Blue Cross Blue Shield of Michigan

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

Private duty nursing program

Coverage, authorization and billing criteria

For Blue Cross commercial members

Revised December 2023

In this document

Overview

Private duty nursing is provided to individuals who have complex medical issues that require individualized and continuous care by a nurse. These services are more intense than those available under the home health care benefit. Private duty nursing 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.

Coverage may vary under different contracts, for different groups. It is not offered for individual (nongroup) contracts. If there is a difference between what's described in this document and the patient's Blue Cross contract, the contract applies. To learn how to check your patient's eligibility and coverage through our provider portal or through Benefit Explainer, see the "Patient Eligibility" chapter of the *Blue Cross Commercial Provider Manual*.

Definitions

Private duty nursing is considered complex individualized care that requires more intensity than is available from a visiting nurse and more frequent nursing interventions in the home. PDN services are provided under the direction of a written individualized plan of care signed by the patient's attending physician. Care is managed by a certified home health care agency or certified community home health care agency. Nursing services are rendered by a licensed registered nurse or licensed practical nurse who is employed by the home care agency.

Custodial Care services are health-related services that can safely and effectively be performed by trained nonmedical personnel and are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function, as opposed

to improving that function to an extent that might allow for a more independent existence.

Custodial care includes any of the following non-skilled care services:

- Non-health-related services, such as help with daily living activities like eating, meal preparation, dressing, bathing, transferring and ambulating
- Management of stable tracheostomies, feeding tubes and ostomies, and indwelling catheters
- Respite care, convalescent care and day care
- Monitoring stable patients

Home is where a member makes his or her residence; and is not a skilled nursing, rehabilitation or long-term acute care facility.

Homebound means that the attending physician certifies that the patient is confined to the home and that because of illness, transporting the patient to a health care facility, physician's office or hospital for care and services would be difficult due to the nature or degree of the illness.

Intermittent Care is skilled nursing care that is provided:

- Fewer than seven days each week, OR
- Fewer than eight hours each day for periods of 21 days or less

Medically Necessary is defined as health care services that are ALL of the following as determined by Blue Cross Blue Shield of Michigan or a designee:

- Rendered in accordance with Generally Accepted Standards of Medical Practice.
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your sickness, injury, mental illness, substance-related and addictive disorders, disease or its symptoms.
- Not mainly for the patient or family convenience or that of the doctor or other health care provider.
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your sickness, injury, disease or symptoms.

Generally Accepted Standards of Medical Practice Standards are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials.

- If not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.
- If no credible scientific evidence is available, then standards that are based on physician specialty society recommendations or professional standards of care may be considered.

The health plan has the right to consult an expert opinion in determining whether health care services are medically necessary. The decision to apply physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

Medically complex care means the patients have multiple significant chronic health problems that affect multiple organ systems and result in functional limitations, high health care needs or utilization, and often the need for or use of medical technology.

Medically fragile is a condition that makes the patient likely to require care to prevent, or intervene in, a life-threatening event. The conditions are present with the potential to develop severe complications.

Respite care is short-term care provided to the patient only when necessary to relieve the family, patient or other persons caring for the individual.

Skilled nursing care is care that must be provided by professional registered nurses, or licensed practical nurses supervised by registered nurses, to be safe and effective. The skilled nurses are to deliver treatments and procedures that can only be delivered by professionals. In determining whether a service requires the skills of a nurse, consider both the inherent complexity of the service, the condition of the patient and accepted standards of medical and nursing practice. The skilled nurses are able to train and educate the patient, the patient's family and voluntary caregivers on how to manage the condition when the professional is not present.

Voluntary caregivers are family members or other caregivers who are trained in a manner sufficient to deliver the nursing-level services. By providing these services, the need for RN- or LPN-rendered services are reduced during the 24-hour period.

Coverage

PDN is provided to individuals who have complex medical issues that require individualized and continuous care. This care is more intense than the care normally provided under the home health care benefit. Some patients who would require private duty nursing include:

- New ventilator-dependent patients
- New tracheostomy patients

- Medically complex newly discharged patients who have experienced a significant change in their clinical condition.
- The PDN benefit is not a 24/7 or lifetime benefit. When criteria are met, the health plan may cover up to 16 hours per day of PDN care. The goal is to transition care to patient's family or caregivers.

PDN care is provided by a registered nurse or a licensed practical nurse under the direction of the patient's attending physician as part of a written care plan.

