



**MedStar Family  
Choice**

**ADMINISTRATIVE POLICY AND PROCEDURE**

<b>Policy #:</b>	<b>1426.DC</b>	
<b>Subject:</b>	<b>Private Duty Nursing Care</b>	
<b>Section:</b>	<b>Medical Non-Pharmacy Protocols</b>	
<b>Initial Effective Date:</b>	<b>9/1/25</b>	
<b>Revision Effective Date(s):</b>		
<b>Review Effective Date(s):</b>	<b>9/1/25</b>	
<b>Responsible Parties:</b>	<b>Medical Director</b>	
<b>Responsible Department(s):</b>	<b>Clinical Operations</b>	
<b>Regulatory References:</b>	<b>42 CFR §440.80; DHCF Transmittal 17-32; Transmittal 24-28; Medicaid State Plan, Supplement 1 to Attachment 3.1 A and 3.1 B, Section 8</b>	
<b>Approved:</b>	<b>Director Clinical Operations</b>	<b>Chief Medical Officer</b>

**Purpose:** To define the conditions under which MedStar Family Choice (MFC) physicians may or may not approve private duty nursing care. This policy is specific to hourly RN and LPN services.

**Scope:** MedStar Family Choice, District of Columbia

**Policy:** It is the policy of MedStar Family Choice to approve private duty nursing care by an RN or LPN only when certain conditions are met.

**Definitions:**

**Private Duty Nursing Care-** services for technology-dependent beneficiaries who require more individualized and continuous care than is available from a visiting nurse under the skilled nursing home health services benefit, or that is routinely provided by nursing staff of a hospital or skilled nursing facility.

**Primary Caregiver-** parent, guardian, other family member, or other typical caregiver that is primarily responsible for the day-to-day care of the member.

**Treating Practitioner** – this is the practitioner (MD/DO, APRN, or PA) who is treating/managing the conditions that qualify the member for private duty nursing care. For new requests originating from a hospitalization, the hospital practitioner may be considered the Treating Practitioner.

## **Policy:**

Private Duty Nursing services must be prior authorized and may not exceed a total of twelve (12) hours per day. The twelve (12) hour per day limit may be exceeded based on medical necessity. (Medicaid State Plan, Supplement 1 to Attachment 3.1 A and 3.1 B, Section 8)

PDN services are generally indicated when the enrollee has complex medical needs requiring continuous skilled nursing care in the home without professional nursing support. Typical indications include:

- Dependence on mechanical ventilation or tracheostomy care
- Requirement for continuous skilled assessment and interventions (e.g. unstable seizure disorders, complex medication administration such as IV therapy, TPN, or infusion pumps).
- Frequent skilled interventions to maintain airway patency, manage respiratory status, or prevent life-threatening complications.
- Medically fragile conditions with ongoing instability (e.g. severe neuromuscular disorders, advanced genetic or metabolic conditions).
- Infants and children with congenital or chronic conditions requiring continuous monitoring and skilled care beyond intermittent skilled nursing visits.

PDN services may be authorized if **ALL** of the following are met:

### **1. Medical Necessity**

- The member has a medically fragile or technologically dependent condition that requires continuous, direct skilled nursing care that cannot be met by an unlicensed caregiver.
- Skilled care is required to sustain life, prevent deterioration, or respond to life-threatening changes in condition.

### **2. Clinical Indications**

- Dependence on mechanical ventilation or tracheostomy care
- Requirement for continuous skilled assessment and interventions (e.g., unstable seizure disorders, complex medication administration such as IV therapy, TPN, or infusion pumps).
- Frequent skilled interventions to maintain airway patency, manage respiratory status, or prevent life-threatening complications.
- Medically fragile conditions with ongoing instability (e.g., severe neuromuscular disorders, advanced genetic or metabolic conditions).
- Infants and children with congenital or chronic conditions requiring continuous monitoring and skilled care beyond intermittent skilled nursing visits

### **3. Duration and Intensity of Services**

- The enrollee requires prolonged or continuous nursing care (e.g., 4+ hours per day) that exceeds the scope of intermittent skilled nursing visits.
- The complexity of care exceeds the scope of intermittent home health nursing under 42 CFR §440.70.

### **4. Home Setting Feasibility**

- The home environment supports the provision of skilled nursing care and the use of required medical equipment.
- A trained, responsible caregiver is available to provide care when PDN staff are not present.

