



MEDICAL POLICY STATEMENT

Nevada Medicaid

Policy Name & Number	Date Effective
Private Duty Nursing-NV MCD-MM-1866	01/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Medical Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Private Duty Nursing

B. Background

Private Duty Nursing (PDN) is the provision of skilled nursing services by a registered nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN. Nevada allows the approval of PDN when a member needs both a medical device to compensate for the loss of a vital body function and substantial, complex, and continuous skilled nursing care to prevent institutionalization.

PDN is an optional benefit offered under the Nevada Medicaid State Plan. PDN provides more individual and continuous care than is available from a visiting nurse for members who meet specified criteria and require more than 4 continuous hours of skilled nursing (SN) care per day. The intent of PDN is to assist members with complex direct skilled nursing care, to develop caregiver competencies through training and education, and to optimize member health status and outcomes. Services must be provided under the direction of a physician and according to a signed plan of care.

PDN services may be provided, within program limitations, to a member in their home or in community settings (ie, wherever normal life activities take place). Services are approved following medical necessity review, program criteria, state regulations, and based on the availability of state resources to meet a member's needs. Providers should consult the Nevada Administrative Code and Medicaid Services Manual for details about coverage, limitations, service conditions, and prior-authorization requirements to ensure compliance.

The guideline below identifies clinical information that CareSource uses to determine medical necessity and quantity of care for PDN. This guideline is based on generally accepted standards of practice, review of medical literature, as well as federal and state policies and laws applicable to the Nevada Medicaid program.

C. Definitions

- **Activities of Daily Living (ADL)** – Self-care activities routinely performed on a daily basis such as bathing, dressing, eating, grooming, mobility/ambulation, toileting, and transferring.
- **Caregiver** – The legally responsible individual (LRI) (eg, birthparents, adoptive parents, spouses, legal guardians, paid foster parents (and/or other adults who are not (legally) responsible or paid to provide care, who participate in providing care to a member.
- **Complex** – Multifaceted needs requiring SN interventions. Observation in the event an intervention is required is not considered complex skilled nursing and shall not be covered as medically necessary PDN services.
- **Continuous** – Nursing assessments requiring skilled interventions to be performed at least every 2 to 3 hours during the Medicaid-covered PDN shift.

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

- **Skilled Nursing (SN)** – Assessments, judgements, interventions, and evaluations of intervention, which require the training and experience of a licensed nurse. SN care includes, but is not limited to:
 - performing assessments to determine the basis for action or the need for action
 - monitoring fluid and electrolyte balance
 - suctioning of the airway
 - central venous catheter care
 - mechanical ventilation
 - tracheotomy care
- **Substantial** – There is a need for interrelated nursing assessments and interventions. Interventions that do not require assessment or judgement by a licensed nurse are not considered substantial.

D. Policy

- I. Eligibility criteria for PDN services can be found in the Nevada Medicaid Services Manual Chapter 900 Private Duty Nursing. Nevada allows the approval of PDN when a member needs both a medical device to compensate for the loss of a vital body function and substantial, complex, and continuous skilled nursing care to prevent institutionalization. For members that meet criteria in the Medicaid Services Manual, the acuity scale below can be used to assist in determining the amount of care needed.
- II. The PDN acuity scale is intended to be used in conjunction with the assessment tool and the clinical and professional judgement of the nurse completing the tool. It is not intended to be the sole determinant of all the skilled nursing needs of the individual. Normal age-appropriate care and parental responsibility should be considered, (ie, all 3-year-olds need assistance with getting bathed and dressed, therefore “needs assist”, in this category is not scorable as it is an age-appropriate need and not a medical need).
 - A. Skilled nursing care acuity guidelines
 1. Mechanical ventilation: acuity measurement is based on number of hours used per day.
 - 1.0 point is scored when the ventilator is listed as standby (eg, “just in case” it would be needed).
 - 2.5 points are scored when the member requires a ventilator 12 hours or less per day (eg, while sleeping).
 - 5.0 points are scored when the member requires a ventilator for greater than 12 hours per day.
 2. CPAP/BiPAP: acuity measurement is based on number of hours used per day.
 - 2.0 points are scored when the member is on CPAP or BiPAP 12 hours or less per day.
 - 4.0 points are scored when the member is on CPAP or BiPAP for greater than 12 hours per day.

