

Clinical Policy: Private Duty Nursing and Family Home Health Aide Services for Medically Fragile Children

Reference Number: FL.CP.MP.12

Date of Last Revision: 06/26

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes the medical necessity requirements for private duty nursing (PDN) or PDN and family home health aide services for Sunshine Health's Managed Medical Assistance (MMA), Children's Medical Services (CMS), HIV/AIDS and Serious Mental Illness (SMI) members, and Child Welfare (CW) products.

Policy/Criteria

- I. It is the policy of Sunshine Health that private duty nursing (PDN) services directly related to members' care are **medically necessary** when all of the following criteria are met:
 - A. Member is enrolled in a Florida Medicaid Sunshine Health plan;
 - B. Member is under the age of 21 years old;
 - C. Member is enrolled in complex case management OR is deemed as medically fragile/medically complex;
 - D. Do not duplicate another service;
 - E. There is a signed plan of care and order for the requested services.

- II. It is the policy of Sunshine Health that services and supplies for medically fragile children require **mandatory secondary review** for any of the following indications:
 - A. Experimental/Investigational services;
 - B. Any increase in Private Duty Nursing Hours;
 - C. All new initial Private Duty Nursing Request.

- III. It is the policy of Sunshine Health that the treating provider must submit the following information for **initial requests** for private duty nursing services:
 - A. Signed, completed current Plan of Care (POC);
 - B. Documentation of the member's medically complex condition(s), system, and organ function of the member, and at least one of the following:
 1. Illness/Injury/Exacerbation/Surgery;
 2. Discharge from inpatient facility;
 3. Newborn/infant and poor weight gain;
 - C. Documentation to support reason the member requires more intensive and continual care than can be provided through a home health nurse visit, including but not limited to, one or more of the following:
 1. Modification of initial or on-going treatment/medication regimen;
 2. Lack of adherence;
 3. Management of plan of care;
 4. Exacerbation of known illness;
 - D. Documentation that explains why the member needs services in the home, or other requested location; one or more of the following:

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1. Activity restrictions requiring at least minimum assistance in transfer/bed mobility/locomotion to leave home/residence;
 2. Isolation or immunocompromised host/communicable disease;
 3. Specific skilled nursing interventions needed;
- E. Information on the member's ADL and IADL needs and level of support needed;
- F. Summary of other services that are in place for the member in the member's residence or other requested location;
- G. Clinical documentation on the need for the amount, duration, and scope of private duty nursing.

IV. It is the policy of Sunshine Health that private duty nursing services *may be medically necessary* when the following criteria are met:

- A. Private duty nursing *can be covered* outside the member's residence if the services are unavailable through other public or private resources, including schools (with documentation of such) and the services are medically necessary while the member is outside their home.
- B. Private duty nursing services *can be considered* for the medically complex member at school if both of the following are met:
1. The member's primary care physician (PCP) provides documentation that the PCP considers going to school a viable option given the member's medical status, and
 2. The school system is not currently providing the intensity of nursing care required by the child, and private duty nursing services would enable the member to attend school (with documentation of such).
- C. Private duty nursing services *can be approved* for a member whose parent or legal guardian is not available or able to provide ADL or IADL care. Documentation must be provided with a request for private duty nursing services in order to substantiate a parent or legal guardian's inability to participate in the care of the member (i.e., work or school schedules and medical documentation). If a parent or legal guardian is unable to provide a work schedule, a statement attesting to the work schedule must be presented to Sunshine Health when making the request.
- D. For MMA, CMS, SMI and Child Welfare members, a home health agency *can allow payment* for up to 40 hours per week of private duty nursing services provided by a parent or legal guardian if that parent or legal guardian has a valid license as a RN or LPN in the state of Florida and is employed by a contracted home health agency. Parents or legal guardians must participate in providing ADL and IADL care to the fullest extent possible and are expected to continue to provide non-reimbursed care as the primary parent or legal guardian.

Note: If a child is receiving private duty nursing services that are performed by a primary parent or legal guardian, the servicing agency must submit the "Sunshine Health Request for Authorization for Private Duty Nursing by a Parent or Legal Guardian" form with the request for authorization to Sunshine Health Plan. If a parent or guardian requests to provide PDN services after the start date of the authorization, the form may be submitted by the agency for Sunshine Health signature prior to the authorization end date. The "Sunshine Health Request for Authorization for Private Duty Nursing by a Parent or Legal Guardian" form does not replace the need for medical necessity review of services.

