

## Medical Necessity Guidelines: Private Duty Nursing in the Home

Effective: March 1, 2023

<b>Prior Authorization Required</b> If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>
<p><b>Applies to:</b></p> <p><b>COMMERCIAL Products</b></p> <p><input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409</p> <ul style="list-style-type: none"> <li>CareLink<sup>SM</sup> – Refer to <a href="#">CareLink Procedures, Services and Items Requiring Prior Authorization</a></li> </ul> <p><b>TUFTS HEALTH PUBLIC PLANS Products</b></p> <p><input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055</p> <p><input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055</p> <p><input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404</p> <p><input type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304</p> <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p><b>SENIOR Products</b></p> <ul style="list-style-type: none"> <li>Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the <a href="#">Tufts Health Plan SCO Prior Authorization List</a></li> <li>Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the <a href="#">Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</a></li> </ul>	

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

**Note:** This guideline is used to determine coverage of private duty nursing in the home for Members whose plan documents include this benefit.

### OVERVIEW

Definition of **homebound** used in the document:

- To be considered homebound, a Member does not have to be bedridden. However, the condition should be such that there exists a normal inability to leave the home, and consequently, leaving the home would require a considerable and taxing effort. If the Member can leave the home, the Member may be considered homebound if the absences from the home are infrequent, for periods of relatively short duration, or to receive medical treatment.

### CLINICAL COVERAGE CRITERIA

Tufts Health Plan may authorize coverage of private duty nursing for Members in the home, when **all** of the following criteria are met:

- The services are medically necessary
- The services are ordered by a physician
- The services are received in a Member’s home for a Member who is homebound (see definition of homebound that is to be used for this benefit under “overview” above)
- The services are performed by a certified home health agency by a licensed nurse (RN or LPN)
- The Member requires continuous skilled nursing observation and intervention

### LIMITATIONS

Tufts Health Plan does not cover the following services as private duty nursing:

- When provided by a private duty nurse:
  - The primary duties are limited to bathing, feeding, exercising, homemaking, giving oral medications or acting as a companion or sitter

- The duties are performed by a member of your household or when the cost of any care is being provided by the Member’s relatives (by blood, marriage or adoption)
- The care is provided outside of the home (e.g., a school, nursing facility or assisted living facility)
- The services duplicate or overlap services (e.g., when a person is receiving hospice care services or is receiving skilled nursing home care visits during the same hours)
- The services are for observation only
- Services of a nurse’s aide
- Care for a Member without an available caregiver in the home
- Maintenance care when the Member’s condition has stabilized (including routine ostomy care or tube feeding administration) or if the anticipated need is indefinite
- Respite care (for example, care during a caregiver’s vacation) or to allow a caregiver to work or attend school

## REFERENCES

1. Centers for Medicare and Medicaid (CMS). Medicare Benefits Policy Manual; Chapter 7 Home Health Services. (Rev. 11447, 06-06-22. [Medicare Benefit Policy Manual \(cms.gov\)](https://www.cms.gov/medicare/benefits-policies). Accessed February 6, 2023.

## APPROVAL HISTORY

September 15, 2006: Reviewed by the Clinical Coverage Criteria Committee. New criteria.

Subsequent endorsement date(s) and changes made:

- October 1, 2007: Reviewed and renewed, without changes
- December 2009: Reviewed by Medical Policy, no changes
- December 2010: Reviewed by Medical Policy, no changes
- December 14, 2011: Reviewed and renewed, without changes
- December 12, 2012: Reviewed by the Integrated Medical Policy Advisory Committee (IMPAC), no changes
- July 10, 2013: Reviewed by IMPAC, changes made to the guideline to meet the coverage requirements of the benchmark plan
- December 11, 2013: Reviewed by IMPAC, renewed without changes
- November 19, 2014: Reviewed by IMPAC, renewed without changes
- August 12, 2015: Reviewed by IMPAC, renewed without changes
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- September 14, 2016: Reviewed by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- October 10, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- October 16, 2019: Reviewed by IMPAC, renewed without changes
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- November 24, 2020: Fax number for Unify updated
- December 21, 2021: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- December 1, 2022: Reviewed by MPAC, renewed without changes and effective March 1, 2023

## BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member’s health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

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