



MedStar Family Choice

ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	1426	
Subject:	Private Duty Nursing Care	
Section:	Medical Non-Pharmacy Protocols	
Initial Effective Date:	01/01/2021	
Revision Effective Date(s):	07/21, 07/22, 07/23, 07/24, 07/25, 07/26	
Review Effective Date(s):	07/25	
Responsible Parties:	Medical Director	
Responsible Department(s):	Clinical Operations	
Regulatory References:	COMAR 10.09.04, 10.09.53, 10.27.02, 10.27.03, 10.27.04, 10.67.06.27(A)(17), 10.27.10.02, 10.27.10.03	
Approved:	AVP Clinical Operations	Chief Medical Officer

Purpose: To define the conditions under which MedStar Family Choice (MFC) physicians may or may not approve private duty nursing care. This policy is specific to hourly RN and LPN services.

Scope: MedStar Family Choice, Maryland

Policy: It is the policy of MedStar Family Choice to approve private duty nursing care by an RN or LPN only when certain conditions are met. Private duty nursing care is not a covered benefit for adults (members age 21 and older).

Definitions:

Private Duty Nursing Care- skilled nursing services provided by a registered nurse or a licensed practical nurse, in a member's own home. Care is supplied on an hourly basis (not on a per visit basis).

Primary Caregiver- parent, guardian, other family member, or other typical caregiver that is primarily responsible for the day-to-day care of the member.

Treating Practitioner – this is the practitioner (MD/DO, APRN or PA) that is treating/managing the conditions that qualify the member for private duty nursing care. For new requests originating from a hospitalization the hospital practitioner may be considered the Treating Practitioner.

Procedure:

1. **NEW** requests for Private Duty Nursing Care will be covered if ALL the following conditions are met:
 - a. There is an order from the Treating Practitioner written within 30 days of the anticipated start of service.
 - b. The Treating Practitioner(s)' medical notes clearly document the need for Private Duty Nursing Care as part of a treatment plan. This documentation may not be older than 30 days from the anticipated start of service.
 - c. The requested nursing care is medically necessary, i.e. consistent with the current diagnosis and treatment of the condition and in accordance with accepted standards of medical practice.
 - d. The services must require the skillset appropriate for the type of licensed nurse requested as per COMAR 10.09.53.04.
 - e. The member has at least one caregiver that is willing and able to accept responsibility for the member's care when the nurse is not available.
 - i. If there is no caregiver that is willing and able to provide care Private Duty Nursing will not be approved.
 - f. Services must include teaching and supervision of caregiver(s) in the home while the caregiver(s) practices the skills necessary to provide care to the member
 - g. The requested nursing care is not solely for convenience or preference of primary caregiver or member.
 - h. The requested care cannot be provided solely by the primary caregiver because:
 - i. The primary caregiver does not yet have the skill set to perform all necessary elements of care for the member. OR
 - ii. The member requires an awake and alert caregiver at all times OR
 - iii. A substitute caregiver (nurse) is required to allow for the Primary Caregiver's employment or schooling (see "i" below).
 - i. Services to substitute for care usually provided by the Primary Caregiver will only be approved for the following circumstances:
 1. The member requires an awake and alert caregiver at all times and the Primary Caregiver must have sufficient time to sleep each day.
 2. A substitute caregiver (nurse) is required to allow for the Primary Caregiver's employment. Documentation from an employer clearly stating work hours and location is required. This documentation must be on company letterhead, contain caregiver's job title, dates/hours working, location of work and employer's contact information. If self-employed, the Primary Caregiver must submit at least three of the following to substantiate this status:
 - a. Schedule C or Schedule C-EZ tax documents from the Primary Caregiver's most recent tax filing.
 - b. Invoices generated for the 30 days prior to request
 - c. Governmental documents showing the Primary Caregiver is a self-employed business owner (ex: Maryland SDAT ID

- number, Federal tax ID number, State business licenses or permits).
 - d. Business insurance documents that list the Primary Caregiver as an insured business owner.
 - e. Profit and Loss Statements or another Ledger documentation from the Primary Caregiver's business.
 - f. Bank statements for the Primary Caregiver's business operations that have the Primary Caregiver's name on them.
3. A substitute caregiver (nurse) is required to allow for the Primary Caregiver's schooling defined ONLY as courses or classes for the acquisition of a General Education Diploma, high school diploma, associate's degree, or a first-time bachelor's degree. Documentation from an educational institution or program clearly stating that the primary caregiver is enrolled in a course of study is required. This documentation must include course schedule with the exact dates, times and location of each course.
- j. There is a need for a skilled nursing provider to provide one or more of the following services while substituting for the Primary Caregiver and no alternative timing of services can be arranged.
- i. Insertion or initiation of infusion therapies.
 - ii. Blood product administration.
 - iii. Programming of a pump to deliver medications including, but not limited to, epidural, subcutaneous and IV (except routine doses of insulin through a programmed pump).
 - iv. Tracheostomy care.
 - v. Ventilator care.
 - vi. Suctioning.
 - vii. Gastrostomy tube feeding and care.
 - viii. Administering medications by gastrostomy tube.
 - ix. Sterile procedures.
 - x. Complex wound care.
 - xi. Indwelling catheter care (ex: central lines, suprapubic catheters, dialysis catheters, gastrostomy tubes, LVAD lines, etc.).
 - xii. Teaching and training related to medication regimens, disease processes, and safety.
 - xiii. Any other service not mentioned above for which a licensed nursing professional is required.
2. **CONTINUING** requests for Private Duty Nursing Care will be covered if ALL of the following conditions are met:
- a. There is written documentation from the Treating Practitioner that the need for Private Duty Nursing Care continues to be medically necessary. This documentation may not be older than 60 days from the anticipated date of renewal and must include an updated plan of care written by the Treating Practitioner.