- V. It is the policy of Sunshine Health that up to eight hours of *family home health aide services* per day, per recipient *may be medically necessary* when all of the following criteria are met:
- A. Member is under the age of 21 years;
 - B. Member is receiving PDN services under the care of a physician;
 - C. There is a physician's order for family home health aide services;
 - D. Family home health aide services are provided in conjunction with, but do not duplicate authorized PDN hours;
 - E. Services must be overseen by a non-related provider, non-legal guardian, or non-caretaker relative RN who is employed by a home health agency and authorized to provide PDN services.

Redetermination

Prior to the expiration of the initial authorization period, the requesting provider must submit information on the member's status to Sunshine Health's utilization management department in order for a review for a subsequent approval using the information in Criteria III. for PDN services and Criteria V. for family home health aide services.

- VI. It is the policy of Sunshine Health that private duty nursing services are considered **not medically necessary** for any of the following indications:
- A. Banking or flexing hours of approved private duty nursing hours.
Note: The total number of hours per week, hours per day, and days per week approved must be followed. Any variations would need to be requested and approved in advance by Sunshine Health.
 - B. Respite care. Examples are parent or legal guardian recreation, socialization, and volunteer activities or periodic relief to attend to personal matters unrelated to the medically necessary care of the member.
 - C. Private duty nursing services in the following locations:
 - 1. Hospitals;
 - 2. Nursing facilities;
 - 3. Intermediate care facilities for individuals with intellectual disabilities;
 - 4. Physician offices;
 - 5. Clinics;
 - 6. Prescribed pediatric extended care centers.
 - D. Services are provided at times during the day when skilled interventions are not required for a member receiving private duty nursing services.
Note: In these cases, parents or legal guardians must provide assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) for the member, to the fullest extent possible. If parents or legal guardians need training to safely perform these ADL and IADL tasks, the home health provider must provide training and document the methods used to train the parent or legal guardian in the member's medical record. If the parents or legal guardians are willing and capable of providing more ADL and IADL care, private duty nursing can be authorized to supplement the care provided by those parents or legal guardians.

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- E. Additional private duty nursing hours for the member so that the member's parent or legal guardian who is providing private duty nursing for the member can also work outside the home or for respite.
- F. Member's parent or legal guardian is ineligible to participate in the program delivering required services because of a medical condition or disability of the parent or legal guardian;
- G. Services that can be provided safely and effectively by a non-clinically trained person when a non-skilled caregiver is not available;
- H. Services that involve payment of family members or nonprofessional caregivers for services performed for the member.

Note: The absence of an available caregiver does not make the requested services skilled care and therefore is not criteria used for determining medical necessity of private duty nursing.

Background

Medically Complex: A member who has chronic debilitating diseases or conditions of one or more physiological or organ systems that make the person dependent upon 24-hour per day medical, nursing or health supervision or intervention.¹

Medically Fragile: A member who is medically complex and technologically dependent on medical equipment or procedures to sustain life. Examples include individuals who require total parenteral nutrition (TPN), are ventilator dependent, or are dependent on a heightened level of medical supervision to sustain life. Without such services, the member would likely expire without warning.¹

Home Health Services: medically necessary services provided to members in their home or community. Services can include home health visits (skilled nursing and home health aide services), family home health aide services, PDN, and personal care services.²

Family Home Health Aide Services: are services that are expected to be provided in combination with authorized PDN hours. Services must be managed by a non-related provider, non-legal guardian, or non-caretaker relative RN who is employed by a home health agency and authorized to provide PDN services.²

Family Home Health Aide Benefit:

Family home health aide services can provide up to eight hours per day of family home health aide services to members under the age of 21 years receiving PDN services. Members should be under the care of a treating practitioner and have an order for family home health aide services.²

Private Duty Nursing Services: are services that are medically necessary skilled nursing services that can be provided to members under the age of 21 in their home or other authorized settings to support the care required by their complex medical problems and require more extensive and continual care than can be provided through a home health nurse visit. Private duty nursing is

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furnished for the purposes of performing skilled interventions or monitoring the effects of prescribed treatment.²

Private Duty Nursing Benefit:

Private duty nursing (PDN) services provide skilled nursing services for members who are under the age of 21. The services must be provided in the member's home or other authorized setting to support the care required by the child's medically complex condition(s). Providers should include assessments from the PDN service provider as well as the treating physician.²

PDN is considered for members:

- Who have complex medical problems
- Require more extensive and continual care than can be provided through a home health nurse visit

