



Clinical Policy: Private Duty Nursing

Reference Number: NJ.CP.MP.501

Date of Last Revision: 01/25

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes the medical necessity requirements for private duty nursing (PDN) services in the state of New Jersey.

Policy/Criteria

- I. It is the policy of Fidelis of New Jersey that private duty nursing (PDN) services are **medically necessary** when the following criteria are met:
 - A. Member is enrolled in Medicaid Plan A or MLTSS;
 - B. There is a doctor's order to receive this service;
 - C. Live in a community based residence (e.g., private home, apartment, rooming house, or boarding home) or group home, skill development home, supervised apartment or other congregate living program where personal care is not provided as a part of the service package included in the living arrangement;
 - D. Have a documented need for hands-on personal care.
- II. It is the policy of Fidelis of New Jersey that Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)/PDN services are **medically necessary** when the following criteria are met:
 - A. Member is less than 21 years of age;
 - B. Enrolled in the Medicaid / NJ Family Care fee-for-service program^{5,6};
 - C. Referred by a parent, primary physician, hospital discharge planner, Special Child Health Services case manager, Division of Developmental Disabilities (DDD), Division of Disability Services (DDS), Division of Youth and Family Services (DYFS), Division of Mental Health Services (DMHS) or current PDN provider⁵;
 - D. Exhibits a severity of illness that requires complex skilled nursing interventions on an ongoing basis, to be considered in need of EPSDT/PDN services²;
 - E. Counseling to determine ongoing need for those approaching age 21 will commence at age 20 years and 6 months.

Requests for services shall be submitted to the Plan using a "PDN Services Authorization Request Form", incorporated herein by reference. The Request shall be completed and accompanied by a prescription signed by the referring physician and agreed to and signed by a parent or guardian where indicated. All sections of the Request shall be completed and a current comprehensive medical history and current treatment plan, completed by the referring physician, shall be attached. The comprehensive medical history, current treatment plan and other documents submitted with the request shall reflect the current medical status of the individual and shall document the need for ongoing (not intermittent) complex skilled nursing interventions by a licensed nurse. Incomplete requests shall be returned to the referral source for completion prior to further action by the Plan.⁵



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Requests for continuation, or modification of PDN services during the treatment period, shall be submitted by the PDN agency, in writing, to the Plan on the "Prior Authorization Request Form". In an emergency, requests for modification of services may be made by telephone but shall be followed immediately by a written prior authorization (PA) request.⁵

III. It is the policy of Fidelis of New Jersey that EPSDT/MLTSS PDN services are **medically necessary** when all of the following criteria are met:

- A. There is a capable adult primary caregiver residing with the individual who accepts ongoing 24-hour responsibility for the health and welfare of the beneficiary;
- B. The adult primary caregiver agrees to be trained or has been trained in the care of the individual and agrees to receive additional training for new procedures and treatments, if directed to do so by a State agency;
- C. The primary caregiver agrees to provide a minimum of eight hours of hands-on care to the individual during every 24-hour period (excluding eligible children under 21 years of age)^{3,6};
- D. The home environment can accommodate the required equipment and licensed PDN personnel.^{2,6}

IV. It is the policy of Fidelis of New Jersey that PDN services for EPSDT/MLTSS/Supports Plus are medically necessary when one of the following criteria is met³:

- A. All of the following:
 - 1. Dependence on mechanical ventilation;
 - 2. The presence of an active tracheostomy;
 - 3. The need for deep suctioning.
- B. One or more of the following:
 - 1. The need for around-the-clock nebulizer treatments, with chest physiotherapy;
 - 2. Gastrostomy feeding when complicated by frequent regurgitation and/or aspiration;
 - 3. A seizure disorder manifested by frequent prolonged seizures, requiring emergency administration of anti-convulsants.