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

3. Tracheostomy: acuity measurement is used to indicate special care needed for tracheostomy (note: dressing changes are included in the below).
 - 1.5 points are scored when the member is able to tolerate the use of a speaking valve, or having the tracheostomy capped for a period of time and/or receives routine care. If a PMV is used in-line with the vent/PAP, do not mark this option if they are still replacing the trach.
 - 3.0 points are scored when the member breathes continuously through an open tracheostomy and requires special care (eg, frequent tube changes, current infection at trach site, irritation, mucous plugs requiring intervention, mucosal bleeding).
4. Oxygen: acuity measurement is based on the order for administration, either continuous or determined by pulse oximeter.
 - 1.0 point is scored when the member's oxygen use is routine and predictable (ie, member has COPD and requires oxygen whenever necessary when walking or upon exertion).
 - 3.0 points are scored when the member's oxygen use is unpredictable (eg, unstable airways).
5. Tracheal suctioning: acuity measurement is based on frequency the skilled nurse performs this service and is only applicable when the member be unable to self-suction.
 - 1.0 point is scored when the member requires suctioning once per day.
 - 2.0 points are scored when the member requires suctioning 2 – 10 times per day.
 - 3.0 points are scored when the member requires suctioning 11 – 20 times per day.
 - 4.0 points are scored when the member requires suctioning more than 20 times per day.
6. Humidification: acuity measurement is based upon the need for humidification treatment: 0.5 points is scored when humidification is performed and completed by skilled nurse.
7. Pulse oximetry monitoring: acuity measure is based on treatment that is done on a routine basis.
 - 1.0 point is scored if monitoring is completed by the nurse \leq 3 times per day.
 - 2.0 points are scored if monitoring is completed by the nurse $>$ 3 times per day or continuous.
8. Injectable medications: acuity measurement is based on number of injections per day on medication that is routinely ordered or as needed (PRN) only when the skilled nurse has administered the injectable. Insulin/subcutaneous injections are not included in this scoring.
 - 1.0 point is scored if 1 injection is administered per day.
 - 2.0 points is scored if more than 1 injection is administered per day.
9. Medication schedule: acuity measurement is based on the complexity of the medication.

- 1.0 point is scored for routine medication schedule. This includes medications that do not require dosage adjustments, regardless of the number of medications.
- 2.0 points are scored for complex medication schedule. This includes medications which are PRN and/or require dosage adjustments by a skilled nurse. Members who have more than 3 medications which are PRN and/or require adjustment delivered within an 8-hour window by a skilled nurse would qualify for complex.

10. CPT/vest/nebulizer treatments: include treatment that is done on a routine basis, whether there is a standing or PRN order. If the treatments are done together (ie, nebulizer treatments followed by chest physiotherapy, and/or vest therapy), consider points based on the therapy provided at the highest frequency (eg, if nebulizer 2 times per day and pulmonary vest 3 times per day, count as therapy 3 times per day).

- 1.0 point is scored when CPT/vest/nebulizer (PRN).
- 2.0 points are scored when CPT/vest/nebulizer 1 – 2 times per day.
- 3.0 points are scored when CPT/vest/nebulizer 3 – 4 times per day.
- 4.0 points are scored when CPT/vest/nebulizer \geq 5 times per day.

11. Blood draws: acuity measurement is based upon the number of blood draws per week.

- 1.0 point is scored for peripheral blood draw routinely performed by skilled nurse during the week.
- 1.5 points are scored for central line blood draw routinely performed by skilled nurse during the week.

12. Blood products: acuity measurement is based upon the number of times per month it was documented that the member received any blood products provided by the skilled nurse during the PDN visit.

