



**CHAPTER 532 – COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS
FOR PRIVATE DUTY NURSING SERVICES
CHANGE LOG**

Replace	Title	Change Date	Effective Date
Entire Chapter	Entire Chapter	July 16, 2012	September 1, 2012



CHAPTER 532 - COVERED SERVICES, LIMITATIONS AND EXCLUSIONS FOR PRIVATE DUTY NURSING SERVICES

TABLE OF CONTENTS

TOPIC	PAGE NO.
Introduction	2
532.1 Purpose	2
532.2 Definitions.....	2
532.3 Medical Necessity Review and Payment Authorization for Private Duty Nursing	3
532.4 Screening Criteria and Service Requirements for Private Duty Nursing Services	4
532.5 Significant Change in Condition	6
532.6 Extension of Services	6
532.6.1 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	6
532.6.2 Services to IDD Wavier Members Under 21 Years of Age	7
532.7 Program Exclusions for Members	7
532.8 Appeals Process/Fair Hearing	7
532.9 Billing Procedures	8
532.10 Employment Restrictions.....	8
532.11 Recover of Overpayments.....	8
Inquiries	8
Appendix 1	9
<ul style="list-style-type: none"> • Primary Care Provider Request Form • Acuity Grid • Psychosocial Grid 	



CHAPTER 532 - COVERED SERVICES, LIMITATIONS AND EXCLUSIONS FOR PRIVATE DUTY NURSING SERVICES

INTRODUCTION

The West Virginia Medicaid Program is administered pursuant to Title XIX of the Social Security Act and Chapter 9 of West Virginia Code. The Bureau for Medical Services (BMS) in the West Virginia Department of Health and Human Resources (DHHR) is the single State agency responsible for administering the Program. This program, therefore, must also function within federally defined parameters. Any service, procedure, item, or situation not discussed in the manual must be presumed non-covered.

Medicaid offers a comprehensive scope of medically necessary medical and mental health services. All covered and authorized services must be provided by enrolled providers practicing within the scope of their license, utilizing professionally accepted standards of care, and in accordance with all State and Federal requirements. Enrolled providers are subject to review of services provided to Medicaid members by BMS whether or not the services require prior authorization. All providers of services must maintain current, accurate, legible, and complete documentation to justify medical necessity of services provided to each Medicaid member and made available to BMS or its designee upon request.

532.1 PURPOSE

Private Duty Nursing is supportive to the care provided to the member by the member's family, foster parents, and/or delegated caregivers, as applicable. Nursing services shall be based on medical necessity. Increases or decreases in the level of care and number of hours or visits authorized shall be based on a change in the condition of the member, limitation of the program, and the ability of the family, foster parents, or delegated caregivers to provide care.

532.2 DEFINITIONS

Activities Of Daily Living – activities usually performed in the course of a normal day in a member's life, such as eating, dressing, bathing and personal hygiene, mobility, and bowel and bladder control.

Admission – acceptance of the member into the private duty nursing program contingent upon meeting the criteria.

Family/in-home Caregiver - any person who assumes a portion of the member's nursing care in the home when Private Duty Nursing staff is not present. Family/in-home caregivers may live in the member's home, or may come to the member's home to provide care.

Initial Hospital Discharge – first hospital discharge that occurs after the member's birth or the first hospital discharge after the onset of the condition that resulted in the need for Private Duty Nursing.



Length of Time – assignment of time for authorization of private duty services not to exceed 60 calendar days.

Maintenance Care – level of care needed when the goals and objectives of the care plan are reached and the condition of the member is stable/predictable. Example: For the mechanical ventilated member, stable condition will be evidenced by ability to clear secretions from tracheostomy, vital signs stable, blood gases stable with oxygen greater than 92% and the pulse oximetry greater than 92%, the plan of care does not require the skills of a licensed nurse in continuous attendance, or the member, family, foster parents, or caregivers have been taught and have demonstrated the skills and abilities to carry out the plan of care.

PAAS - a Primary Care Provider, including a group practice or clinic that serves eligible PAAS enrolled members through assignment or by member choice after completion of a Physician Assured Access System Provider Agreement.