V. It is the policy of Fidelis of New Jersey that the following situational criteria shall be considered, once medical necessity has been met per Section IV.A. or IV.B. above, to determine the extent of the need for EPSDT/MLTSS PDN services and the authorized hours of service³:

- A. Available parental and/or family support;
- B. Additional sibling care responsibilities;
- C. Alternative sources of nursing care.

Background

Private-duty nursing (PDN), provided by licensed nurses, is defined as individual and continuous care, in contrast to part-time or intermittent care. Nurses can be employed by a licensed, certified home health agency or a licensed, accredited health care service firm. It is to be provided only



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when there is a live-in primary caregiver (adult relative or significant other adult) who accepts 24-hour responsibility for the health and welfare of the beneficiary.

PDN is also a benefit for Core Medicaid in New Jersey for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) members. For adults, Members must be considered in Managed Long Term Services and Supports (MLTSS) or the Supports Plus PDN Program* to receive PDN benefits. The member does not have to be permanently disabled.

The purpose of the program is to accommodate long-term chronic or maintenance health care, as opposed to short-term skilled care as is provided under Medicaid's home health program.

PDN services provide individual and continuous nursing care, as different from part-time intermittent care, provided by licensed nurses in the home to beneficiaries. PDN services shall be provided by a licensed home health agency, voluntary non-profit homemaker agency, private employment agency and temporary-help service agency approved by the Department of Medical Assistance and Health Services (DMAHS). The voluntary nonprofit homemaker agency, private employment agency and temporary help-service agency shall be accredited, initially and on an ongoing basis, by the Commission on Accreditation for Home Care, Inc., the Community Health Accreditation Program, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the National Association for Home Care and Hospice.¹ Ongoing illustrates that the beneficiary needs skilled nursing intervention 24 hours per day/seven days per week. Complexity describes the degree of difficulty and/or intensity of treatment/procedures. Skilled nursing interventions refers to procedures that require the knowledge and experience of licensed nursing personnel, or a trained primary caregiver.^{2,6}

PDN services for those beneficiaries above 21 years of age shall be covered for enrollees of the MLTSS or Supports plus PDN Programs for up to a maximum of 16 hours per day, including services provided or paid for by the other sources, if medically necessary, and if cost of service provided is less than institutional care.³

For those members receiving EPSDT services, hours are determined by assessed need and can be provided up to 24 hours per day with medical director approval.¹

Service Limitations

Per Medical Necessity as defined in the contract. PDN services are provided for eligible beneficiaries in the community only (the home or other community setting of the individual), and not in hospital inpatient or nursing facility settings.⁴ PDN services are a State Plan benefit for children under the age of 21. For adults over the age of 21, PDN is provided under the MLTSS or Supports Plus PDN program benefit. PDN services are based on medical necessity and prior approval by the MCO in a plan of care.¹

The Plan shall determine and approve the total PDN hours for reimbursement, in accordance with N.J.A.C. 10:60-5.2(b). A maximum of 16 hours of PDN services may be provided in any



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24-hour period for MLTSS, and Adult Medicaid (DDD Program and Supports Plus PDN) participants. The determination of the total EPSDT/PDN hours approved shall take into account alternative sources of PDN care available to the caregiver, such as medical day care or a school program but may be provided up to 24 hours per day. In emergency situations, for example, when the sole caregiver has been hospitalized, the Plan may authorize, for a limited time, additional hours beyond the 16-hour limit.⁷

Private duty nursing services exceed normal parental and/or familial responsibilities; therefore, family members of beneficiaries who are receiving PDN services, who are licensed as an RN or an LPN in the State of New Jersey, may be employed by the agency authorized to provide PDN services to the beneficiary, up to eight hours per day, 40 hours per week. The family member of the beneficiary may not serve as the supervising RN responsible for developing the treatment plan for the beneficiary. The agency employing the family member is responsible for ensuring that the PDN services are properly provided and meet all agency standards and regulatory requirements.¹

If member is receiving Personal Preference Program (PPP) services in addition to PDN they may ONLY be reimbursed for activities as outlined on the PCA Tool.