- b. There is an order from the Treating Practitioner written within 60 days of the anticipated date of renewal.
 - c. If continued PDN hours are requested to allow for the Primary Caregiver's employment, then in addition to the above requirements the exact dates and times worked during the entirety of the previous approval period must be provided. This proof of dates/times worked during the entire previous approval period must be on company letterhead, contain caregiver's job title, dates/hours worked, location of work and employer's contact information. Pay stubs may be requested.
 - d. Nursing documentation from services provided within 30 days of anticipated renewal must be submitted to demonstrate continuing need. Nursing notes must be complete and comprehensive and include the following elements:
 - i. Notes from each prior date of service.
 - ii. Time in and time out on each date of service.
 - iii. A thorough description of the services rendered on each date of service.
 - iv. Documentation of the presence or absence of primary caregivers during the visit for each date of service.
 - v. Documentation of the presence or absence of other adults or children during the visit for each date of service.
 - vi. Documentation of goals set at the beginning of the previous authorization period and progress made toward each goal at the end of the previous authorization period.
 - vii. A new nursing plan of care with goals for the newly requested timeframe.
 - viii. Services to substitute for care usually provided by the Primary Caregiver will be provided as per circumstances in "i" above. New/updated documentation supporting the need for a Private Duty Nurse as per circumstances in "i and j" above will be required every 3 (three) months.
3. Private Duty Nursing Care will not be covered in the following circumstances:
- a. Member is in a hospital, residential treatment center, or an intermediate care facility for individuals with intellectual disabilities or a residence or facility where nursing services are included in the living arrangement by regulation or statute.
 - b. Services rendered are not directly related to the plan of care.
 - c. Services duplicate or supplant services rendered by the Primary Caregiver or other insurance, privilege, entitlement, or program services that the recipient receives or is eligible to receive.
 - d. Services to members eligible for any third-party liability coverage of those services.
 - e. Respite care.
 - f. As per COMAR 10.67.06.27(A)(17), Private Duty Nursing Care for adults 21 years old and older will not be covered.
4. Additional considerations:
- a. A Private Duty Nurse should not take a member to a routine medical appointment in lieu of the member's parent/guardian. In such an instance the nurse is providing transportation service not nursing care. The nurse may accompany a

- parent/guardian and the member to medical appointment(s) if the appointment is scheduled during the member's currently authorized nursing hours.
- b. MFC will not authorize 24/7 on-going Private Duty Nursing. MFC may authorize 24 hours for a short-term (maximum 1 week) to help the caregiver adjust and ensure all equipment is functioning properly. Nursing services will then be decreased to a maximum of 10 hours per day, 5 days per week for caregivers employed or attending school when determined to be medically necessary. For members requiring awake and alert overnight care, nursing services will be decreased to 8 hours per night when determined to be medically necessary.
 - i. Private Duty Nursing hours provided for a working caregiver will be adjusted to cover documented working hours and commute time. Private Duty Nursing hours provided for a caregiver in school will be adjusted to cover documented class times and commute time.
 1. Nursing services will be authorized for up to a maximum of 40 hours per week plus additional travel/commuting time of up to a maximum 2 hours round trip per day for 5 days per week dependent on documentation.
 - ii. When a member requires medically necessary services overnight (i.e. tracheostomy, ventilator care or other high-risk condition during sleep time), Private Duty Nursing hours may be approved for up to 8 hours per night, 7 nights per week. This is to allow the caregiver to sleep.
 - c. Registered Nurse (RN) Services- MFC will cover nursing services rendered by an RN when the complexity of the services or the condition of a member requires the judgment, knowledge, and skills of a registered nurse in accordance with COMAR 10.27.09 and the services cannot be performed by a licensed practical nurse in accordance with COMAR 10.27.10 or delegated to a lesser skilled individual (ex: Certified Nursing Assistant or Home Health Aid).
 - d. Licensed Practical Nurse (LPN) Services- MFC will cover nursing services rendered by an LPN when the complexity of the services or the condition of a member requires the judgment, knowledge, and skills of a licensed practical nurse in accordance with COMAR 10.27.10 and the services do not require the knowledge and skills of a registered nurse in accordance with COMAR 10.27.09; and cannot be delegated to a lesser skilled individual (ex: Certified Nursing Assistant or Home Health Aid).

Summary of Changes:	07/26 • Updated COMAR references • Punctuation corrections 07/25: • No changes 07/24: • Removed specific names for "Responsible Parties" and "Approved"; just using titles
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	• Clarified employment information required when renewal of PDN hours is requested 07/23: • Updated approved by to Carol Attia and Dr. Wills 07/22: • Under 2c. iv added “or absence”. • Removed Dr. Toye from responsible parties. 07/21: • Added “Maryland” to scope. 01/21: • New policy.
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