- 1.0 point is scored for blood products administered once per month.
- 1.5 points are scored for blood products administered 2 – 3 times per month.
- 2.0 points are scored for blood products administered more than 3 times per month.

13. Nasogastric (N/G), gastrostomy (G), or jejunostomy (J/J) tube feedings: acuity measurement is based upon the complexity of the enteral feeding and the associated care needed from the nurse.

- 2.0 point is scored for G/J and N/G tube bolus or continuous.
- 3.0 points are scored for G/J and N/G tube combination (bolus and continuous).
- 4.0 points are scored for G/J and N/G tube complicated. In order to score for complicated, there must be required residual checks, aspiration precautions, postural changes, and frequent rate adjustments or formula changes.

14. Special diet, prolonged feedings: 1.0 point is scored if there is a threat of aspiration and it requires the assessment, observations, and interventions of

a skilled nurse. Documentation of how long it took to feed the member must be present in the nurse's notes. This is not applicable for tube feedings.

15. Reflux, dysphagia, aspiration: to receive points for Reflux, the member must meet at least one of the following criteria: 1) a positive swallowing study performed within the last 12 months; 2) documented current and ongoing treatment for reflux (eg, medications such as Reglan, Zantac, or Prevacid); 3) documented treatment for aspiration pneumonia within the last 12 months; or 4) a need for suctioning due to reflux at minimum daily (this does not include suctioning of oral secretions). Must also have the diagnosis of dysphagia or difficulty swallowing, and documentation in the medical record on how the member is progressing. Aspiration precautions should be noted in the clinical record by the skilled nurse, as well as the interventions done to prevent aspiration.

- 1.0 point is scored for aspiration precautions.
- 1.5 points are scored for reflux or dysphagia.

16. Seizures: acuity measurement is based upon the frequency of the seizure activity, the severity of the seizure activity, and intervention(s) required. In all instances, seizure monitoring must be recorded in the nurses' notes and/or maintained in a seizure logbook. The description of the seizure should be addressed (ie, type, duration, intervention). There must also be seizure medications that are scored on a routine basis. The number of seizures per day, week, month, etc. must be documented and the average number occurring should be known.

- 0.0 points are scored if there is a seizure diagnosis or history of seizures, but there is no active seizure activity.
- 1.0 point is scored if there is observation/monitoring only, but no skilled nursing intervention.
- 2.0 points are scored if there are moderate interventions required, no injury, and Diastat has to be administered, or a magnet and vagus nerve stimulator is used to stop seizure activity.
- 3.0 points are scored if there is an injury, Diastat has to be administered or a magnet and vagus nerve stimulator is used to stop seizure activity, and apnea is present.

17. General assessments: acuity measurement is based on the frequency a complete nursing assessment is being performed and documented in the nurse's notes. This does not include general statements (eg, sleeping soundly, respirations quiet, restless), but may be a targeted assessment if there is a concern (eg, respiratory assessment, neurological checks). Points are not considered under this section if just vital signs are taken, but if targeted vital signs are taken (eg, temperature), as well as the targeted assessment, then points could be scored under this assessment.

- 1.0 point is scored if the assessment is completed and documented in the nurse's notes at least once per shift.

- 1.5 points are scored if the assessment is completed and documented in the nurse's notes every 4 hours.

18. Vital signs: acuity measurement is based on complete sets of vitals being taken at specific frequencies (otherwise use the general assessment section above).

- 1.5 points are scored if a complete set of vital signs are taken 2 – 3 times per shift AND documented in the clinical record.
- 2.0 points are scored if a complete set of vital signs are taken \geq 4 times per shift AND documented in the clinical record.

19. Peripheral intravenous therapy (PIV)

- 1.0 point is scored when peripheral IV infuses less than 4 hours.
- 2.0 points are scored when there is IV therapy ordered and the skilled nurse gives the IV solution while on the visit and the IV infuses for 4 – 8 hours
- 3.0 points are scored when there is IV therapy ordered and the skilled nurse gives the IV solution while on the visit and the IV infuses for greater than 8 hours.