Upon receipt of the information provided by the treating physician, the Sunshine Health utilization management nurse review for medical necessity for private duty nursing will consider such criteria as²:

- Home environment
- Care required in the home or other authorized setting
- Current documentation of organ system dysfunction including but not limited to:
 - Genitourinary system
 - Initiate/continue teaching of self-catheterization and voiding schedule
 - Catheter change/irrigation/reinsertion
 - Post void residual
 - Suprapubic tube
 - Cardiovascular system
 - Significant arrhythmias
 - Blood pressure monitoring
 - Signs of congestive heart failure
 - Endocrine system
 - Fluid monitoring for diabetes insipidus
 - Care for diabetes mellitus including:
 - Insulin injections/pump
 - Blood sugar testing/monitoring
 - Diet/Meal planning
 - Eye/foot/skin care
 - Gastrointestinal system and nutrition
 - Initiate/continue teaching of prescribed bowel regimen
 - Manual disimpaction
 - Aspiration precautions
 - Feeding tube care (includes pump management)
 - TPN
 - Formula medication administration
 - Site care/dressing
 - Hematologic system

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- Administration of injectable anticoagulants
- Neurologic system
 - Seizure precautions/interventions
 - Vagal nerve stimulator
- Musculoskeletal system
 - Cast care
 - Wound care
 - Decubiti/pressure ulcers
- Respiratory system
 - Tracheostomy care
 - Technology dependent child

This information is reviewed to determine the medical necessity of requested services and the level of support based on evidence-based (e. g. InterQual) criteria supplemented by information in this policy.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
S9123	Nursing care, in the home; by registered nurse, per hour
S9124	Nursing care, in the home; by licensed practical nurse, per hour
S9122	Home health aide or certified nursing assistant, providing care in the home, per hour

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date		06/15
Annual review; Reference to FL.UM.02.02 updated to reflect new condensed policy FL.UM.02 Practice Guidelines and Clinical Criteria policy and procedure; Added language to clarify that a servicing provider may request to have a parent or legal guardian provide PDN for a member and is required to completed and submit the “Sunshine Health Request for Authorization for Private Duty Nursing by a Parent or Legal Guardian” form; New form created; Clarified internal		08/16

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
communication between UM and CM teams re: form approval; clarified that the PDN policy applies to LTC, MMA, CW and HK. However, for HK, while there is a PDN benefit, the parent cannot be the nurse that is paid to provide PDN services.		
Annual review; References to AHCA Provider General Handbook and Home Health Visit Services Coverage policy updated. Updated title of Policy FL.UM.02 - Use of Clinical Criteria.		11/17
Annual review; Adjusted review process. Added link to Private Duty Nursing		03/19
Policy update; removed LTC; updated Healthy Kids information to add benefit limitations		07/19
Annual review; removed Health Kids. Updated AHCA coverage policies for PDN and HH visits.		07/20
Annual review; no changes needed		08/21
Annual review; Expanded product lines and added “specific clinical information/criteria”		04/22
Policy update; updated 1D from There is a signed plan of care or order for the requested services to There is a signed plan of care and order for the requested services		07/22
Transitioned policy to new state specific template and sent to market for approval; policy number changed from FL.UM.26.00 to FL.CP.MP.12.	08/23	
Annual review. HCPCS codes added. References reviewed and updated.	07/24	
Annual review. Policy title adjusted to reflect updated FL specific policy Private duty nursing and family HHA. "For medically fragile children" added to policy title for clarity. Description updated. Reworded Criteria I. and Criteria III. Section V. added to provide criteria for family home health aide services. Background updated. Codes reviewed. References reviewed and updated.	06/26	

References

1. Agency for Health Care Administration. Provider general handbook. http://ahca.myflorida.com/medicaid/review/General/59G_5020_Provider_General_REQUIREMENTS.pdf. Effective July 2012. Accessed May 1, 2026.
2. Agency for Health Care Administration. Private duty nursing and family home health aide services coverage policy. https://ahca.myflorida.com/content/download/7036/file/59G-4.261%20Private%20Duty%20Nursing%20Services%20Coverage%20Policy_FINAL.pdf. Effective September 2024. Accessed May 1, 2026.
3. Agency for Health Care Administration. Statewide Medicaid managed care long-term care program coverage policy. https://ahca.myflorida.com/content/download/5952/file/59G-4.192_LTC_Program_Policy.pdf. Effective March 2017. Accessed May 4, 2026.

Important Reminder

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This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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