations designated in the Clinical Indications section as not medically necessary.

## Discussion/General Information

PDN is defined as the provision of medically necessary, complex skilled nursing care in the home by an RN or an LPN/LVN. The purpose of PDN is to assess, monitor and provide more individualized and continuous skilled nursing care in the home on an hourly basis; to assist in the transition of care from a more acute setting to home; and to teach competent caregivers the assumption of this care when the condition of the individual is stabilized. The length and duration of PDN services is intermittent and temporary in nature and not intended to be provided on a permanent ongoing basis. Such services are normally billed at an hourly or shift rate. The PDN cannot be a member of the individual's immediate family or anyone living in the home.

## Definitions

Prolonged seizures: Continuous seizure activity that lasts 5 minutes or longer, or repetitive seizures lasting fifteen minutes.

## References

#### Peer Reviewed Publications:

1. Borchers EL. Improving nursing documentation for private-duty home health care. *J Nurs Care Qual.* 1999; 13(5):24-43.
2. Donaghy B, Wright AJ. New home care choices for children with special needs. *Caring.* 1993; 12(12):47-50.
3. Duncan BW, Howell LJ, deLorimier AA, et al. Tracheostomy in children with emphasis on home care. *J Pediatr Surg.* 1992; 27(4):432-435.
4. Jessop DJ, Stein RE. Providing comprehensive health care to children with chronic illness. *Pediatrics.* 1994; 93(4):602-607.
5. Roemer NR. The tracheotomized child. Private duty nursing at home. *Home Healthc Nurse.* 1992; 10(4):28-32.
6. Sperling RL. New OSHA standards managers must know. *Home Healthc Nurse Manag.* 2000; 4(4):11-16.

#### Government Agency, Medical Society, and Other Authoritative Publications:

1. American Academy of Pediatrics Committee on Children with Disabilities. Guidelines for home care on infants, children, and

- adolescents with chronic disease. *Pediatrics*. 1995; 96(1 Pt 1):161-164.
- American Academy of Pediatrics Section on Home Health Care. Guideline for pediatric home health care, 2nd edition. Libby RC, Imaizumi SO Editors. 2009. pp87-88.
  - Centers for Medicare and Medicaid Services. Manual. Available at: <http://www.cms.hhs.gov/Manuals/PBM/list.asp>. Accessed on June 9, 2023.
    - Home Health Agency Manual. Pub 11. Last updated May 11, 2015.
    - Skilled Nursing Facility. Pub 12. Last updated September 8, 2005.
  - State of Nevada. Department of Health and Human Services. Division of Health Care Financing and Policy. Medicaid Services Manual. Private duty nursing. Effective December 28, 2018. Available at: <http://dhcfnv.gov/Resources/AdminSupport/Manuals/MSM/C900/Chapter900/>. Accessed on June 9, 2023.
  - State of New York. Department of Health and Human Services. Division of Health Care Financing and Policy. New York State Medicaid Program private duty nursing manual policy guideline. Effective December 27, 2018. Available at: [http://dhcfnv.gov/uploadedFiles/dhcfnvgov/content/Resources/AdminSupport/Manuals/MSM/C900/MSM\\_900\\_18\\_12\\_28.pdf](http://dhcfnv.gov/uploadedFiles/dhcfnvgov/content/Resources/AdminSupport/Manuals/MSM/C900/MSM_900_18_12_28.pdf). Accessed on June 9, 2023.
  - 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.

## Index

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## History

Status	Date	Action
Reviewed	08/10/2023	Medical Policy & Technology Assessment Committee (MPTAC) review. Updated References section.
Reviewed	08/11/2022	MPTAC review. Updated References sections.
Revised	08/12/2021	MPTAC review. Updated formatting in MN clinical indication section. Updated Discussion and References sections.
Revised	08/13/2020	Medical Policy & Technology Assessment Committee (MPTAC) review. Clarified wording in clinical indications not medically necessary section, removed reference to "licensed" nurse. Updated References section. Reformatted Coding section.
Revised	08/22/2019	MPTAC review. Clarified wording in NMN clinical indications for private duty nursing in the home setting. Updated References section.
Revised	03/21/2019	MPTAC review. Clarified wording in clinical indications for private duty nursing general criteria section, changed respiratory distress to disorder. Updated References section.
Revised	09/13/2018	MPTAC review. Clarified wording in clinical indications for private duty nursing, removing scope of nursing practice under applicable state licensure regulations. Updated Description and References sections.
Reviewed	07/26/2018	MPTAC review. Updated Description and References sections.
Revised	08/03/2017	MPTAC review. Revised MN criteria for initial and continuation of private duty nursing services. Updated References section.
Reviewed	05/04/2017	MPTAC review. Updated formatting in clinical indications section. Updated References.
Revised	05/05/2016	MPTAC review. Revised MN unstable condition criteria to address enteral feeding. Clarified NMN criteria for enteral feeding. Updated Reference section. Added Definition section. Removed ICD-9 codes from Coding section
Revised	05/07/2015	MPTAC review. Revised medically necessary criteria for unstable conditions. Clarified not medically necessary criteria. Description, Discussion and Reference sections updated.
Reviewed	02/05/2015	MPTAC review. Updated Coding and References sections.
Reviewed	02/13/2014	MPTAC review. Updated Websites.
Reviewed	02/14/2013	MPTAC review. Coding and Websites updated.
Reviewed	02/16/2012	MPTAC review. Updated websites.
Reviewed	02/17/2011	MPTAC review. Related guidelines cross referenced in clinical indication section. Description, Discussion, Coding, References and Websites updated.
Reviewed	02/25/2010	MPTAC review. References updated.
Reviewed	02/26/2009	MPTAC review. References updated. Removed Place of Service section and Case Management section.
Reviewed	02/21/2008	MPTAC review. References updated. Related documents noted.
Reviewed	03/08/2007	MPTAC review. References updated.
New	03/23/2006	MPTAC initial guideline development.
Pre-Merger Organizations		
Anthem, Inc.		No Document
Anthem MW	05/27/2005	MA-019
WellPoint Health Networks, Inc.		No Document

Federal and State law, as well as contract language, and Medical Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Medical Policy & Technology Assessment Committee are available for general adoption by plans or lines of business for consistent review of the medical necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to adopt a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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