20. Total parenteral nutrition (TPN), central line care, chemotherapy, IV pain control

- 2.0 points are scored if there is a physician order for chemotherapy and it's administered by the skilled nurse during the visit.
- 2.0 points are scored if there is a physician order for IV pain meds and the skilled nurse gives the IV medication during the visit.
- 2.5 points are scored if only central line care is scored and no IV is infusing.
- 3.0 points are scored if TPN is ordered by a physician and it's administered by the skilled nurse during the visit.

21. Blood sugar/ketones checks

- 1.0 point is scored when the blood sugar or ketones are checked by the skilled nurse and there is no insulin scored. It does not matter how many times it is checked.
- 2.0 points are scored when the blood sugar or ketones are checked by the skilled nurse and insulin is administered by the nurse. It does not matter how many times it is scored.

22. Medicated skin treatment: 1.0 point is scored when medicated skin treatment is scored by the nurse. This does not include lotions, powders, nonmedicated creams, etc.

23. Stoma/wound care: acuity measurement includes dressing changes/stoma care (eg, Mitrofanoff, Malone, Chait tube). Members with a tracheostomy or gastrostomy will not receive additional points for tracheostomy or gastrostomy dressing changes, as this task is included in the score for the tracheostomy or gastrostomy.

- 1.5 points are scored when the member has general stoma/wound care and care is documented in the nurse's notes once per day, noting condition of the wound/stoma.
- 2.0 points are scored when the member has the above performed greater than once per day.

24. Decubitus care: 3.0 points are scored when the member has an order for decubitus care and it is performed by the nurse during the home visit. The member would not also receive points for wound/stoma care/medicated skin treatment in addition to this score if they just have a decubitus.

25. Complex dressing changes/burn care: 3.0 points are scored when the member has an order for burn care/complex dressing change and it is performed by the nurse during the home visit. The member would not also receive points for wound/stoma care/medicated skin treatment in addition to this score.

26. Catheter, in-dwelling and intermittent

- 1.5 points are scored when the member has an in-dwelling catheter and catheter care is performed by the nurse during the home visit.
- 2.5 points are scored when the member has an in-dwelling catheter and the care is performed by the nurse during the home visit. This would include more complex/complicated care, (eg, flushes, insertion of catheter, etc.).
- 1.0 point is scored if there is an order for a straight catheter AND the skilled nurse completes the task during the home visit AND it is no more than once per 8-hour shift AND it is documented in the nurse's notes.
- 2.0 points are scored if there is an order for a straight catheter AND the skilled nurse completes the task during the home visit AND it is more than once per 8-hour shift AND it is documented in the nurse's notes.

27. Peritoneal dialysis: 2.0 points are scored if peritoneal dialysis is performed by the skilled nurse during the home visit.

28. Hemodialysis: 4.0 points are scored if hemodialysis is performed by the skilled nurse during the home visit.

29. Strict intake and output (I&O): 1.0 point is scored when the I&O requires interventions (ie, the skilled nurse has to make adjustments to feedings or IV fluids based on the intake and output data), or diapers are routinely weighed.

30. Acute care episodes

- 1.5 points are scored if the member has had bone surgery in the last 45 days from the time of assessment.
- 2.0 points are scored if the member has a new or revised trach within the last 30 days from the assessment date.
- 2.0 points are scored if the member has had abdominal/thoracic surgery within the last 45 days from the date of assessment.
- 2.5 points are scored if member has had a ventriculoperitoneal (VP) shunt new or revised within the last 30 days.

- 3.0 points are scored if the member has acute/post-procedure hospitalization at least 3 times per year one year from the date of assessment (this does not include admissions for testing or ER visits). For long-term hospitalizations (over 1 month), this section may be counted if the member is admitted for at least 3 months (eg, premature infants).
- 2.0 points are scored if the member has had an acute/post-procedure hospitalization (does not include admissions for testing or ER visits) within the last 30 days from time of assessment.
- 1.0 point is scored if the member has been discharged from an ECF within the last 30 days.
- 2.0 points are scored if the member has had documented by the physician at least 2 episodes of any respiratory issue (to include apnea, respiratory distress, etc.) within the last year from the date of the assessment.