Plan of care – written instructions detailing services the member will receive. The plan is initiated by the Private Duty Nurse or nursing agency with input from the prescribing physician.

Private Duty Nursing – face-to-face skilled nursing that is more individualized and continuous than the nursing that is available under the home health benefit or routinely provided in a hospital or nursing facility.

Referring Provider - a doctor of medicine (MD), osteopathy (DO) or Advanced Registered Nurse Practitioner (APRN) who must be a West Virginia Medicaid enrolled provider.

Re-hospitalization – any hospital admission that occurs after the initial hospitalization as defined above.

Respite – short term or intermittent care and supervision in order to provide an interval of rest or relief to family or caregivers.

Skilled Nursing – services provided under the licensure, scope and standards of the West Virginia Nurse Practice Act, by a Registered Nurse (RN) under the direction of a physician, or a Licensed Practical Nurse (LPN) under the supervision of a Registered Nurse and the direction of a physician.

532.3 MEDICAL NECESSITY REVIEW AND PAYMENT AUTHORIZATION FOR PRIVATE DUTY NURSING (T1000)

Private Duty Nursing Services for eligible Medicaid and Children with Special Health Care Needs (CSHCN) Program members are subject to the same prior authorization medical necessity requirements. Coverage for PDN services is limited to eligible members under 21 years of age (through the age of 20). The West Virginia Medicaid Program has contracted with a Utilization Management Contractor (UMC) to review for PDN. All PDN services (procedure code T1000) provided to children participating in CSHCN Program (Title V) and Medicaid members under age 21 years will require prior authorization from the UMC. If the member is enrolled in the PAAS program, authorization or a referral must be given by the member's PCP. All forms attached to the PDN policy can be photocopied.



532.4 SCREENING CRITERIA AND SERVICE REQUIREMENTS FOR PRIVATE DUTY NURSING SERVICES

All of the following information is required and must be submitted to the UMC within seven working days prior to the start of care date:

- A. Physician (MD or DO) or APRN Plan of Care (signed and dated) must include all of the following information on the CMS 485 form:
 - 1. Diagnosis and procedure;
 - 2. Medical history;
 - 3. Prognosis (include specific expectations for the member's diagnosis and condition);
 - 4. Approximate length of time PDN services will be needed;
 - 5. Medical justification for services requested, including orders;
 - 6. Documentation that the member is medically stable, except for acute episodes that PDN can manage.

- B. Nursing Plan of Care
 - 1. Proposed start of care date;
 - 2. Diagnosis and procedures with ICD-9-CM codes;
 - 3. Justification for skilled nursing services eight hours or more in a 24 hour period.
Description of needs must include interventions, measurable objectives, and short and long term goals with timeframes
 - 4. Medications, (new or changed) including dose, frequency and route;
 - 5. Technology dependent:
 - a. Ventilator dependent **and one of the following:** (1 or 2)
 - 1) Mechanical ventilator support is necessary for at least eight hours per day and not at maintenance level; or
 - 2) Oxygen supplementation for ventilator dependent members at or below an inspired fraction of 40% (FI02 of 0.40).

PHYSICIAN/APRN REVIEW REQUIRED FOR:

- **Ventilator dependent:** if indicators (5 a 1 or 2) are not met and member also requires one or more of the following indicators (5 b, c, d, or e)

- **Non-ventilator dependent:** if one or more indicators (5 b, c, d, or e) are required
 - b. Non-ventilator: Tracheostomy care requires documentation of site appearance, type/frequency of wound care/dressing changes and description of any drainage around site. Also, record frequency of suctioning, including amount, color, consistency of secretions;
 - c. Oxygen: documentation required concerning rapid desaturation without oxygen;
 - d. Tube feedings: (NG tube, G-tube and J-tube) requires type and frequency of product given. Also include bolus feeding or continuous infusion via pump;
 - e. Intravenous Infusions: Intravenous infusions, including Total Parenteral Nutrition (TPN), medications and fluids require documentation of type of line, site, dose, frequency, and duration of infusion. Also record gravity or pump installation.



