Clinical Guidelines:
Private Duty Skilled Nursing & Home Health Aide Services (shift care)

Number: PA-002

Please see amendment for Pennsylvania Medicaid at the end of this CPB.

Medical Necessity (initiation of services)

I. **Private Duty Skilled Nursing** shift care services are considered Medically Necessary when prescribed by a physician for a child (under age 21) who has one or more chronic health conditions and the following conditions are met:

   A. The prescribing physician documents that the physician had a face-to-face encounter with the MA beneficiary. The face-to-face encounter must be related to the primary reason the MA beneficiary requires home health services. The face-to-face encounter must occur within 90 days prior to or 30 days after the initiation of home health services, although it is expected that ordinarily the face-to-face encounter will occur prior to the start of services.

   B. The services are ordered by and included in the plan of treatment established by the recipient’s attending physician.

   C. The services are performed by a registered nurse or a licensed practical nurse. A home health agency is not reimbursed for personal care services performed by a registered nurse or licensed practical nurse if not provided in conjunction with skilled services.

   D. The services are reasonable and necessary to the treatment of an illness or injury. To be considered reasonable and necessary, the services furnished shall be:

       1. Consistent with the recipient’s particular medical needs as determined by the recipient’s attending physician.

       2. Consistent with accepted standards of medical practice.

       E. Skilled nursing care includes, but is not limited to, the following:

           1. Observation and evaluation.
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2. Teaching and training the recipient or family members to provide care such as, but not limited to:
   a. Giving an injection.
   b. Irrigating a catheter.
   c. Applying dressings to wounds involving prescription medications and aseptic techniques.
   d. Teaching the proper use of medications.

3. Insertion and sterile irrigation of catheters.
4. Bladder training.
5. Administering injections.
6. Administering enteral and intravenous total parenteral nutrition.
7. Treating decubitus ulcers and other skin disorders.

F. Activities, such as bathing the skin and applying over the counter creams or moisturizers do not constitute skilled care. Personal care services can be provided by home health aides and do not require a nurse. Application of medicinal creams or topical agents to treat a medical condition requires a nurse and, therefore, constitutes skilled care.

II. Home health aide shift care services are considered Medically Necessary when prescribed by a physician for a child (under age 21) who has one or more chronic health conditions and the following conditions are met:

A. The prescribing physician documents that the physician or NPP had a face-to-face encounter with the MA beneficiary. The face-to-face encounter must be related to the primary reason the MA beneficiary requires home health services. The face-to-face encounter must occur within 90 days prior to or 30 days after the initiation of home health services, although it is expected that ordinarily the face-to-face encounter will occur prior to the start of services.

B. The services of a home health aide are given in conjunction with skilled care or, when skilled care is not needed, when personal care services are medically necessary.

C. The recipient record contains documentation that, at least every 2 weeks, there has been communication between the home health aide and a supervisory nurse regarding the recipient.

D. The assignment of a home health aide to a case shall be made in accordance with a written plan of treatment established by the recipient’s attending physician. The plan shall indicate the recipient’s need for personal care services. The specific personal care services to be furnished by the home health aide shall be determined by a registered nurse and not by the home health aide. If skilled care is not required, the recipient’s attending physician shall certify that the personal care services furnished are medically necessary.
E. Personal care services that may be performed by a home health aide include, but are not limited to, assisting the recipient with the following:

1. Bathing and personal hygiene.
2. Ambulation and transfer.
3. Exercise.
4. Retraining the recipient in necessary self-help skills.

F. Domestic and housekeeping services which are unrelated to recipient care are not covered home health services. For example, the services include the following:

1. Vacuuming, dusting, floor mopping, kitchen and bathroom maintenance.
2. Washing, ironing and mending clothes.

III. The following documentation must be included with the coverage request:

A. Documentation of the face-to-face encounter 90 days prior to or 30 days after the initiation of home health services.
B. Current “Home Health Certification and Plan of Care” form signed by the prescribing physician.
C. Parent/guardian’s work schedule and commuting time (when applicable)
D. Child’s school and afterschool activity schedule and commuting time (when applicable)
E. Parent/guardian’s “medical certification” of inability to care for the child (when applicable)
F. Any other information the family or provider wants to have considered in the decision.

