Clinical Policy: Private Duty Nursing Services

Reference Number: WA.CP.MP.503

Last Review Date: 07/19

Coding Implications

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
This policy describes the medical necessity guidelines for private duty nursing (PDN) services which may be authorized under the Medically Intensive Children’s Program (MICP).

Policy/Criteria
I. It is the policy of Coordinated Care of Washington, Inc., that to be eligible for private duty nursing services, a member must meet all the following:
   A. Member must be under 18 years of age and
   B. Member’s primary care and/or treating physician must recommend PDN as part of a treatment plan and
   C. Member must meet medical necessity criteria and
   D. Member must have informal support by a person who has been trained to provide designated skilled nursing care and is able to perform the care as required.

II. It is the policy of Coordinated Care of Washington, Inc., that private duty nursing services are considered medically necessary when all of the following are present:
   A. Member has unmet skilled nursing needs that cannot be met in a less restrictive environment and
   B. Member has a complex medical need that requires four (4) or more continuous hours of skilled nursing care which can be safely provided outside an institution and that cannot be delegated at the time of initial assessment and
   C. Member requires substantial and ongoing daily skilled nursing care comparable to the level of care provided in a hospital setting to avert death or further disability and
   D. In the absence of home care, illness or disability would require admission to, or prolonged stay in a hospital and
   E. The Medical Assistive Technology Level of Care (MATLOC) assessment score meets the minimum technology and nursing acuity scores for the specified age group as noted below. At the discretion of the Medical Director services may be authorized in lieu of hospitalization regardless of scoring.
      1. Age 0-17 years with a minimum technology score of 50 points, or
      2. Age 0-5 years with a minimum technology score of 25 points and a nursing acuity score of 20 points, or
      3. Age 6-17 years with a minimum technology score of 25 points and a nursing acuity score of 30 points

III. Eligible Technology Requirements
   A. See the attached MATLOC assessment form.
   B. Requires one or more of the identified primary medical technologies.
      1. Intermittent ventilator dependent = 40 points
      2. Total ventilator dependent = 50 points
      3. Tracheostomy = 40 points
4. Bi-Pap or C-Pap = 25 points
5. Oxygen continuous administration >8 hours = 20 points
6. Oximetry or Apnea Monitor continuous administration >8 hours = 10 points
7. Gastrostomy/Nasogastric tube feeding – either continuous or bolus, providing majority of nutritional intake, not supplemental = 35 points
8. Total Parenteral Nutrition (TPN) – continuous >6 hours = 40 points
9. Intravenous (IV) Therapy – continuous >6 hours = 40 points
10. Home Dialysis (must be administered in the home) = 40 points
11. Special Treatments = 10 points (reserved for medical technologies not identified above and should be considered as an additional technology need. Additional points will be awarded if the technology requires a need for intervention at least 4 times per day and is a medically necessary treatment for the member as determined by the attending physician.)

IV. Nursing Acuity Requirements
A. See the attached MATLOC assessment form.
B. The nursing acuity takes a holistic look at the member’s medical needs. The nursing acuity addresses 20 care elements of importance and assigns a point value representing the time it takes to deliver the nursing care tasks identified in each care element. These elements are identified as specific care needs relative to the medical diagnosis and/or medical technology for which the member is dependent upon to compensate for loss of a vital body function.
C. Several areas in the nursing acuity section assign points based on the frequency of the specific nursing task required by the member. The member’s nursing plan must reflect the nursing acuity section as assessed in the MATLOC assessment.
D. The frequency determination should not be based on member needs during illness but during the time when the member is in their normal health status. Document increased need only when a substantial change in member health status has occurred.
E. For all that are applicable, use criteria of member requiring routine need for the service for the next 180 calendar days.

V. Additional Information
A. Services are limited to sixteen hours of private duty nursing per day
B. Coordinated Care of Washington, Inc. may adjust the number of authorized hours when the member’s condition or situation changes.
C. Requests by family, member, caregiver for additional support hours beyond the member’s MATLOC assessed needs will be determined as appropriate in accordance with the Limitation Extension process as defined by WAC 182-501-0169.
D. If the member/caregiver/family requests SNF placement, member meets medical necessity, and a SNF bed is not available, Coordinated Care considers PDN services for up to 24 hours Private duty nursing provided to the client in excess of the authorized hours may be the financial responsibility of the client, the client’s family, or the client’s guardian. Providers must follow the provisions of WAC 182-502-0160
E. Members that are receiving PDN services when transitioning from other Managed Care Organizations will continue to receive services for up to 90 days to ensure a safe transition while a MATLOC assessment is completed.
Background
This policy is based on Washington State Health Care Authority Billing Guidelines, modified to reflect Coordinated Care’s approved Medical Assistive Technology Level of Care (MATLOC) assessment.

Coding Implications
This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Appropriate Modifier(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1000</td>
<td>TD</td>
<td>Private duty nursing, RN, per 15 minutes</td>
</tr>
<tr>
<td>T1000</td>
<td>TD TU</td>
<td>Private duty nursing, RN, per 15 minutes, overtime</td>
</tr>
<tr>
<td>T1000</td>
<td>TD TV</td>
<td>Private duty nursing, RN, per 15 minutes, holiday*</td>
</tr>
<tr>
<td>T1000</td>
<td>TD TK TV</td>
<td>Private duty nursing, RN, second client same home, per 15 minutes, holiday</td>
</tr>
<tr>
<td>T1000</td>
<td>TE</td>
<td>Private duty nursing, LPN, per 15 minutes</td>
</tr>
<tr>
<td>T1000</td>
<td>TE TU</td>
<td>Private duty nursing, LPN, per 15 minutes, overtime</td>
</tr>
<tr>
<td>T1000</td>
<td>TE TV</td>
<td>Private duty nursing, LPN, per 15 minutes, holiday*</td>
</tr>
<tr>
<td>T1000</td>
<td>TE TK TV</td>
<td>Private duty nursing, LPN, second client same home, per 15 minutes, holiday</td>
</tr>
<tr>
<td>T1030</td>
<td></td>
<td>Nursing care, in the home, by registered nurse, per diem</td>
</tr>
</tbody>
</table>


Reviews, Revisions, and Approvals
<table>
<thead>
<tr>
<th>Policy adopted. Split out from WA.UM.CM.29</th>
<th>Date</th>
<th>Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>07/19</td>
</tr>
</tbody>
</table>

References
Revision effective January 1, 2019.
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. The Health Plan 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. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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 Health Plan-level administrative policies and procedures.

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

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and
distribution of this clinical policy or any information contained herein are strictly prohibited.
Providers, members and their representatives are bound to the terms and conditions expressed
herein through the terms of their contracts. Where no such contract exists, providers, members
and their representatives agree to be bound by such terms and conditions by providing services to
members and/or submitting claims for payment for such services.

**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the
coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence.
Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical
policy.

©2016 Centene Corporation. All rights reserved. All materials are exclusively owned by
Centene Corporation and are protected by United States copyright law and international
copyright law. No part of this publication may be reproduced, copied, modified, distributed,
displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise
published without the prior written permission of Centene Corporation. You may not alter or
remove any trademark, copyright or other notice contained herein. Centene® and Centene
Corporation® are registered trademarks exclusively owned by Centene Corporation.