

Blue Cross Blue Shield of Michigan
Medicare Advantage Private Fee-for-Service

Private Duty Nursing

January 1, 2008
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PRIVATE DUTY NURSING

Private duty nursing is provided to individuals who need skilled care, and who require individualized and continuous 24 hour nursing care that is more intense than what is available under the home health care benefit. PDN does not cover services provided by, or within the scope of practice, of medical assistants, nurse's aides, home health aides, or other non-nurse level caregivers. The benefit is not intended to supplement the care giving responsibility of the family, guardian, or other responsible parties.

ORIGINAL MEDICARE

According to the code of federal regulations¹, Original Medicare does not pay for the services of a private duty nurse or attendant. An individual is not considered to be a private duty nurse or attendant if he or she is a hospital or critical access hospital employee at the time the services are furnished.

MEDICARE ADVANTAGE

Coverage for private duty nursing is provided to members under select Medicare Advantage private fee-for-service plans. Since Original Medicare does not cover private duty nursing, the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost-sharing are determined by the group.

Conditions for Payment

BCBSM Medicare Advantage private fee-for-service plans use the Centers for Medicare & Medicaid Services deemed provider² concept for group-specific benefits. The table below specifies payment conditions for private duty nursing:

Conditions For Payment	
Eligible providers	RN, LPN
Deemed provider	See terms and conditions on bcbsm.com/ma
Payable location	Home

¹§ 409.12 Nursing and related services, medical social services; use of hospital or CAH facilities
http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/cfr_2002/octqtr/pdf/42cfr409.12.pdf

² 2008 Terms and conditions

Conditions For Payment	
Frequency	<ul style="list-style-type: none"> • Payment is based on 4 hour increments. • Generally, more than 16 hours per day of PDN will not be approved. • However, up to 16 hours per day may be approved for up to 30 days while the member is being transitioned from an inpatient setting to the home.
CPT codes ³	S9123, S9124
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

General eligibility criteria:

- The member must be homebound. The patient is considered homebound when the attending physician certifies that the patient is confined to the home or is immobile due to illness, injury or surgery which restricts the patient's ability to leave their place of residence.
- If the patient does leave the home, the absences are infrequent or for periods of relatively short duration, and require considerable effort and/or the aid of supportive devices, special transportation, or assistance of another person. The patient does not have to be bed bound to be considered confined to the home, however, services will only be provided in the home.
- The member is medically stable (i.e., the member is clinically and physiologically stable for discharge from the hospital to the home) and all reasonably anticipated medical needs can be met in the home with private duty nursing support.
- The member's co-morbidities and combination of technologies indicate a need for continuous 24 hours skilled services in the home. However, payment for 24 hours of continuous skilled services is not an eligibility requirement.
- There are at least two trained care givers (family or friend) for the member. A trained care giver will provide skilled care to the member when the nurse is not on duty.
- The family and/or caregivers will provide a minimum of eight hours of care each day. The goal of PDN services is to make the family or caregiver as competent and independent as possible when it comes to member care.

Clinical criteria

- A physician must order the care.
- A physician certification letter from the patient's doctor explaining medical necessity must be submitted every three months.
- Certification must indicate that the medical condition requires up to 24 hour a day care by an LPN or RN.

³ 2008 Benefit grids for MPSE, COD and SOM

The member's complex clinical needs may include, but are not limited to the following:

- Assessment and monitoring related to complex and/or fragile clinical conditions.
- Teaching and onsite professional support in connection with treatment modalities which will ensure a successful transition to the home (e.g., ventilator management, management of chest tube, and/or management of complex drainage tubes).
- Tracheal suctioning is necessary and provided six or more times within 24 hours.
- Frequent ventilator setting or oxygen adjustments are needed based on pulse oximetry every two to four hours.
- Complex and or frequent medication administration, excluding by mouth.
- Frequent and or complex care (e.g. monitoring tube drainage and replacement every two hours, complex wound care dressing, irrigations of complex wounds or cavities).

Excluded Services:

- Care by patient's relative
- Care by hospital employee
- Housekeeping
- Laundry
- Respite care
- Services not medically necessary
- Taxes
- Travel expenses

Reimbursement

The maximum payment amount for the private duty nursing benefit is available in a separate document, [BCBSM Medicare Advantage - Additional Benefits Fee Schedule](#).

The member will be paid the lesser of this allowable amount or the provider's charge, minus the member's cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between this payment amount and the charge.

Member Cost-Sharing

- Deemed Providers must agree to collect from the member only the cost-sharing amounts described in the table below. They may not otherwise charge or bill the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

The cost-sharing chart below identifies the members with private duty nursing coverage:

Member Cost-Sharing Responsibilities				
Group Name and Number	Annual Deductible		Coinsurance	
	2007	2008	2007	2008
BCBSM Retirees 80311, 80312	No MA PFFS plan	\$250	No MA PFFS plan	5%
City of Detroit Option E 81100, 81101, City of Detroit Option F 54731, 81097 City of Detroit Option G 04436	\$175 waived	\$175	50%	50%
MPSERS 59000	\$250	\$250	10%	10%
State of MI Retirees 81820, 81821, 81828	No MA PFFS plan	\$200	No MA PFFS plan	10%

Billing Instructions for Members

A member must request payment for private duty nursing services. The following information is required:

1. A letter or receipt with the following information:
 - Nurse's name, degree and address
 - Nurse professional license registration number
 - Driver's license with photo ID and number

- Hours worked and dates of service
 - Name of member receiving care
 - Attending physician's name and degree
2. A complete certification statement from the attending physician with the following information:
 - Member diagnosis
 - Plan of treatment
 - Specific nursing duties
 - Explanation of medical necessity
 - Service dates with week ending dates
 - Estimated length of time care will be required
 3. Medical documentation of hour-by-hour description of services performed by the nurse. If hourly notes are not provided, submit notes from the nurse's shift.
 4. All supporting documentation should be sent to:

Blue Cross Blue Shield of Michigan
Special Programs Department
27000 W. Eleven Mile Road, MCB590
Southfield, MI 48034
Attention: Medicare Advantage Private Duty Nursing