

How to Use This Document

Blue Cross Blue Shield of Massachusetts has developed this document to provide you with the clinical criteria used to determine coverage for private duty nursing. Please be sure to check member benefits and eligibility before rendering services.

Description

Private duty nursing consists of continuous, substantial, and complex skilled nursing services provided by a licensed nurse in the member's home. The goal is to provide medically necessary care to the member until the member is medically stable, and the caregiver is independently able to assume the care of the member.

Coverage Guidelines

Blue Cross Blue Shield of Massachusetts may authorize private duty nursing when the following criteria for Severity of Illness (SI) and Intensity of Service (IS) are met. Private duty nursing is no longer considered medically necessary when the member is deemed custodial care and is not for the convenience of the family/caregiver.

Severity of Illness, ≥ 2

Cardio/Peripheral Vascular/Respiratory condition, \geq one

- + Dyspnea \geq one
 - Cardiomyopathy
 - CHF/CAD
 - COPD/Interstitial lung disease
 - Inability to clear secretions
- + Hypoxia on room air O₂ sat < 89% (0.89)
- + Mechanical ventilation
- + Chronic long-term ventilator management, All
 - Stable airway/Tracheostomy secure
 - Tracheostomy management

CNS/Neuromuscular conditions, \geq one

- + Brain injury (anoxic/chemical/traumatic)
- + CNS neoplasm
- + CVA
- + Progressive/degenerative neuromuscular disorder
- + Cerebral Palsy

GI/GU conditions

- + Inadequate oral intake/Persistent diarrhea \geq one
 - Bowel rest with prolonged NPO
 - Electrolyte imbalance
 - Inability to ingest food
 - Inability to gain weight
 - Metabolic disturbance
 - Malnutrition with weight loss \geq 15% (0.15) of baseline
 - Shortgut syndrome and ongoing fluid/TPN adjustments

Intensity of Service (IS) Criteria

Patient/Caregiver education for management, \geq one

Respiratory interventions 7d/week \geq two

- + Chest physiotherapy \geq 3x/24h
- + Nebulizer treatments \geq 3x/24h
- + Oximetry measurements \geq 3x/24h
- + Suctioning \geq 3x/24h
- + Ventilator management with Respiratory interventions 7d/week

GI/GU interventions 7d/wk \geq three

- + TPN/IV hydration administration with rate titration \geq 2x/24hr
- + Glucose monitoring \geq 2x/24hr
- + I&O $>$ 3x/24h (once per 8-hr shift in 24 hr)
- + Ostomy care and output \geq 3x/24hr (once per 8-hr shift in 24 hr)
- + G-tube or J-tube feeds \geq 3x/24hrs (once per 8-hr shift in 24 hr)

How to Submit an Authorization Request:

Providers may send relevant clinical information to:

Before rendering services

Blue Cross Blue Shield of Massachusetts
Case Creation
One Enterprise Drive
Quincy, MA 02171
Tel: 1-800-327-6716
Fax: 1-888-0780

For services already billed

Blue Cross Blue Shield of Massachusetts
Provider Appeals
P.O. Box 986065
Boston, MA 02298

Authorization Guidelines

For managed care members (HMO Blue®, Blue Choice®, Access Blue, Medicare HMO Blue®):

Authorization is required for private duty nursing services.

For Indemnity and PPO members:

Authorization is required for private duty nursing services.

For more information about submitting authorization requests, please refer to the Utilization Management section of our Blue Books.

Definitions

Custodial Care is defined as any of the following:

- + Care that is given primarily by medically trained personnel for a member who shows no significant improvement response, despite extended or repeated treatment.
- + Care that is given for a condition that is not likely to improve, even if the member receives attention of medically trained personnel.
- + Care that is given for the maintenance and monitoring of an established treatment program, when no other aspects of treatment require an acute level of care.
- + Care that is given for the purpose of meeting personal needs, which could be provided by persons without medical training, such as assistance with mobility, dressing, bathing, eating and preparation of special diets, and taking medications.
- + Care that is given to maintain the member's or anyone else's safety. (Custodial care does not mean care that is given to maintain the member's or anyone else's safety when that member is an inpatient in a psychiatric unit.)

References

McKesson InterQual® Criteriaevidence. Arch Dis Child 1999; 80: 393-397; doi 10.1136/ade.80.4.393

Document History

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