## **Exclusions**

PDN services are not considered medically necessary when:

- The primary purpose is custodial care, respite care, or services that can be provided safely by unlicensed caregivers.
- Services are requested solely for caregiver or family convenience.
- The enrollee's condition is stable and does not require continuous skilled nursing intervention.
- Enrollee is in a hospital, residential treatment center, or an intermediate care facility for individuals with intellectual disabilities or a residence or facility where nursing services are included in the living arrangement by regulation or statute.
- Services rendered are not directly related to the plan of care.
- Services duplicate or supplant services rendered by the Primary Caregiver or other insurance, privilege, entitlement, or program services that the recipient receives or is eligible to receive.
- Services to members eligible for any third-party liability coverage of those services.

## **Procedure:**

### **New Request**

1. Receive an order (inclusive of the requirements for documenting the face-to-face encounters) for private duty nursing services from a physician.
2. Ensure that an R.N. conducts an initial assessment to develop a plan of care for services.
3. Submit the plan of care to the physician initially, and every sixty (60) calendar days.
4. Ensure that the physician reviews the initial and subsequent plan of care and affixes his/her signature on the plan of care within thirty (30) calendar days of its development.
5. The member has at least one caregiver who is willing and able to accept responsibility for the member's care when the nurse is not available.
  - If no caregiver is willing and able to provide care, Private Duty Nursing will not be approved.
6. Services must include teaching and supervision of caregiver(s) in the home while the caregiver(s) practices the skills necessary to provide care to the member
7. The requested nursing care is not solely for the convenience or preference of the primary caregiver or member.
8. Ensure that new or revised physician orders have been obtained from the treating physician, as needed, and every sixty (60) calendar days, to promote continuity of care.
9. Document the actions taken to ensure that the processes are reviewed by MFC or upon audit.

## **Continuing Requests**

Private Duty Nursing Care will be covered if **ALL** the following conditions are met:

1. There is written documentation from the Treating Practitioner that the need for Private Duty Nursing Care continues to be medically necessary. This documentation may not be older than 60 days from the anticipated date of renewal and must include an updated plan of care written by the Treating Practitioner.
2. There is an order from the Treating Practitioner written within 60 days of the anticipated date of renewal.
3. Nursing documentation from services provided within 30 days of anticipated renewal must be submitted to demonstrate continuing need. Nursing notes must be complete and comprehensive and include the following elements:
  - i. Notes from each prior date of service.
  - ii. Time in and time out on each date of service.
  - iii. A thorough description of the services rendered on each date of service.
  - iv. Documentation of the presence or absence of primary caregivers during the visit for each date of service.
  - v. Documentation of the presence or absence of other adults or children during the visit for each date of service
  - vi. Documentation of goals set at the beginning of the previous authorization period and progress made toward each goal at the end of the previous authorization period.
  - vii. A new nursing plan of care with goals for the newly requested timeframe.

## **Additional Considerations:**

1. A Private Duty Nurse should not take an enrollee to a routine medical appointment in lieu of the enrollee's parent/guardian. In such an instance, the nurse is providing transportation service, not nursing care. The nurse may accompany a parent/guardian and the enrollee to medical appointment(s) if the appointment is scheduled during the enrollee's currently authorized nursing hours.
2. MFC will not authorize 24/7 on-going Private Duty Nursing. MFC may authorize 24 hours for a short-term (maximum 1 week) to help the caregiver adjust and ensure all equipment is functioning properly. Nursing services will then be decreased to a maximum of 12 hours per day, 7 days per week.
3. Registered Nurse (RN) Services- MFC will cover nursing services rendered by an RN when the complexity of the services or the condition of a member requires the judgment, knowledge, and skills of a registered nurse and the services cannot be performed by a licensed practical nurse or delegated to a lesser skilled individual (ex: Certified Nursing Assistant or Home Health Aid).
4. Licensed Practical Nurse (LPN) Services- MFC will cover nursing services rendered by an LPN when the complexity of the services or the condition of a member requires the judgment, knowledge, and skills of a licensed practical nurse and cannot be delegated to a lesser skilled individual (ex: Certified Nursing Assistant or Home Health Aid).

**Billing Codes**

Code	Service Description	Description
T1000 TD	Private Duty RN Visit	Private duty independent nursing services- licensed, up to 15 minutes
T1000 TE	Private Duty LPN Visit	Private duty independent nursing services- licensed, up to 15 minutes
T1001 U1	Private Duty Initial Assessment	Private duty initial assessment visit
T1001 U2	Private Duty Reassessment	Private duty reassessment visit
T1001 U3	Private Duty Supervisory Visit by RN	Private duty supervisory visit by RN

<b>Summary of Changes:</b>	<b>09/25:</b> <ul style="list-style-type: none"><li>• New Policy</li></ul>
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