- Duties performed by the family which are provided by the licensed nurse when present for which they have been trained such as nebulizer treatments or medication administration cannot be counted in PPP hours.

Note: Individuals eligible for Medicaid services through the Medically Needy program are not eligible for EPSDT services, in accordance with N.J.A.C. 10:49-5.3(a)2.

Note: For individuals who are enrolled in Medicaid managed care, PDN is authorized and provided by the HMO.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS®* Codes	Description
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes



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Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	6/5/2014	6/5/2014
Approved by MPC. Clarified language.	6/27/2014	6/27/2014
Approved by MPC. No changes	5/7/2015	5/7/2015
Approved by MPC. Clarification to language.	6/16/2015	6/16/2015
Approved by MPC. No changes.	6/2/2016	6/2/2016
Approved by MPC. No changes.	5/4/2017	5/4/2017
Approved by MPC. No changes.	4/5/2018	4/5/2018
Approved by MPC. No changes.	4/4/2019	4/4/2019
Approved by MPC. Addition of items re: EPSDT services.	9/20/2019	9/20/2019
Approved by MPC. Additional clarification in Position Statement re: MLTSS criteria.	11/20/2019	11/20/2019
Approved by MPC. No changes	4/16/2020	4/16/2020
Transitioned policy to new state specific template and sent to market for ownership, Policy number changed from HS-255 to NJ.CP.MP.501.	09/20	
Policy template and references updated-sent to market for ownership	08/23	
Policy retired.		11/23
Policy reinstated.	1/24	
Annual review. Moved non-med nec criteria information to background. Removed process and procedure information. Minor rewording with no clinical significance. References reviewed and updated. Sent to market for review and ownership.	01/25	02/25

References

1. New Jersey State Legislature. New Jersey Administrative Code (NJAC) Title 10, chapter 60-home care services; 5.1 purpose and scope: <http://www.lexisnexis.com/hottopics/njcode/>. Effective July 3, 2006 (revised September 17, 2018). Accessed October 28, 2024.
2. New Jersey State Legislature. New Jersey Administrative Code (NJAC) Title 10, chapter 60-5.8: eligibility for managed long-term supports and services (MLTSS)/private duty nursing (PDN) services. <http://www.lexisnexis.com/hottopics/njcode/>. Effective September 17, 2018. Accessed October 28, 2024.
3. New Jersey State Legislature. New Jersey Administrative Code (NJAC) Title 10, chapter 60-5.9: limitation, duration, and location of MLTSS/PDN services. <http://www.lexisnexis.com/hottopics/njcode/>. Effective September 17, 2018 (revised September 6, 2022). Accessed October 28, 2024.
4. New Jersey State Legislature. New Jersey Administrative Code (NJAC) Title 10, chapter 60-5.4: limitation, duration, and location of EPSDT/PDN. <http://www.lexisnexis.com/hottopics/njcode/>. Effective September 17, 2018 (revised September 6, 2022). Accessed October 28, 2024.



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5. New Jersey State Legislature. New Jersey Administrative Code (NJAC) Title 10, chapter 60-5.2: basis for reimbursement for EPSDT//PDN. <http://www.lexisnexis.com/hottopics/njcode/> . Effective September 17, 2018 (revised September 6, 2022). Accessed October 28, 2024.
6. New Jersey State Legislature. New Jersey Administrative Code (NJAC) Title 10, chapter 60-5.3: eligibility for early and periodic screening diagnosis and treatment/private duty nursing (PDN) services. <http://www.lexisnexis.com/hottopics/njcode/> . Effective September 17, 2018. Accessed October 28, 2024.
7. New Jersey State Legislature. New Jersey Administrative Code (NJAC) Title 10, chapter 60-5.11: prior authorization of MLTSS/PDN services. <http://www.lexisnexis.com/hottopics/njcode/> . Effective March 3, 2003. Accessed December 18, 2024.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise



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professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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