

Benefit Coverage

Covered Benefit for lines of business including:
Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity.
Excluded from Coverage:
Extended Family Planning (EFP)

Approval is based on review of the medical necessity documentation

Description

Private Duty Nursing (PDN) is defined as nursing care in the home that is more intensive or extensive than can be delivered in a standard home care nursing visit. Private duty home care, which may be provided by a registered nurse (RN) or by a licensed practical nurse (LPN), is utilized to deliver medically necessary care, not able to be performed in a standard home care visit. Coverage is provided on a “per hour” or “per block hours” basis, not on basis of unique or intermittent visits. This service is intended for members who have complex medical conditions or disabilities, which are being managed at home. The intent of PDN is not to replicate a nursing home level of care in the home. It is to supplement the care and natural supports provided by the parents/caregivers. The cost of PDN services must not exceed the cost of care in an institutional setting.

Prior authorization and periodic medical review are required.

Criteria

- Services are ordered by a licensed physician (MD, DO, NP, PA) as part of a treatment plan, and
- The member can be safely maintained in the home in the absence of nursing care, and
- The member’s condition requires continuous skilled care greater than two (2) hours per day that can only be conducted by an RN or LPN according to practice standards, and
- The cost of services in the home do not exceed the cost of services if the member were in a skilled nursing facility, and
- The member’s needs for skilled care are greater than what can be provided by a Certified Nursing Assistant (CNA), and
- There is a physician approved written treatment plan with short and long-term goals specified, and
- The services provided are reasonable and necessary to care for the member’s condition and are in accordance with the scope of practice of a licensed nurse, and
- Medical necessity criteria must be met within the InterQual Private Duty Nursing (PDN) Assessment. Neighborhood utilizes the InterQual PDN Assessment to determine a range of clinically appropriate PDN hours a member may receive when such care is medically necessary.

- **NOTE:** Rhody Health Partners' members may be eligible for waiver services that can serve as an adjunct to needed home care services in the home
- **NOTE:** Home Health Aide Long Term Care may be considered as an alternative for members with complex medical conditions, to support the plan of care, when there are no skilled needs

Authorization Requirements

- A physician's order, verbal or written, must be obtained prior to submitting the request for authorization and/or initiating services. A copy of the order must be submitted with the request for authorization.
- Authorization request must not exceed the number of hours ordered by the practitioner.
- The review process for PDN services includes review of the physician signed plan of care and the most recent 2 weeks of nursing notes. Please submit these documents with the request for authorization.
- Continuation of services requires an updated authorization and documentation every 13 weeks to support the need for ongoing care and treatment
- If services are required to continue beyond the time period authorized on initial certification, a new request must be provided and authorized. In the event that continued services are provided without this additional and timely authorization, coverage determinations will be made in accordance with Neighborhood's Retrospective Authorization guidelines.
- If for any reason a home health care provider/agency cannot fulfill all the hours authorized per request, the agency must immediately notify Neighborhood (within one business day) the exact number of hours that can be provided and how the agency will coordinate with other home health care providers to meet the member's needs.
- All regulatory nursing assessments and re-assessments will be covered per any CMS, EOHHS, and Medicaid Fee-for-Service requirements, which allows for a reassessment every sixty (60) days and with resumption of care.

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060. Fax authorization forms to 401-459-6023.

Covered Codes: For information on Coding please reference the [Authorization Quick Reference](#)

Exclusions

- Respite care or relief care is only covered for members in the Medicare-Medicaid Plan (MMP) Integrity and for children (21 and younger) in the Medicaid (MED, SUB, CSN) lines of business.
- Parents or any individual with legal or financial responsibility for the member are not eligible to be reimbursed to provide PDN services.
- Services must not be custodial in nature. PDN will not be authorized if services can be provided by a lower-level professional (e.g., CNA).
- PDN is not covered if the member is a resident of a nursing facility, hospital, or licensed residential care facility.
- PDN nursing is not covered solely to allow the caregiver to work or attend school. Lack of an available caregiver does not mean that an otherwise un-skilled service becomes a skilled service.
- PDN identified in a child's Individual Education Plan (IEP) as a necessary service for the child to receive a Free and Appropriate Education (FAPE) will be covered by the Local Education Agency (LEA)/school district, not by NHPRI.

CMP Cross Reference:

Created	03/01/08
Annual Review Month	June
Review Dates:	3/17/08, 7/06/10, 6/26/12, 2/26/13, 3/01/13, 7/1/13, 11/18/14, 9/1/15, 10/18/16, 5/16/17, 5/14/18, 6/5/19, 6/3/20, 6/9/21, 6/15/22, 6/7/23
Revision Date	7/07/09, 6/25/11, 3/01/13, 7/16/13, 6/30/16, 5/16/17, 5/14/18, 6/15/22, 6/7/23, 7/5/23
CMC Review Dates	7/14/10, 7/12/11, 7/10/12, 3/12/13, 7/16/13, 11/18/14, 9/1/15, 11/1/16, 5/23/17, 5/22/18, 6/5/19, 6/3/20, 6/9/21, 6/15/22, 6/7/23
Medical Director Approval Dates:	4/12/07, 7/14/09, 7/13/10, 7/14/11, 3/26/13, 7/18/13, 12/29/14, 9/30/15, 11/14/16, 5/25/17, 6/12/18, 6/5/19, 6/3/20, 6/9/21, 6/15/22, 6/7/23
Effective Dates:	9/30/15, 7/1/16, 11/21/16, 5/25/17, 6/12/18, 6/5/19, 6/3/20, 6/9/21, 6/15/22, 6/7/23, 7/5/23

Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.