6. Rehabilitation potential including functional limitations related to ADLs, types/frequency of therapies, and activity limitations per physician order;
7. Member is residing in a home environment;
8. Social History: number, names and relationship of family members to the member. List the family/in-home caregivers that are trained to care for the member with supplement of PDN and other health professionals;
9. Record the family's community support system and any transportation equipment;
10. Describe teaching, delegation, assignment of care and availability of PDN;
11. Equipment and supplies necessary for the member's care;
12. Acuity and Psychosocial Grid (See Appendix I) with score meeting one of the following (a, b, c, or d):
 - a. 61 points and above: up to 24 hours per day immediately after discharge from a hospital or if there is a significant worsening or decline of condition;
 - b. 50-60 points: up to 16 hours per day immediately after discharge from a hospital or if there is a significant worsening or decline of condition;
 - c. 40-49 points: up to 12 hours per day immediately after discharge from a hospital or if there is a significant worsening or decline of condition;
 - d. 30-39 points: eight hours per day, if the score is 24 or above on the Psychosocial Grid in conjunction with the 30-39 points on the Acuity Grid.

NOTE: Physician/APRN review is required if the information on the Acuity is less than 30 or the Psychosocial Grid does not support the other clinical information provided.

THE PLAN OF CARE AND NURSING NOTES MUST ALSO BE MAINTAINED IN THE MEMBER'S HOME.

13. Family/in-home caregiver must require **all of the following** (a, b, and c):
 - a. Family must have at least one person trained and fully able to care for the member in the home. Documentation of the demonstration by family/in-home caregiver of specific skills, including Cardiopulmonary Resuscitation (CPR) instruction and certification. A ventilator dependent member requires the availability of two or more trained caregivers;
 - b. Family/in-home caregiver ability to maintain a safe home environment, including an emergency plan;
 - c. Family/in-home caregiver will work toward maximum independence, including finding and using alternative resources as appropriate.
14. Home environmental must require **all of the following** (a, b, c, d, e, and f):
 - a. Adequate electrical power including back-up power system;
 - b. Adequate space for equipment and supplies;
 - c. Adequate fire safety and adequate exits for medical and other emergencies;
 - d. Clean environment to the extent that the member's life and health is not at risk
 - e. Working telephone available 24 hours a day;
 - f. Notification to power companies, fire department, and other pertinent agencies of the presence of a special needs person in the household, to ensure appropriate response in case of power outage or other emergency.



532.5 SIGNIFICANT CHANGE IN CONDITION

Comprehensive assessments must be updated and submitted to the UMC Nurse Reviewer by the next workday after any significant change of condition, e.g., emergency room visit, hospital admission, any change in status that will increase or decrease services. Also notify the UMC Nurse Reviewer if the member expires or is discharged from PDN services.

532.6 EXTENSION OF SERVICES

At least seven working days prior to the expiration of current authorization, all of the following must be submitted to the UMC for review:

- A. Daily nursing notes from past 30 days; documentation of Private Duty shift care must be written at least every hour on the nursing notes and must include all of the following:
 - 1. Name of member on each page of documentation;
 - 2. Date of service;
 - 3. Time of start and end of service delivery by each caregiver;
 - 4. Anything unusual from the standard plan of care must be explained on the narrative;
 - 5. Interventions;
 - 6. Outcomes including in the member/family's response to services delivered;
 - 7. Nursing assessment of the member's status and any changes in that status per each working shift;
 - 8. Full signature of the private duty nurse;
- B. Updated plan of care, including new goals and objectives outlined;
- C. Updated medical and social information;
- D. Progress reports, including the member's potential for discharge with timeframes;
- E. Physician's (MD or DO) or APRN orders for service must be dated within 7 days prior to the date of request;
- F. Recent, significant clinical findings from physician;
- G. Current (within seven working days) completed Acuity Grid;
- H. Documentation of delegation, teaching and assignment of care.

532.6.1 EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)

West Virginia Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program offers screenings and other preventive health services at regularly scheduled intervals to Medicaid members up to 21 years of age. These services target early detection of disease and illness and provide referral of members for necessary diagnostic and treatment services.

