This medical policy is not a guarantee of benefits or coverage, nor should it be deemed as medical advice. In the event of any conflict concerning benefit coverage, the employer/member summary plan document (SPD) supersedes this medical policy.

**DEFINITIONS:** Continuous skilled home private duty nursing care given to a patient face to face in the home from a registered nurse (R.N.) or a licensed vocational nurse (L.V.N.).

**INDICATIONS:** Home private duty nursing care indications are listed below. This list is not all inclusive and services must be a covered benefit:

1. New ventilator-dependent patients
2. New tracheotomy patients
3. Patients who are dependent on other device-based respiratory support, including tracheostomy care, suctioning and oxygen support
4. Patients who are chronically ill and who require extensive skilled nursing care to remain at home
5. Patients transferred from an inpatient setting to home
6. Where provision of home private duty nursing will prevent patient from a hospital admission
7. If a skilled nursing facility (SNF) bed is not available, home private duty nursing is medically necessary, even though the patient meets the SNF criteria.
8. Patients who require prolonged intravenous nutrition or drug therapy who cannot self administer adequately and safely will need care provided by a person with the skill set of a private duty nurse who is an R.N. or an L.V.N.

**POLICY:** Any care of a home private duty nurse – including but not limited to personal hygiene or services for convenience, considered experimental, investigational or unproven – is not covered.

Home private duty nursing must meet ALL of the following criteria:

- The services are ordered by a licensed physician (M.D. or D.O.) as part of a treatment plan for a covered medical condition.
- The attending physician must approve a written treatment plan with short and long-term goals specified.
- The services provided are reasonable and necessary for care of a patient’s illness or injury or particular medical needs, and are within the accepted standards of nursing practice.
- The services are performed by a licensed nurse (R.N. or L.V.N.).
### MEDICAL MANAGEMENT POLICY

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<th>Home Private Duty Nursing (Pre-Cert Required) Yes X No</th>
<th>POLICY NUMBER: MEDM-032-2011</th>
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- The services provided are within the scope of the practice of a licensed nurse (R.N. or L.V.N.).
- The services require the professional proficiency and skills of a licensed nurse (R.N. or L.V.N.).
- The services are provided in the patient’s private residence.
- The patient’s condition is unstable and requires frequent nursing assessments and changes in the plan of care. It must be determined that the patient’s needs could not be met through a skilled nursing visit, but only through private duty nursing service.

**Note:** The Home Private Duty Policy does not supersede requirements referenced in the Home Skilled Nursing Policy # MEDM-033.

**PROCESS:** The member or provider must:
1. Contact the Customer Service department to verify eligibility/benefits.
2. Contact Medical Management to initiate a pre-authorization.
3. Provide clinical information which supports the medical necessity of the requested service.

**CPT, HCPC CODES:** Approved CMS codes for home private duty nursing must refer to services which are medically necessary/related and a covered benefit for the member’s plan.