B. Non-skilled nursing care: can be used if the member does not meet for PDN based on the skilled score alone, but there are extenuating psychosocial circumstances. The non-skilled nursing score is not routinely added to the skilled score when a member has a skilled score less than 15. It is only added when there are significant extenuating circumstances. When these circumstances occur, the score from this section is added to the skilled nursing care score for the total number of hours that the member would need per day/week.

1. Caregiver availability: acuity measurement requires documented evidence of the employment and/or school status of the primary caregivers before this is scored.
 - 1.0 point is scored when there are 2 caregivers and neither is employed or attends school.
 - 2.0 points are scored when there are 2 caregivers and at least one is employed or attends school.
 - 2.5 points are scored when there is only 1 caregiver and the caregiver is not employed or attends school.
 - 3.5 points are scored when there is only 1 caregiver and the caregiver is employed or attends school.
 - 8.0 points are scored when there is no caregiver that lives in the home with the member. This does not mean that the consumer lives with an individual who takes primary responsibility for the consumer but refuses to deliver any care. An example of this would be a member that assumes responsibility for their own care and lives alone or is on a waiver and has supplemental staffing from agencies and independent providers.
2. Sleeping status: acuity measurement is based on the amount of time the member is awake during the night. Nurse/caregiver waking the member over the course of the night is not scored.
 - 1.0 point is scored if the member is awake 1 – 3 times per night.
 - 1.5 points are scored if the member is awake 4 or more times per night.

- 1.5 points are scored if the member sleeps less than 5 hours consecutively.
- 2.0 points are scored if the member sleeps less than 3 hours consecutively.

3. Number of dependents: acuity measurement takes into consideration the number and ages of dependents the caregiver is directly responsible for and does not include episodic visits.
 - 1.0 point is scored if the caregiver is directly responsible for 1 – 2 dependents at least 5 years old.
 - 1.5 points are scored if the caregiver is directly responsible for 1 – 2 dependents under 5 years old.
 - 2.0 points are scored if the caregiver is directly responsible for 3 or more dependents.
4. Communication ability: acuity measurement is based on the cognitive ability of the member to communicate or make their needs known.
 - 1.0 point is scored if the member has a limited ability to communicate their needs.
 - 2.0 points are scored if the member is unable to communicate their needs.
5. Orientation/cognition impairment (N/A for children under 3 years): acuity measurement is based on the member's ability to be oriented in all 3 spheres (person, time, place). Members with episodic confusion requiring reminders and members with cognitive impairment who are completely dependent on the caregiver may be scored here.
 - 0.5 points are scored for members who do not meet all 3 spheres of orientation.
 - 1.0 point is scored if the member experiences confusion requiring reminders.
 - 1.5 points are scored if the member has cognitive impairment and is dependent upon the caregiver.
6. Personal care/activities of daily living (ADL) (N/A for children under 3 years): 2.0 points are scored if the member requires assistance with personal care/ADLs including bathing, dressing, and grooming.
7. Oral feedings/assist/supervision (N/A for children under 3 years): 1.5 points are scored if the member requires assistance and supervision with oral feeds. Documentation in the clinical record on how the member tolerated the feeding should be recorded.
8. Weight/transfers: acuity measurement is based on the member's weight and their ability to transfer from one surface to another, with 1 – 2 persons, and/or Hoyer lift/trapeze.
 - 0.5 points are scored if the member weighs less than 65 pounds and requires no or partial lift with 1 person.
 - 1.0 point is scored if the member weighs at least 65 pounds and requires no or partial lift with 1 person.