Interperiodic screens are any encounters with a health professional practicing within the scope of his or her practice and who provides medically necessary health care, diagnosis, or treatment to determine the existence of a suspected illness or condition, or a change or complication to a pre-existing condition. The interperiodic screen is used to determine if there is a problem that was not evident at the time of the regularly scheduled screen but needs addressed before the next scheduled screen.



Any services identified through any EPSDT screening that are medically necessary are covered for members up to 21 years of age.

To obtain authorization for services that have been identified as a result of the EPSDT exam that are not covered in the benefit package, or for service limitations that have been previously met, the service provider must provide the medical documentation for the service requested and fax to the attention of BMS' Utilization Management Contractor at 304-343-9663. For those enrolled in an MCO, the respective member's MCO must be contacted.

532.6.2 SERVICES TO IDD WAIVER MEMBERS UNDER 21 YEARS OF AGE

I/DD Waiver members under the age of 21 are eligible to receive private duty nursing services. The following circumstances apply to services for those members.

1. There is no duplication of waiver services;
2. Requests for PDN services to the UMC includes waiver experience and relevant services;
3. Private Duty Nursing (PDN) services are evaluated in the context of the plan of care developed by the Waiver Team.

532.7 PROGRAM EXCLUSIONS FOR MEMBERS

1. Member is residing in a nursing facility, hospital, residential care facility, intermediate care facility for developmental disabilities (ICF/MR) or personal care home at the time of delivery of PDN services;
2. Care solely to allow the member's family or caregiver to work or go to school;
3. Care solely to allow respite for caregivers or member's family;
4. Care at maintenance level;
5. Only the agency authorized to provide the PDN services can bill. If the agency finds it necessary to subcontract services due to staffing needs, the services provided by the subcontractor are not reimbursable by Medicaid.
6. PDN services for members 21 years of age or older.

532.8 APPEALS PROCESS/FAIR HEARING

- If the UMC denies prior authorization for PDN services, a reconsideration request with additional supportive documentation may be submitted to the UMC.
- Failure to prior authorize will result in denial of the request.
- The member or provider may submit an appeal request to BMS upon receipt of the prior authorization denial.
- A request for retrospective review is available for members with back dated medical cards and/or primary insurance denials.

Retrospective requests for primary insurance denials must be accompanied with the Explanation of Benefits (EOB).



532.9 BILLING PROCEDURES

- Claims from providers must be submitted on the BMS designated form or electronically transmitted to the BMS fiscal agent and must include all information required by BMS to process the claim for payment.
- Claims must be filed on a timely basis, i.e., filed within 12 months from date of service, and a separate claim must be completed for each individual member.
- All claims must be billed using the UB04 or the 8371 electronic format; only revenue codes are required to be submitted on a claim form.

532.10 EMPLOYMENT RESTRICTIONS

The PDN Provider is responsible for ensuring that all staff are appropriately licensed and qualified to provide services.

No one with a conviction or prior history of abuse may be employed in a PDN capacity that provides services under the auspices of the West Virginia Bureau for Medical Services. Providers are expected to check Federal and State exclusion databases including the List of Excluded Individuals and Entities (LEIE) and the Excluded Parties List System (EPLS).

The PDN Provider must make sure all subcontractors comply with rules and regulations.

532.11 RECOVERY OF OVERPAYMENTS

Overpayments identified through review of claims data or audits are subject to recovery.

Employment of an individual with one or more sanctions, license restrictions, or criminal convictions will result in recoupment of monies paid for services provided during the applicable period or post-conviction date.

INQUIRIES:

Questions regarding billing or claim status should be directed to Molina Medicaid Solutions, P.O. Box 2002, Charleston, West Virginia, 25327. Toll Free number 1-888-483-0793

Questions regarding policy should be directed to Attn: Private Duty Nursing Program, Bureau for Medical Services at 350 Capitol Street, Room 251, Charleston, West Virginia 25301.

Questions related to medical necessity or authorization should be directed to APS at (304) 343-9663.

