

# Pediatric Care Network Precertification Guidelines

**Subject:** Private Duty Nursing and Personal Care Services

**Applies to:** Missouri members

**Purpose:** To provide a consistent process for determining medical necessity and authorization of Private Duty Nursing and Personal Care services for Pediatric Care Network members.

**Effective date:** September 1, 2012

**Revision(s):** May 7, 2014, November 17, 2014, April 24, 2015, April 15, 2016, July 12, 2016, August 23, 2017

## Definitions:

**Private Duty Nursing (PDN):** Complex continuous skilled nursing care performed in the home (in contrast to intermittent routine skilled nursing care).

**Personal Care Assistant (PCA):** A health aid, certified nursing assistant or other paraprofessional staff that assist a member who has a stable chronic condition with activities of daily living. An advanced PCA assists members with tasks and procedures related to altered body function. See personal care and advanced personal care criteria below.

## Policy:

### Statement of coverage decision:

The purpose of private duty nursing is to provide skilled constant attention and observation to a seriously ill patient. The need for and length of service usually depend upon the condition of the patient and the level of care required, rather than the nature of the disease, illness or condition. The fact that a physician orders this kind of service does not, in itself, constitute justification for private duty nursing.

Private duty nursing is considered medically necessary when required services are complex, continuous, and exceed the family's ability to care for the patient independently in the home. A majority of the services provided must be those that can only be performed by a licensed nurse. Without the private duty nursing services, inpatient hospitalization would be required. Care must be provided by a licensed nurse and fall within the scope of the Missouri or Kansas Nurse Practice Acts.

Personal care services are provided to a member who is technology dependent &/or chronically ill to assist with personal care needs. These needs are directly linked to a medical condition.

- **Coverage for private duty nursing services:** To qualify for private duty nursing services, both the medical criteria for coverage and the acuity criteria for coverage must be met. Meeting only one of these criteria does not qualify a member for private duty nursing services.
  - **Medical criteria for PDN coverage:** One or more of the following advanced medical support needs requiring continuous nursing care:
    - Ventilator dependence
    - Tracheostomy care
    - Oxygen supplementation/monitoring
    - Enteral feedings
    - Parenteral nutrition
    - Intravenous drug therapy

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- Complex neurological/seizure care
- Severe neuromuscular, respiratory or cardiovascular condition
- Chronic liver or gastrointestinal disorder with nutritional compromise
- Multiple congenital anomalies with severe vital body function involvement

- **Acuity criteria for PDN coverage:** Using the PCN private duty scoring tool, if the combined score for technology and skilled nursing needs is at least 50 points, private duty hours will be approved as follows:

Category	Points	Hours of PDN
A	50-56 points	10 hours/day maximum
B	57-79 points	12 hours/day maximum
C	80 or more points	16 hours/day maximum
D	**New ventilator set up only**	24 hours/day x2 weeks

- **Psychosocial Issues:** If the member has psychosocial needs related to caregiver, coping, support system, family constellation, resource utilization, etc., additional points may be assigned as follows: 1 point will be assigned for each moderate need and 2 points will be added for each extensive need. Refer to psychosocial section of private duty services scoring tool.
- **Private duty services and personal care services will be approved when the parent/caregiver is out of the home for work or school, and will include travel time, if all the following are met:**
  - Child has medical/developmental needs, which prevent care in a typical daycare setting.
  - No other resources are available to provide care while parent/guardian is at work or school.
  - Parent/caregiver time card or documentation from employer or school on letterhead noting number of hours worked over previous 2 weeks, which has been signed by employer or instructor. This is required in addition to prior auth request, nursing notes and physician order.
- **Coverage for personal care services:**
  - Services are based solely on a child's documented need for skilled personal care assistance.
  - Personal care services require an evaluation by a registered nurse and development of an initial personal care plan for the member. The personal care plan should specify the number of hours per day, frequency, duration of services, and the specific tasks the personal care assistant is expected to perform.
  - Personal care services may be covered when the primary caregiver is in the home but unable to provide the essential care, or when the primary caregiver is away from home at work or school.
  - Personal care services will be approved when the parent/caregiver is at work or school, and will include travel time, if **all** the following are met:
    - Child has medical/developmental needs, which prevent care in a typical daycare setting.
    - No other resources are available to provide care while parent/guardian is at work or school.
    - Parent/caregiver time card or documentation from school noting previous 2 weeks attendance is required in addition to physician order, PA form, & nursing notes.
  - Advanced personal care services are not provided during the same time period that skilled nursing care is being provided.
  - **Personal Care Criteria:**
    - Poorly controlled seizures, other than severe generalized grand mal seizures