Custodial care does not qualify for PDN.

PDN is considered medically necessary when clinical criteria are met. Refer to the Blue Cross medical policy on Private Duty Nursing for the full criteria.

At least eight hours of PDN per day are required to meet the needs of the patient. During the transition from inpatient to home care, up to 16 hours per day of private duty nursing may be covered for a limited time.

Procedure codes

Payable procedure codes are S9123 (RN) and S9124 (LPN).

Noncovered services

The following services are not covered:

- Custodial care
- Care by member's relative
- Care by a hospital employee
- Housekeeping
- Laundry
- Maintenance care after the patient's condition has stabilized (such as routine ostomy care, ventilator care or tube feeding administration) or if the anticipated need is indefinite, **lifetime private duty nursing is not a benefit**
- The care is for a person without an available caregiver in the home
- Part-time/intermittent and non-continuous care
- Respite care
- Services that are not medically necessary

- Travel expenses
- The PDN is provided outside the home (for example, school, nursing facility or assisted living facility)
- It is a duplication or overlap of services (for example, when a person is receiving hospice care services or for the same hours of a skilled nursing home care visit)
- It is for observational purposes only
- Services provided within the scope of practice of medical assistants, nurse's aides, home health aides or other non-nurse-level of caregivers
- Services limited to bathing, feeding, exercising, homemaking, giving oral medications or acting as companion/sitter

Prior authorization

Prior authorization is required for PDN services beginning on or after Oct. 1, 2022. Prior authorization requests should be submitted through the e-referral system prior to performing these services.

Michigan's prior authorization law** requires health care providers to submit prior authorization requests electronically for commercial members. Alternate submission methods are allowed in the case of temporary technological problems, such as power or internet outages.

To access the e-referral system:

1. Log in to our provider portal (availity.com**).
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
3. Click the e-referral tile on the Applications tab.

Alternate method for submitting a prior authorization request

If you're experiencing temporary technological problems that prevent you from accessing the e-referral system, such as a power or internet outage, submit prior authorization requests by phone.

Call the intake team at 1-800-392-2512.

In extenuating circumstances, we will accept retrospective (post-service) requests for up to 90 days from the start date of care.

Attaching clinical information

When submitting the prior authorization request through the e-referral system, you must attach the clinical information that's taken from the member's medical record and that's pertinent to the request. Attach it in the Case Communication field in the e-referral request.

Here are some examples of clinical information that should be included:

- Physician's letter of medical necessity
- Treatment plan, including:
  - Frequency of skilled assessments
  - Airway/respiratory status
  - Oxygen requirements
  - Feeding requirements
  - Wound care needs
  - Bowel/bladder status
  - Neurological status
  - Activities of daily living needs
- Progress notes
- Discharge summary
- Hours per day, days per week and duration of care being requested

Additional information on submitting the request through the e-referral system

- For instructions on how to load an authorization request, including attaching the clinical information to the request in the e-referral system, see the e-referral User Guide.
- For detailed information on how to submit a private duty nursing prior authorization request, watch the training video. Refer to the "How to access the training video" information later in this document.

What happens after an authorization request is submitted

- All requests are pended for review so that clinical staff can assess the clinical information and determine the medical necessity of the request.

- We use the Blue Cross medical policy on Private Duty Nursing to determine medical necessity.
- PDN services are considered to be preservice non-urgent requests and are processed according to state and NCQA time frame standards.

We will notify you of our decision on the request in these two ways:

- In the Provider Communications field within the e-referral system
- Through the mail, with the decision sent to the member and to both the requesting and treating providers. If the request is denied, the denial letter will include the reason for the denial and the appeal process.

How to access the training video

To access the training video about submitting a private duty nursing prior authorization request:

1. Log in to our provider portal (availity.com**).
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
3. Click the Resources tab.
4. Click *Secure Provider Resources (Blue Cross and BCN)*.
5. Under the Easy Access heading, click *Login* under Provider Training.

   Note: First-time users must register by clicking *Registration*.
6. Click the Knowledge Center tile.
7. Click *Provider Quick Guides*.
8. Click *Provider training and resources guide for Private Duty Nursing*.
9. On page 3 of the guide, click *Private duty nursing prior authorizations video*.

Appeal process

All providers have the right to appeal an adverse decision. The one-step provider appeal process is designed to be objective, thorough, fair and timely. A plan medical director may obtain the opinion of a same-specialty, board-certified physician or an external review board.

