

# Private duty nursing Applies to:



**Blue Cross  
Blue Shield**  
of Michigan

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

Medicare Plus Blue<sup>SM</sup> PPO  Medicare Plus Blue<sup>SM</sup> Group PPO  Both

## Private duty nursing

Private duty nursing is provided to individuals who need skilled care and require individualized and continuous 24-hour nursing care that's more intense than what is available under the home health care benefit. PDN doesn't 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 isn't intended to supplement the caregiving responsibility of the family, guardian or other responsible parties.

## Original Medicare

Original Medicare doesn't provide payment for the services of a private duty nurse or attendant. An individual isn't 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 provided.

## Medicare Plus Blue<sup>SM</sup> Group PPO

Medicare Plus Blue Group PPO plans provide at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options. Coverage for private duty nursing is provided to members under select Medicare Plus Blue Group PPO plans. Because Original Medicare doesn't cover private duty nursing, the scope of the benefit, reimbursement methodology, maximum allowed payment amounts and member cost sharing are determined by the group.

## Conditions for payment

This table specifies payment conditions for private duty nursing:

Conditions for payment	
Eligible provider	RN, LPN, LVN (not in Michigan)
Payable location	Home
Prior Authorization	<ul style="list-style-type: none"><li>• Not required</li></ul>
Frequency	<ul style="list-style-type: none"><li>• Payment is based on 15 minute increments for PDN services.</li><li>• 8 hours per day are generally required to meet the needs of the patient.</li><li>• Up to 16 hours per day of PDN may be approved during transition from inpatient setting to home.</li></ul>
CPT codes	S9123, S9124
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

Blue Cross Blue Shield of Michigan

[bcbsm.com/provider/ma](https://bcbsm.com/provider/ma)

## Description of services:

- Skilled nursing services must be performed by a registered nurse or licensed practical nurse in the member's home or other Blue Cross-approved place of service.
- The services are to restore or maintain the member's maximal level of function and health.
- Services require more skilled care than can be provided by a skilled nursing visit as described in the Home Health Care benefit.
- The nursing tasks are required so frequently that the need for care is continuous whether delivered by a skilled professional or a trained family member.
- The services are temporary, with the goal of training caregivers to provide the necessary services as competently, independently and completely as possible. Private duty nursing is considered medically necessary if both general and specific clinical criteria are met.

## General criteria (all criteria must be met):

- The member must be homebound. The member is considered homebound when the attending physician certifies that the member is confined to the home or is immobile due to illness, injury or surgery that restricts the patient's ability to leave his or her place of residence.
- If the member does leave the home, the absences are infrequent or for periods of relatively short duration, and require considerable effort or the aid of supportive devices, special transportation or assistance of another person. The member doesn't 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 comorbidities and combination of technologies indicate a need for continuous 24 hours of skilled services in the home. However, payment for 24 hours of continuous skilled services isn't an eligibility requirement.
- At least two trained caregivers (a family member, a friend, etc.) must be trained and competent to give care when the nurse isn't in attendance.
- The PDN services must be ordered by a physician, M.D. or D.O., who is involved in the patient's ongoing care.

## Specific clinical criteria (all must be met):

- A physician certification letter from the member's doctor explaining medical necessity must be submitted every three months.
- Certification must indicate that the medical condition requires up to 24 hours a day care by an LPN or RN.
- Continuous assessment, observation and monitoring of a complex or fragile clinical condition are required. Hourly documentation of the clinical information and services performed is required.
- Training and teaching activities by the skilled nurse to teach the patient, family or caregivers how to manage the treatment regimen is required and considered a skilled nursing service. Training is no longer appropriate if, after a reasonable period of time, the member, family or caregiver won't be trained or can't be trained. If necessary, after a new medical condition is stabilized, the nurse will train the caregivers to provide appropriate care and will discontinue the training if it's no longer required and incorporate the skills into the established care program
- Criteria and documentation requirements for specific conditions, if present, in addition to the medically complex or fragile condition of the patient:
  - Tracheostomy tube suctioning is necessary for secretion control and required at least twice per eight-hour shift. (Tracheostomy tube changing is skilled, tracheostomy hygiene care is not.)
  - Ventilator management recording of initial settings of mode of ventilation, tidal volume, respiratory rate and wave form modifications, if any, (PEEP), and FIO<sub>2</sub> is required at the beginning of the shift. Oxygen saturation must be continuously measured for ventilator patients and any changes from the baseline recorded thereafter. Hourly observations of the patient's clinical condition related to the ventilator management must be documented along with any changes in oxygen saturation.

- Complex or frequent medication administration (excluding by mouth and PO medications that would ordinarily be taken by self-administration) of drugs with potential for serious side effects or drug interactions require documentation and appropriate monitoring. This includes intravenous administration of drugs or nutrition.
- Management of tube drainage (and replacement every two hours), complex wounds, cavities and irrigations require documentation of services on the record when they occur.
- Tube feedings that require frequent changes in formation or administration rate or have conditions that increase the aspiration risk require documentation.
- The following services require an RN or LPN/LVN and are payable:
  - Dressing application with prescribed medications and aseptic techniques
  - Frequent and ongoing removal of naso-pharyngeal and tracheotomy aspiration
  - Initial medial gas administration phases
  - Insertion and placement of catheter and sterile irrigation
  - Insertion and placement of catheter associated with active treatment of urinary tract disease
  - Insertion of Levin tube and initial feedings
  - Post-operative management following initial insertion of gastrostomy tube
  - Respirator/ventilator treatment
  - Treatment of extensive decubitus ulcers or other widespread skin disorders

### Excluded services:

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

### Reimbursement

Medicare Plus Blue Group PPO plan's maximum payment amount for private duty nursing is available in a separate document, BCBSM Medicare Advantage – Enhanced Benefits Fee Schedule. The member will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

### Member cost sharing

- Medicare Plus Blue PPO providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue Group PPO cost-sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an ABN to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Cross before providing the item or service to the member. If a provider provides a noncovered item/service to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost share, providers may utilize web-DENIS or call 1-866-309-1719.

## Billing instructions for members

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

1. A letter or receipt which includes:
  - Nurse's name, degree and address
  - Nurse's 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 which includes:
  - 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
  - Imaging and Support Services
  - Attention: Medicare Advantage Private Duty Nursing
  - P.O. Box 32593
  - Detroit, MI 48232-0593

### Revision history

Policy number: MAPPO 1016

Reviewed: 10/07/2021, 11/20/2020, 10/09/2019, 07/23/2018

Revised dates: 10/07/2021, 06/27/2016, 2015

10/07/2021: Updated supporting documentation address.

06/27/2016: Updated formatting, added revision history section.