**CHAPTER 532
PRIVATE DUTY NURSING SERVICES
EFFECTIVE SEPTEMBER 1, 2012**

**APPENDIX 1
PRIMARY CARE PROVIDER REQUEST FORM
FOR PRIVATE DUTY NURSING
PRIVATE DUTY NURSING ACUITY GRID
PRIVATE DUTY NURSING PSYCHOSOCIAL GRID**

**PRIMARY CARE PROVIDER REQUEST FORM
FOR PRIVATE DUTY NURSING**

**Must be completed within 7 working days before start of care date and submitted to WVMI*

Name: _____ Medicaid ID# _____

Address: _____

Telephone Number: _____ Date of Birth: _____

Diagnosis: _____

Prognosis and expectations of the Specific disease process: _____

Date of last physician assessment: _____

Approximate hours per day services required _____ hours

Approximate length of time services required: Weeks/Months. Specify length of time: _____

Technology Requirements

1. Ventilator dependent: _____ YES _____ NO
Hours per day required on ventilator _____

2. Intravenous fluids/medications: _____ YES _____ NO
Type of intravenous fluids/medications: _____

3. Enteral (Tube Feedings)
Sole source of nutrition: _____ YES _____ NO
Type of nutrition/frequency: _____

4. Oxygen: _____ YES _____ NO
Liters per minute and hours per day required: _____

5. Non-ventilator dependent tracheostomy: _____ YES _____ NO
• Please attach letter of medical necessity, also include medical history and start of care date for private duty nursing care.

"I am in agreement that the individual is medically stable except for acute episodes that the Private Duty Nursing can manage."

Physician/APRN Signature: _____ Date: _____

Client _____

Private Duty Nursing Acuity Grid

	Pt	Sc		Pt	Sc		Pt	Sc
Weight < 100 lbs	2		Weight < 125 lbs	3		Weight 125 - 160 lbs	4.5	
Minimal ongoing assessments (less than daily)	2		Moderate ongoing assessments (Hands on every 4 - 6 hours)	4		Frequent visual monitoring (both technical and patient assessment)	9.0	
			VS/GLU/NEURO/RESP Assess < <input type="checkbox"/> 4 hr*	1.5		Continual assessments	6.0	
						VS/GLU/NEURO/RESP Assess > <input type="checkbox"/> 4 hr	1.0	
Routine meds more than <input type="checkbox"/> 4 hrs	2		Complicated med schedule > <input type="checkbox"/> 2 hrs	5.0		VS/GLU/NEURO/RESP Assess > <input type="checkbox"/> 2 hr	3.0	
			Central line	2.5		Reg blood draws/IV Peripheral site**	4.5	
			Occasional transfusion/IV < month	2.5		Reg blood draws/IV central line**	6.0	
						IV Rx less often than <input type="checkbox"/> 4 hr	4.5	
Uncomplicated tube feeding	2		Tube feeding with minimal problem	2.5		IV Rx <input type="checkbox"/> 4 hr or more often	6.0	
Difficult/prolonged oral feeding	2		Occasional reflux	0.5		Central line with TPN	6.0	
			Gastrostomy tube	0.5		Chemotherapy	6.0	
O2 via cannula low flow rate	2		Tracheostomy (routine care)	1.5		IV pain control	6.0	
Suctioning less often than <input type="checkbox"/> 2 hrs	2		Suctioning more often than <input type="checkbox"/> 2 hrs	2.5		Ventilator	9.0	
Aspiration precautions	2		Humidification	1.5		No resp effort 1	2.0	
						C PAP or IMV < 12 hrs/day	6.0	
						C PAP or IMV > 12 hrs/day	9.0	
			CPT or Neb Tx less than <input type="checkbox"/> 4 hr*	1.5		Standby	3.0	
Requires all personal care/hygiene	2					Rehab transition (from ventilator)	9.0	
			Mild-mod seizures (Req min intervention)	2.5		CPT or NEB Rx > <input type="checkbox"/> 4 hr* # _____	3.0	
			Frequency less than 4 x day	1.5		CPT or NEB Rx > <input type="checkbox"/> 2 hr* # _____	3.0	
			Frequency 4 - 6 x day	2		Severe seizures (req IM or IV intervention)	4.5	
Uncontrolled incontinence	2		Intermittent straight catheter.	3.5		Frequency > 6 x day	1.5	
Awake no more than 3 hr a night	2		Moderate sleep disturbance (Awake/turned > <input type="checkbox"/> 2 hr a night)	3.5		Uncontrolled incontinence (Frequent linen change)	6.0	
Communication deficit (not cognitive or verbal)	2		Disorientation/combative (Strikes out, attempts to hurt self)	5		Severe sleep disturbance (Awake > <input type="checkbox"/> 2 hr)	6.0	
Developmental deficit	2		< 80 lbs	1.5		Disoriented/combative > 140 lbs	6.0	
			< 110 lbs	2				
			< 140 lbs	2.5		Requires isolation	6.0	
Developmentally delayed mobility	2					Acute mobility problems (Potential for skin breakdown)	6.0	
Basic ROM (No PT or OT program)	2		Full OT (Set program <input type="checkbox"/> 4 hr)	5.5		Attends school/therapy with nurse	6.0	
Play therapy	2		Full PT (Set program <input type="checkbox"/> 4 hr)	5.0		Peritoneal dialysis	6.0	
Fracture or casted limb	2							
Body cast	2		RN case management < 4 hrs week	2.5				
			RN case management > 4 hrs week	5.0				
TOTAL			TOTAL			TOTAL		

