



Health Plans

Manual: IU Health Plans
Department: Utilization Management
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Medicare Advantage X Commercial

Private Duty Nursing Policy

I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Private Duty Nursing (PDN).

II. Scope

This policy applies to all Utilization Management staff having clinical decision-making responsibilities where authorization is required for Fully Insured plan.

III. Exceptions

- 1. ALL Requests for private duty nursing will require a review by a MEDICAL DIRECTOR**
2. Is only applicable to private duty nursing in the home setting. Private duty nursing in a facility such as a hospital, long term acute care, skilled nursing facility, or an assisted living facility is not covered.
4. It is provided in the absence of an available care giver. The nursing care must not be provided by the patient's spouse, natural or adoptive child, parent, sibling grandparent or grandchild.
5. Members receiving continuous or bolus nasogastric or gastrostomy tube feeds as the only medical care need will not be approved for private duty nursing.
6. PDN is not considered medically necessary for the primary purpose of providing respite care, housekeeping services, childcare, or activities of daily living.
7. PDN is not covered in the school setting.
8. PDN is not provided for hospice care.
9. Private duty nursing is not covered for caregiver/parents attending school, work or for providing respite care for the family.
10. Member benefits may vary according to benefit design; therefore, member benefit plan should be reviewed prior to any determinations.

IV. Definitions

Private Duty Nursing is the delivery of professional nursing services in the home on more than part-time or intermittent basis and is intended for individuals who require skilled and complex care. The service may be provided by a registered nurse or licensed practical nurse according to the medical needs of the member. Private duty nursing provides direct nursing care and caregiver training and education.

Respite Care is short term inpatient care provided when necessary to relieve the family member or other persons caring for the individual.

Skilled Nursing Interventions refers to the distinct tasks that affect different body systems and required separate skilled nursing knowledge.

V. Policy Statements

IU Health Plans to be eligible for Private Duty Nursing, the member must meet **ALL the following criteria:**

1. Is not receiving intermittent home health services
2. Services are provided in the member's private residence AND patient can stay in the home.
3. Meets medical necessity criteria **as determined by the medical director**. The frequency and duration of approved services will be determined on a case-by-case basis. When determining the number of hours of coverage in a 24-hour cycle, approval must be based on an assessment and supporting documentation that describes the complexity and intensity of the patient's care and should include:
 - a. The type and frequency of skilled nursing interventions needed. (Example, tracheal suctioning every 2 hours and as needed)
 - b. The following interventions do **NOT** require private duty nursing unless there is a documentation of co-morbidities and complications:
 1. Administration and set up of oral medications
 2. Application of eye drops, ointments, or topical medications
 3. Routine enteral feedings
 4. Routine colostomy care
 5. Intermittent straight urinary catheterizations for chronic conditions
 6. Suctioning of the nasopharynx, nasotracheal, or tracheostomy in a stable individual
4. Services must be provided by a licensed practical nurse (LPN) or registered nurse (RN) within the scope of their practice and providers have documented competency in the skills needed to include frequent nursing assessments and changes to plan of care (examples include but are not limited to ventilator maintenance, suctioning, oxygenation assessment, respiratory assessments, titration of supplemental oxygen sources)
5. Requires care beyond the level of services provided by home health skilled nursing and is more extensive and continual care than can be provided through a home health nurse visit.
6. Have a physician who provides a prescription for Private Duty Nursing at least every 3 months:
 - a. The duration of the request
 - b. Establishes a plan of care
 - c. Provides documentation to support the medical necessity of PDN services to include a physician evaluation that is no more than 6 to 12 months old.
7. PDN Is considered medical necessary for individuals with an unstable condition when **All** the following criteria are met:
 - a. The individual's condition must be unstable and require frequent nursing assessments and changes in the plan of care. Instability of the individual's condition means that an individual's condition changes frequently or rapidly, so that constant monitoring or frequent adjustments of treatment regimens are required. It must be determined that these needs could not be met through a skilled nursing visit, but could be met through private duty nursing; and
 - b. The physician has ordered nursing for constant monitoring and evaluation of the individual's condition on an ongoing basis and makes any necessary adjustment to the treatment regimen; and
 - c. The nursing and other adjunctive therapy progress notes indicate that such interventions or adjustment have been made at least monthly and as necessary; and

At least one of the following;

1. Private duty nursing is medically necessary for individuals with respiratory disorder including but not limited to one of the following;
 - a. Dependence on mechanical ventilation; or

- b. Tracheostomy care requiring deep suctioning at least every 4 hours; or
2. PDN is medically necessary for individuals receiving enteral feeding when one of the following is met;
 - a. Initial caregiver training for individuals receiving continuous tube feeding (for example, continuous nasogastric (NG), gastrostomy tube (GT), or jejunostomy feedings) until documentation of caregiver competence; or
 - b. Enteral feeding (for example, continuous NG, GT, or jejunostomy feeding) complicated by frequent regurgitation, with or without aspiration; or
 3. PDN is medically necessary for individuals with a seizure disorder manifested by prolonged seizures, requiring emergent administration of anticonvulsant medication.

Code	Description
G0299	Direct Skilled nursing services of a registered nurse in hospice or home health setting, 15 minutes
G0300	Direct skilled nursing services by an LPN in a hospice or home health setting, 15 minutes

VI. Procedures

None

VII. References/Citations

1. Indiana Family and Social Services Administration (FSSA); Indiana Health Coverage Programs; Provider Reference Module. Home Health Services. Published October 3, 2023. [Home Health Services \(in.gov\)](#)
2. McCurdy FA. Private Duty Nursing: How Much Is Enough? *Clinical Pediatrics*. 2023;62(11):1301-1305. doi:[10.1177/00099228231160755](#) [Private Duty Nursing: How Much Is Enough? - Fredrick A. McCurdy, 2023 \(sagepub.com\)](#)

VIII. Forms/Appendices

None

IX. Responsibility

Medical Director

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