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- Assistance required with orthotic bracing, body cast, or casts involving one full limb or more. (A typical short or long arm cast on an otherwise healthy child does not necessitate services of a person care assistant).
  - Bowel &/or bladder incontinence after the age of 3. (Chronic bedwetting /encopresis are excluded).
  - Persistent &/or chronic diarrhea, regardless of age
  - Significant central nervous system damage affecting motor control
  - Organically based feeding problems
  - Assistance with activities of daily living for children unable to perform age appropriate functions of bathing, maintaining a dry bed/clothing, toileting, dressing & feeding including patients with an intellectual or developmental delay.
- **Advanced Personal Care Criteria:**
    - Routine personal care for persons with ostomies (tracheostomies, gastrostomies, colostomies & well-healed stomas), external, indwelling and subrapubic catheters. This care includes changing bags, and soap and water hygiene around ostomy or catheter site.
    - Removal of external catheters; inspection of skin and reapplication
    - Administration of prescribed bowel program including use of suppositories, sphincter stimulation and enemas (pre-packaged only) for participants without contraindicating rectal or intestinal conditions
    - Application of medicated (prescription) lotions or ointments, and dry, non-sterile dressing to unbroken skin
    - Use of lift or other device for transfers
    - Assistance with oral medications which are set up by a registered or licensed practical nurse
    - Passive range of motion (non-resistive flexion of joint) delivered in accordance with the plan of care, unless contraindicated by underlying joint pathology
    - Application of non-sterile dressings to superficial skin breaks or abrasions as directed by a registered or licensed practical nurse
  - **Authorization Requirements:** Prior authorization is required for all PDN and PCA services. Each of the following must be submitted with a request for either service:
    - PCN Private Duty Services Prior Authorization form
    - Signed physician order outlining duration, frequency and type of services to be provided
    - Private duty nursing assessment (initial)
    - Private duty nursing progress notes (ongoing)
  - **Authorization Process:**

**For members not currently in the inpatient setting:**

    - **Initial Assessment:** If member's family, social worker or provider indicate that PDN/PCA services are needed:
      - The PCN care navigator will request a letter of medical necessity (LOMN) from the member's physician. The letter should include clinical support, duration, frequency, and type of services (PDN or PCA).
      - If the recommendation for PDN/PCA was made by someone other than the member's physician, and the member's physician does not feel private duty services are medically indicated, this should be documented in the member's record, and the member or family member should be referred back to the physician.

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- When the care navigator receives the LOMN, a referral will be made and an auth entered for an initial assessment to Eden Health for CPT G0299 (LPN) or G0300 (RN) x1 visit. Referral should be faxed to Eden Health at 855-493-3336, Attn: Bridget, and saved on the attachment tab in Care.
- The care navigator will f/u weekly with the agency to check the status of the initial assessment and document this in a Careweb note.
- **Initial PDN/PCA Authorization:**
  - Once the initial assessment is complete, the agency will forward the assessment to the care navigator.
  - PDN/PCA requests will be scored against the private duty-scoring tool.
  - If the request meets the PDN or PCA criteria and is approved, the care navigator will provide agency choices to the member/caregiver. After the member/caregiver select an agency, the care navigator will coordinate services with the agency and enter the authorization.
  - PDN/PCA services are approved initially for 3 months if criteria are met using CPT code T1000 for PDN and T1019 for PCA. Provider is required to bill modifier TF with T1019 for advanced PCA services.
  - If the request does not meet criteria, or is for more than 84 hours per week, the initial assessment, scoring tool & LOMN will be forwarded to the PCN Medical Director for review.
  - If the request is denied, the care navigator will send the denial letter to the requesting/ordering physician.
- **Ongoing PDN/PCA Authorizations:**
  - Care navigators may approve ongoing PDN/PCA services in 3-month increments. The medical director will review the case every 6 months, unless there is a significant change in the patient's condition that would require more frequent review, then every 3-4 months.
  - The Private Duty Prior Authorization form must be completed when an extension of services is requested, or anytime there is a change in the member's needs.
  - For each recertification, validation is required that hours approved on the most recent authorization have actually been utilized.
  - 84 hours per week is the maximum amount of private duty services that will be approved without medical director review.

### **For members being discharged from the inpatient setting who need private duty services at discharge:**

- Upon identifying that a patient will require private duty services at discharge, the Care Facilitation Coordinator or Community Resource Specialist will send a task to the care navigator.
- If the patient is being discharged on a vent, the care navigator should participate in the care conference. If being discharged with a trach or for other reason, participation in the care conference is not required.
- The care navigator will coordinate services with the agency and enter the authorization as follows:
  - Initial ventilator set up: Patients with an initial ventilator set up typically require PDN care 24 hours per day for a 2-week period, which can be approved by the care navigator. It is expected that the PDN requirement for these patients will decrease over time. Requests to extend PDN services after the initial 2-week period will be reviewed by the medical director. Once the patient requires 16 hours per day or less of PDN, the care navigator may begin approving the requests.
  - All other situations: 84 hours per week is the maximum amount of private duty services that will be approved without medical director review.