Appeals must be submitted within 45 calendar days of the date noted on the written denial notification. Requests are to be in writing and must include additional clarifying clinical information to support the request. We will notify you of the decision within 30 calendar days of receiving all the necessary information.

Mail appeal requests to:

Utilization Management – Provider Appeals, Mail Code 0520
600 Lafayette East
Detroit, MI 48226

When a provider appeal request is received and a member appeal or grievance is in process, the member appeal or grievance takes precedence. When the member process is complete, the decision is considered to be final, and the provider appeal request is not processed.

Billing guidelines

Here's what you need to know about submitting claims and prior authorization requests.

- Only the agency on the authorization will be approved for payment.
- When submitting claims:
  - Enrolled private duty nursing agencies can electronically bill claims for dates of service on or after Oct. 1, 2022.
  - For dates of service prior to Oct. 1, claims should be manually submitted by the member. Submit claims as soon as possible.
- For billing and authorization requests:
  - Use HCPCS code S9123 for registered nurses or S9124 for licensed practical nurses.
  - Indicate the total hours as units (one unit = one hour). Partial units aren't accepted.
- Only one authorization can be in place for a certain time period. On occasions when more than one agency is providing services to a member, only the primary agency will be able to seek authorization and submit a claim for services. The primary agency will need to coordinate the schedule and reimburse the partner agencies for their services.

Private duty nursing services (prior to Oct. 1, 2022)

When the member has PDN benefits as outlined by their contract, Blue Cross pays for covered services when the required criteria are met. Member-submitted claims+ with no prior authorization on file will require billing documentation and guidelines as outlined below. If any of this information is missing or in the wrong order, the invoice and documents will be returned unprocessed.

Subsequent documentation must be resubmitted as stated on the current certification letter or every month, until Oct. 1, 2022. **Do not submit on a CMS-1500 claim form or a UB-04 claim form.**

Note: For private duty nursing services on or after Oct. 1, 2022, **prior authorization is required;** see the Prior authorization section.

Billing guidelines

Here are some billing guidelines:

- Do not overlap months on the invoice.
- If there is a change of agencies during the month, the new agency must obtain its own prior authorization number. Each agency must submit an invoice and notes separately. Do not combine agencies.
- Invoice and documentation must be included for the service dates billed in the following order:
  - Private duty nursing submission form* (use as a cover sheet with each monthly invoice)
  - Invoice — Member contract number and date of birth, along with the nurse's name, level of degree and license number must be included on the invoice (or on a typed form, the page after the invoice). The Private Duty Nursing Agency is responsible for submitting the invoice and consolidation of hours for RNs and LPNs.
  - Each date billed should include total hours or units (1 unit = 1 hour) for each level of care, with HCPCS code S9123 for RN or HCPCS code S9124 for LPN; charge per hour or unit and submit the total charges for that date. Partial units aren't accepted.
  - Tax ID and contract number must be on the invoice.
- Include the attending or referring physician's name, NPI and degree, with:
  - Current provider home health certification letter
  - Medical necessity rationale, including member diagnosis
  - Treatment plan
  - Specific nursing duties
  - Estimated length of time care will be required
- Include the daily nursing notes, hour-by-hour description of services performed by the nurse with nursing flow sheets and the name of the patient receiving services. Date the notes and place them in consecutive date order.

- Include additional documentation about the supporting services provided and location of services.

Include the Private duty nursing submission* form as a cover sheet and mail to:

Blue Cross Blue Shield of Michigan
P.O. Box 32597
Private Duty Nursing
Detroit, MI 48232-0597

Note: Mailing this information to any other address or omitting any required documentation will result in processing delays, including returned invoices or claim rejections.

+As a pay-subscriber benefit, Blue Cross pays benefits directly to the subscriber. If there are any invoicing or medical record issues, the member will need to assign permission for you to speak to Customer Service on their behalf. Otherwise, the member can call Customer Service directly using the appropriate number on the back of their Blue Cross ID card.

*For dates of service prior to Oct. 1, 2022, the Private duty nursing submission form is used as a cover sheet with each PDN invoice. The Private duty nursing submission form is key to a smooth invoice process and payment. If this form is missing, the invoice and documents will be returned. The form is available within our provider portal. To access it, log in to availity.com**, click the BCBSM and BCN logo on the Payer Spaces menu, click *Resources*, click *Secure Provider Resources (Blue Cross and BCN)*, click *Billing and Claims* and click *Blue Cross*.

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