Medical Necessity for Continued Pediatric Private Duty Skilled Nursing or Home Health Aide Services

Continued coverage for Private Duty Skilled Nursing or Home Health Aide shift care services is considered Medically Necessary when prescribed by a physician AND the above criteria are met.

Clinical Review Process

All clinical reviews are conducted following the standard process for prior authorization and concurrent review. All requests are reviewed by a healthcare professional with appropriate clinical expertise in treating the Member’s condition or disease. The clinical reviewer may consult with the attending physician as needed.

Authorization Guidance

Up to 6 months may be authorized at initial or concurrent review. Concurrent review for continued coverage of previously authorized services is requested up to 30 days prior to the end of the previously authorized period of coverage.
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Medical Necessity Denials

Coverage may not be denied for lack of Medical Necessity based on any of the following:

A. Because a parent or caregiver is present in the home unless there is adequate
documentation that substantiates the parent or caregiver is actually able and available to
provide the child’s care during the time hours are requested. **The parent or caregiver must
provide a schedule of daily activities explaining why he or she is not available or medical
certification that he or she is not able to provide care for the child during the times requested.
In the absence of supporting documentation, the parent or caregiver is considered able and
available.**

B. Because the service will be provided in a location outside of the child’s home, such as, but
not limited to, a school setting.

C. Because the service should/could be covered as part of a child’s Individualized Education
Program (IEP) or Section 504 Plan (Section 504 of the Rehabilitation Act of 1973 [29
U.S.C.A. § 794]).

Coverage may not be denied for lack of Medical Necessity unless a physician or other healthcare
professional with appropriate clinical expertise in treating the Member’s condition or disease
determines:

A. That the prescriber did not make a good faith effort to submit a complete request, or

B. That the service or item is not Medically Necessary, after making a reasonable effort to consult
with the prescribing physician. The reasonable effort to consult with the prescribing physician
must be documented in writing.

Case Management

All children receiving home health shift care services are enrolled in case management. The pediatric
case manager will assist the provider or family member with obtaining the necessary information to
complete the prior authorization and/or concurrent review. The pediatric case management staff will
provide assistance with finding a health care provider, accessing other services including early
intervention programs, behavioral health services, support groups, self-help organizations, and other
community resources.

Applicable Billing Codes

S9122 - Home health aide or certified nurse assistant, providing care in the home; per hour

S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only,
not to be used when CPT codes 99500-99602 can be used)

S9124 - Nursing care, in the home; by licensed practical nurse, per hour
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Related Polices and Reverences

1. Pennsylvania HealthChoices Managed Care Operations Memorandum, General Operations, MCOPS Memo # 07/2016-008; Guidance Regarding the Review of Requests for Skilled Nursing, Personal Care Services, Including that Provided by Home Health Aides; 7/22/2016.

2. Pennsylvania Department of Human Services MA Bulletin NUMBER 05-16-04, 24-16-18, 25-16-03, 31-16-21; Face-to-Face Encounter Requirements for Prescribing of Home Health Services Including Durable Medical Equipment and Medical Supplies; Issue Date June 27, 2016; Effective Date July 1, 2016.


4. 55 PA Code Section 1249.54 Payment conditions for home health aide services accessed at: http://www.pacode.com/secure/data/055/chapter1249/s1249.54.html

5. EncoderPro.com Professional (accessed at https://www.encoderpro.com/epro/)


8. Policy 7500.11 Medically Fragile Transition policy

9. Policy 7100.05 Prior Authorization

10. Policy 7000.55 Reporting Abuse, Neglect, and Exploitation of Children and Incapacitated or Vulnerable Adults

11. Policy 7000.44 Transfer of Pediatric Members to an Adult System of Care

12. Policy 7500.05 Integrated Care Management


16. PDN Desktop; Processing Requests for Authorization for Private Duty Nursing
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Amendment to
Aetna Clinical Policy Bulletin Number: CPB PA-002 Private Duty Skilled Nursing & Home Health Aide Services (shift care)

There are no amendments for Medicaid.

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