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- **Care Coordination:**  
The care navigator is responsible for reviewing initial and ongoing requests for private duty services, and assisting with coordination of care.
- **School Based Services:**  
For a child who is receiving private duty nursing services identified in the child's Individualized Education Program (IEP), the services are billed fee-for-service and are not the responsibility of the PCN.
- **Services Received Through Other Resources:**  
If a patient is receiving services through another resource such as school or daycare, and there is a licensed nurse on staff who can perform the required skilled nursing interventions, authorization will not be given for the period of time the child is in school or daycare. The total number of hours approved will be reduced by the number of hours of care provided through the other resource such as school or daycare.
- **Special Situations:**  
If two or more children residing in the same home require PDN services which can be met by one nurse, authorization will be divided between these children.
- **Discontinuation of authorization:**
  - The child, family, or caregiver is non-compliant with the plan of care.
  - The family or caregiver requests services be discontinued.
  - The patient's medical condition is stable and no longer requires extensive skilled nursing care to remain in the home.
- **Reasons for non-coverage of private duty nursing services include the following:**
  - It is determined that at least four (4) hours of skilled care per day is not medically necessary
  - Services are not prescribed by a physician.
  - There is no clinical documentation or treatment plan to support the need for private duty skilled nursing personnel.
  - Observation care or monitoring for behavioral, eating disorders, or for medical conditions that do not require medically necessary intervention by skilled nursing personnel.
  - Custodial, sitter or respite services.
  - Services while the recipient is admitted to a hospital or nursing facility.
  - Services after the recipient is no longer a PCN member.
- **Medical Background:** Medical and surgical advances have resulted in the need for children with complex medical needs to receive care in the home. Private duty nursing providing continuous skilled nursing care according to an individual care plan approved by a physician may be necessary to support this care. These services are required when there is a medical need for a constant level of care exceeding the family's ability to independently care for a child on a long-term basis without the assistance of at least a four-hour shift of home nursing care a day. Without these services, it is anticipated that a child would require admission and a prolonged stay in a hospital or medical institution.

Many of the vulnerable children receiving these services are dependent on technology to avert death or further disability. The purpose of the in-home services is to achieve and/or maintain the greatest health and functional capacity appropriate for the condition, age, and developmental status of the child. Since individual factors impact the ability to care for a child with special health care needs, other factors beyond technology such as nursing and psychosocial issues also are important aspects to consider.

### References:

- Alabama Medicaid Agency (2011). *Private Duty Nursing*. Retrieved from <http://www.medicaid.alabama.gov/>.

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- American Academy of Pediatrics. (2006). Financing of pediatric home health care. *Pediatrics*, 118, 834. Retrieved from <http://pediatrics.aappublications.org/content/118/2/834.full.html>.
- American Academy of Pediatrics. (2009). *Guidelines for Pediatric Home Care* (2<sup>nd</sup> edition). Elk Grove Village, IL: Author.
- American Academy of Pediatrics, Committee on Child Health Financing. (2005). Scope of health care benefits for children from birth through age 21. *Pediatrics*, 117, 979. Retrieved from <http://pediatrics.aappublications.org/content/117/3/979.full.html>.
- American Academy of Pediatrics, Council on Children with Disabilities, Elias, E.R. & Murphy, N.A. (2012). Home care of children and youth with complex health care needs and technology dependencies. *Pediatrics*, 129, 996. Retrieved from <http://pediatrics.aappublications.org/content/129/5/996.full.html>.
- North Carolina Department of Health and Human Services (2006). *Private Duty Nursing Hourly Nursing Review Criteria*. Retrieved from <http://www.ncdhhs.gov/dma/forms/PDNHourlyCriteriaForm.pdf>
- Oregon Health Authority (2011). *Private Duty Nursing Services Rulebook & Private Duty Nursing Psychosocial Grid*. Retrieved from <http://www.dhs.state.or.us/policy/healthplan/guides/pdn/132%20rb%20232%200711.pdf>
- Shenkman, E. (n.d.). *An analysis of Medicaid private duty nursing for children with special health care needs*. Retrieved from <http://fcmu.phhp.ufl.edu/publications/reports/pdf/Report00-2001-MedicaidPrivateDutyNursingForChildrenWithSpecialNeeds.pdf>
- State of Missouri (2015). *MO Healthnet Private Duty Manual*. Retrieved from [http://manuals.momed.com/collections/collection\\_pdn/Private\\_Duty\\_Nursing\\_Section13.pdf](http://manuals.momed.com/collections/collection_pdn/Private_Duty_Nursing_Section13.pdf).
- State of Missouri (2015). *Personal Care Manual*. Retrieved from [http://manuals.momed.com/collections/collection\\_per/print.pdf](http://manuals.momed.com/collections/collection_per/print.pdf)
- Virginia Department of Medical Assistance Programs (2012). *Early Periodic Screening Diagnosis Treatment Medical Needs Assessment*. Retrieved from <http://dmas.kepro.com/docs/DMAS62.pdf>.

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**Disclaimer:** Any coverage determination requires medical necessity, coverage by the member's benefit plan, and eligibility. The sole purpose of this document is to address medical necessity.