

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

# Private Duty Nursing

## Benefit

Inpatient Private Duty Nursing service is not covered.

Outpatient Private Duty Nursing is a covered benefit for HMO Illinois®, Blue Advantage HMO<sup>SM</sup> Blue Precision HMO<sup>SM</sup>, BlueCare Direct<sup>SM</sup> and Blue FocusCare HMO<sup>SM</sup> programs when determined medically necessary by the Primary Care Physician (PCP) or Women's Principal Health Care Provider (WPHCP).

## Definitions

**Private Duty Nursing Service** means Skilled Nursing Service provided on a one-to-one basis by an actively practicing registered nurse or licensed practical nurse. Private Duty Nursing Service does not include Custodial Care Service.

**Skilled Nursing Service** means those services provided by a registered nurse (R.N.) or licensed practical nurse (LPN) which require the clinical skills and professional training of an R.N. or L.P.N. and which cannot reasonably be taught to a person who does not have specialized skill and professional training. Benefits for Skilled Nursing Service will not be provided due to the lack of willing or available non-professional personnel. Skilled Nursing Service does not include Custodial Care Service.

**Coordinated Home Care Program** means an organized skilled patient care program in which care is provided in the home. Care may be provided by a Hospital's licensed home health department or by other licensed home health agencies. The member must be homebound (that is, unable to leave home without assistance and requiring supportive devices or special transportation) and must require Skilled Nursing Service on an intermittent basis under the direction of your Physician. This program includes Skilled Nursing Service by a registered professional nurse, the services of physical, occupational and speech therapists, Hospital laboratories and necessary medical supplies. The program does not include and is not intended to provide benefits for Private Duty Nursing Service. It also does not cover services for activities of daily living (personal hygiene, cleaning, cooking, etc.)

**Custodial Care Service** means any service primarily for personal comfort or convenience that provides general maintenance, preventive, and/or protective care without any clinical likelihood of improvement of the member's condition. Custodial Care Services also means those services which do not require the technical skills or professional training and clinical assessment ability of medical and/or nursing personnel in order to be safely and effectively performed. These services can be safely provided by trained or capable non-professional personnel, are to assist with routine medical needs (e.g. simple care and dressings, administration of routine medications etc.) and are to assist with activities of daily living, (e.g. bathing, eating, dressing, etc.). Custodial Care is not a covered benefit.

**Respite Care Services** means those services provided at home or in a facility to temporarily relieve the family or other caregivers (non-professional personnel) that usually provide or are able to provide such services. Respite Care is not in benefit except under a Hospice Program – refer to the Hospice Care Benefits Interpretation.

## Interpretation

**Private Duty Nursing Service (PDN)** is a Skilled Nursing Service provided on a one-to-one basis by an actively practicing registered nurse (RN) or licensed practical nurse (LPN). The Skilled Nursing Services may include, but not exclusively or in all instances, the management of a tracheostomy and ventilator. The number of hours of Skilled Nursing Service required on a daily basis must exceed those which can be provided by a Coordinated Home Care Program. In addition, the nursing services involved cannot constitute Custodial or Respite Care Services.

The PCP/WHCP's determination of the medical necessity of and number of daily hours for, PDN services must be a deliberate, comprehensive, and highly-individualized process that is based on the totality of the member's medical condition.

Because Custodial Care is not a covered benefit, an important component of PDN Service is the identification and training of caregivers, who will take over the care responsibilities when the condition stabilizes, and the member no longer requires Private Duty Nursing and/or Skilled Nursing Service.

An IPA Complex Case Manager should perform periodic assessments, which should include discussions with the PCP/WHCP. It should be confirmed that PDN is still required and at the appropriate level of service/hours, whether progress is being made in developing care givers, and that there is sufficient documentation of continued effort to move from PDN to coordinated home health care, or other recommended level of care.

A PCP/WHCP's assessment as to whether to refer a member for PDN services may include consideration of:

- Age, Gender
- Diagnoses
- Medical history
- Recent hospitalizations
- Mental status
- Functional capacity, ADL capability, Life activities
- The totality of the member's condition, including any co-morbidities
- The member's skilled nursing/medical needs (including frequency). A comprehensive initial assessment may be conducted by the Private Duty Nursing Agency to determine the member's needs
- Other services being received or planned
- Availability of caregivers for non-skilled needs
- Level of profession needed (LPN, RN, etc.)
- Number of hours per day needing PDN coverage
- Anticipated duration of need for services
- Availability of PDN agency to provide required services
- Any other relevant documentation

## Exclusion

Family members, even if they are health professionals, cannot be reimbursed for services.

## Exclusion

Inpatient Private Duty Nursing is not covered for any HMO Product

All Charges Paid by	
<b>Outpatient Private Duty Nursing:</b>	
HMO Illinois/ Blue Advantage HMO	<b>HMO</b>
Blue Precision HMO, Blue Focus Care, BlueCare Direct	<b>HMO</b>
Custodial Services	<b>Member</b>
Respite Services (unless covered under hospice care)	<b>Member</b>
Inpatient Private Duty Nursing	<b>Member</b>