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1.0 Description of the Procedure, Product, or Service

Private duty nursing is skilled nursing care provided to a recipient by a registered nurse (R.N.) or licensed practical nurse (L.P.N.) in the home or in a hospital setting. Skilled care is defined as medically necessary services that can only be rendered under State law or regulation by licensed health professionals such as a medical doctor, physician's assistant, physical therapist, occupational therapist, speech therapist, certified clinical social worker, certified nurse midwife, licensed practical nurse or registered nurse.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

Note: Most children will be able to get all the services they need under the core (basic) plan of NC Health Choice. A child who qualifies as having special needs may be able to receive additional services not covered by the core plan.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

- a. Coverage is provided in a hospital for a condition which requires continuous skilled nursing bedside care, as documented by a physician.
- b. Coverage is provided in the home when ordered as medically necessary, the recipient is deemed homebound, continuous skilled nursing criteria is met and it is documented that continued hospital care would be required without this service.

- c. The following criteria will be used to determine whether the service is covered:
 1. The purpose of private duty nursing is to provide skilled constant attention and observation to a seriously ill recipient. The need for, and the length of service usually depends upon the condition of the recipient and the level of care required rather than the nature of the disease illness or condition. The fact that a physician orders this kind of service does not in itself constitute justification for private duty nursing.
 2. Recipients recovering from major surgery, severe systemic disease, or one of the catastrophic diseases frequently may require a level of skilled care beyond that afforded by the general nursing service provided by a hospital or other institution.

4.0 When the Procedure, Product, or Service Is Not Covered:

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Private duty nursing is not covered for the following:

- a. Sitters or private duty nursing assistants in homes, nursing homes, sanitarium, hospitals, or rest homes;
- b. Skilled private duty nursing in nursing homes, sanitarium, or rest homes;
- c. Services provided by immediate relatives or members of the recipient's family;
- d. Services provided in a hospital only in exceptional circumstances on an individual consideration basis. (Hospitals are expected to provide adequate nursing services. Therefore, private duty nurses used in lieu of or as a substitute for hospital staff nurses are not covered.)
- e. When the recipient is in an intensive care or critical care unit.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

- a. Prior approval is not required.
- b. A letter of medical necessity signed and dated by the physician must be submitted to DMA's vendor prior to rendering the service.

- c. Documentation must include:
 1. Recipient Demographics, name, address, ID, and date of birth.
 2. Place of service
 3. Medical diagnosis, including the recipient's physical and mental status and the necessity for skilled nursing care
 4. Specific skilled procedures performed daily on a continuous basis
 5. Verification of homebound status (if applicable)
 6. Number of hours and length of time skilled care is required
 7. Beginning date of skilled care
- d. A referral and treatment plan signed by the recipient's attending physician may be substituted for the letter of medical necessity if skilled nursing services are provided by a licensed home care agency.
- e. If private duty nursing services are required beyond the initially approved period, the recipient's current status must again be documented by their attending physician.

5.2 Other

- a. Private duty nursing shall not exceed 90% of daily skilled nursing facility rates (or sub-acute rates as applicable) as determined by the NCHC Program.
- b. Reimbursement for private duty nursing is limited to the usual, customary and reasonable amount for the hourly rate for R.N. and L.P.N. services.
- c. No benefits are provided for shift differential, overtime, weekend/holiday differential, travel time, etc.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

Private duty nursing may be provided by a licensed nurse who is either self-employed or employed by a licensed home care agency.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
07/01/2010	all sections and attachment(s)	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
11/30/2012	all sections and attachment(s)	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

Revenue Codes			
0550	0551	0552	0559

HCPCS Code
S9123

If prior approval was not obtained before the claim is filed, the claim will deny. However, it could be reviewed retroactively for approval.

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital and Home

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.