- 1.0 point is scored if the member weighs less than 55 pounds and requires a total lift with 1 person.
- 2.0 points are scored if the member weighs at least 55 pounds and requires a total lift with a Hoyer and/or 2 persons.
- 2.5 points are scored if the member weighs greater than 125 pounds and requires partial lift with 1 person.
- 3.5 points are scored if the member weighs greater than 125 pounds and requires a total lift with a Hoyer and/or 2 persons.

9. Spasticity or tremors, quadriplegia, paraplegia, hemiplegia, dysfunctional limbs: select a maximum of one of the below when applicable.

- 1.0 point is scored if the member has spasticity or tremors.
- 1.5 points are scored if the member has hemiplegia.
- 1.5 points are scored if the member has a dysfunctional limb.
- 2.0 points are scored if the member has paraplegia.
- 2.5 points are scored if the member has quadriplegia.

10. AFO/splint/orthotics application: 0.5 points are scored if there is a physician order for the device and the skilled nurse applies them to the member during the visit, which is documented in the clinical notes.

11. Range of motion: 1.0 point is scored if range of motion is ordered by the physician and is documented as being performed by the nurse in the clinical record.

12. Wheelchair/walker dependent: 2.0 points are scored if the member does not have the ability to walk unaided and is either wheelchair- or walker-dependent.

13. Turn every 2 hours: 1.5 points are scored if there is a physician order and the nurse performs during the visit. Skin assessment should be documented by the nurse in the clinical record.

14. Ambulation/assists: 1.0 point is scored if the member requires hand-in-hand assist or guidance with turning a wheelchair/walker.

15. Weakness/fall risk: 1.0 point is scored if the member has weakness and/or is a fall risk. There must be a protocol in place to decrease the fall risk of the member which is monitored by the nurse.

16. Recording of I&O: 0.5 points are scored if normal daily measurement of intake and output is recorded by the nurse without the need to assess for fluid replacement or restriction. This may include weighing diapers.

17. Oral suctioning: 1.0 point is scored if suctioning of the nose, mouth, or upper throat with a bulb syringe, yankaeur, or suction catheter.

18. Ostomy care: 1.0 point is scored if the member has an ileostomy, vesicostomy, or colostomy.

19. Impairments

- 0.5 points are scored for visual impairments not correctable by glasses or another assistive device.
- 0.5 points are scored for auditory impairments not correctable by hearing aid or another assistive device.

- 0.5 points are scored for tactile impairments (eg, member has the need to put everything in their mouth or has an aversion to different touch stimuli).
- 1.0 point is scored if the member is blind and there is no modification they have used to compensate.
- 1.0 point is scored if the member is deaf and there is no modification they have used to compensate.

20. Behaviors/developmentally delay

- 1.0 point is scored if the member demonstrates self-abusive behavior with no injury.
- 1.5 points are scored if the member demonstrates self-abusive behavior with moderate injury.
- 2.0 points are scored if the member demonstrates with severe injury.
- 1.5 points are scored if the member demonstrates combative behavior.
- 0.5 points are scored if the member requires occasional redirection.
- 1.0 point is scored if the member requires frequent redirection.

21. Global delays: acuity measurement is scored as documented by the physician on the member's care plan.

- 1.0 point is scored if the member's current age is age 4 years or under and has documentation of global delays.
- 2.0 points are scored if the member's current age is over age 4 years and has documentation of global delays.

22. Incontinence, toilet program (N/A for children under age 3 years)

- 0.5 points are scored if the member experiences occasional incontinence.
- 1.5 points are scored if the member experiences daily incontinence.
- 1.0 point is scored if the member has a toilet program documented in the clinical record.

C. The following point / care guideline may be adjusted based on a case-by-case review:

- A. 15-24 points equate to 4 to 8 hours of care per day, or less than 56 hours per week.
- B. 25-34 points equate to 8 to 12 hours of care per day, or between 56 and 84 hours per week.
- C. 35-40 points equate to 12 to 14 hours of care per day, or between 85 and 98 hours per week.
- D. 40+ points equate up to 16 hours of care per day, or between 99 and 112 hours per week.
- E. PDN above 112 hours per week are not routinely approved. However, PDN may be extended beyond 112 hours per week if there is an emergent short-term need for additional care.