Pt - Point * Give points for each type of assessment and each Neb or CPT Rx ** Give points for each IV Rx or blood draw ordered to a max of 10 points **Sc - Score**

Person Completing _____ **Date Completed** _____ **Total Points** _____

WVMI/BMS 9/1/2012

Client _____

Private Duty Nursing Psychosocial Grid

	Minimal	Pt	Sc	Moderate	Pt	Sc	Extensive	Pt	Sc
Medical Management	Managed by primary care provider or one specialist.	1		Requires periodic medical specialty consultation.	2		Requires multidisciplinary team approach.	3	
Primary Caregivers	Other caregivers present in home to provide care.	1		Other caregivers available outside of home by arrangement.	2		No other caregivers available.	3	
Wage Earner	At least 2 responsible adults in home and primary caregiver is not primary wage earner.	1		At least 2 responsible adults in the home and primary caregiver contribute to wage earnings or is primary wage earner.	2		Primary caregiver may or may not be primary wage earner. Only one responsible adult in the home.	3	
Family Constellation	No other dependents/or dependents have minimal needs.	1		1 to 3 dependents with moderate medical or emotional needs.	2		Greater than 3 dependents in the home with intense medical or emotional needs.	3	
Problem Solving Skills	Exhibits problem identification and problem solving skills.	1		Requires assistance in identifying problems/problem solving.	2		Requires extensive assistance to recognize problems and identify solutions.	3	
Coping	Follows through with recommendations, keeps appointments.	1		Needs encouragement to follow through on recommendations. Inconsistent in keeping appointments.	2		Family follows through on recommendations only with extensive support and assistance.	3	
Support Systems	Support systems present and utilized.	1		Support system present but needs encouragement to utilize.	2		Support systems absent.	3	
Stressors	No history of mental illness, and/or behavior problems.	1		History of mental illness or behavior problems among family members.	2		Current diagnosis of mental illness and/ or behavior problems.	3	
Finances	Family's physical survival and security needs are met.	1		Family finances are inadequate, barely meets its needs for security and physical survival. Able to buy only necessities.	2		Family does not meet its needs for security and physical survival. Unable to buy the necessities.	3	
Resource Utilization and/or Private Insurance	Community resources and/or private insurance utilized.	1		Requires assistance in identification and utilization of resources.	2		Requires intensive assistance to identify and utilize resources.	3	
Safety/Shelter	No safety hazards or health hazards identified in home environment.	1		Needs assistance to correct safety and health hazards.	2		Home inadequate to meet minimum safety and health standards.	3	
ADL's	ADL's met consistently.	1		Inconsistent in meeting ADL's.	2		ADL's not met.	3	
	Total			Total			Total		

Pt – Point Sc – Score

Person Completing _____ Date Completed _____ Total Points _____

WVMI/BMS 9/1/2012