III. Per the Nevada Medicaid Services Manual Chapter 900 Private Duty Nursing, the following exclusions apply. Refer to the Manual for details and the most up-to-date information.

- A. The following services are not covered under the PDN program:

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

1. non-skilled nursing interventions which are custodial in nature; examples include, but are not limited to, the following:
 - a. administration of nebulized medications
 - b. application and removal of orthotic braces
 - c. application of chest vest and use of cough assist device(s)

While a PDN may perform such tasks, there must be an additional need for interventions that do require the assessment and/or judgement of a licensed nurse.
2. services provided by an LRI or immediate family member
3. services provided to a member who is a resident in a hospital, skilled nursing facility including a nursing facility for the mentally ill (NF/MI) or intermediate care facility for Individuals with Intellectual Disabilities (ICF/IID) or at an institution for the treatment of mental health or chemical addiction
4. services rendered at school sites responsible for providing "school-based health service" pursuant to IDEA 34 Code of Federal Regulations (CFR)§300.24
5. services provided to someone other than the intended recipient
6. services that CareSource determines could reasonably be performed by the recipient
7. services provided without authorization
8. services that are not on the approved plan of care (POC)
9. service requests that exceed program limits
10. respite care
11. companion care, baby-sitting, supervision or social visitation
12. homemaker services
13. Medical Social Services (MSS)
14. duplicative services, such as personal care services that are provided during private duty nursing hours
15. travel time to and from the recipient's residence
16. transportation of the recipient by the private duty nurse

IV. Per the Nevada Medicaid Services Manual Chapter 900 Private Duty Nursing, the following limits apply:

- A. PDN services may be authorized for a maximum of 6 months.
- B. Tracheostomy members: New tracheostomy members may receive up to 84 hours per week for the initial 8-week authorization period immediately following discharge from a hospital. Ongoing authorization requests for 84 hours per week after the initial 8-week authorization period must include clinical documentation to support the continued need for 84 hours. If such clinical documentation is not included in the request, hours may be reduced.
- C. Ventilator dependent members: new ventilator dependent members may receive up to 112 hours per week for the initial 8-week authorization period immediately following discharge from a hospital. Ongoing authorization requests for 112 hours per week after the initial 8-week authorization period must include clinical documentation to support the continued need for 112

hours. If such clinical documentation is not included in the request, hours may be reduced.

- D. Change in Condition/Situation: a new authorization must be requested when the member has a change of condition or situation that requires either a reduction in PDN hours or an increase in PDN hours.
- E. Members under 21 years of age:
 - 1. Medicaid members under 21 years of age may be eligible for additional authorized PDN hours under EPSDT. Refer to MSM Chapter 1500 Healthy Kids Program for the EPSDT authorization process.
 - 2. During planned breaks of at least 5 consecutive school days, additional hours may be authorized within program limitations. A separate authorization request should be submitted for the specific number of hours requested beyond those already authorized.
 - 3. In the event an LRI is absent due to a medical need of the LRI, parent/guardian, or authorized representative, members under age 21 may be eligible to receive 24-hour care at home through an EPSDT referral. Refer to the Nevada Medicaid Services Manual Chapter 900 Private Duty Nursing for details.
 - 4. Crisis Override: the PDN benefit allows, in rare circumstances, a short-term increase of nursing hours beyond standard limits in a crisis. A crisis is one that is generally unpredictable and puts the patient at risk of institutionalization without the provision of additional hours.
 - a. Additional services may be covered up to 20% above program limits.
 - b. Additional services are limited to 1, 60-day interval in a 3-year period.
- F. Refer to the Nevada Medicaid Services Manual Chapter 900 Private Duty Nursing for information on concurrent care and out-of-state services.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	12/17/2025	New policy, approved at Committee.
Date Revised		
Date Effective	01/01/2026	
Date Archived		

H. References

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The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

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This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

Independent medical review – July 2023

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