



Private Duty Nursing for STAR KIDS, STAR, and CHIP Members

What is required when billing for Private Duty Nursing Services?

Texas Health and Human Services Commission (HHSC), covers private duty nursing (PDN) services for eligible Texas Medicaid members through age 20. This includes Children’s Health Insurance Program (CHIP), State of Texas Access Reform (STAR) and STAR Kids members. PDN services need the level of care provided by registered nurses or licensed vocational nurses inside the home.

Criteria for Private Duty Nursing Services

To be eligible for PDN services, members must meet the medical necessity criteria and need individualized, continuous and professional care beyond the level of skilled nursing visits. All necessary PDN services are also available to Medicaid members under the age of 20 who are eligible for Texas Health Steps (THStep) in order promote independence and support living at home.

What is considered medically necessary services?

PDN services are necessary when a member has a disability, chronic condition or physical or mental illness that requires continuous observation and intervention to improve his or her health.

Unique billing requirements for PDN

The nature of services provided by a PDN may need some special billing requirements:

- Billing all hours worked on one day together - even if they involve two shifts.
 - (i.e. if Nurse A works 7 a.m. to 11 a.m. and then returns and works from 7 p.m. to 11 p.m., you must bill services for 8 hours (32 15-minute units) on one detail for that date of service.)
- We will not reimburse an enrolled nurse for more than 16 hours of PDN services in 1 day.
- Submitting procedure code T1000 with modifiers TD, U3 and UA are necessary for reimbursement for PDN in increments up to 15 minutes when provided by an independently enrolled RN to a client who has a tracheostomy or is ventilator dependent.

Diagnosis Codes for Specialized Services

Claims must include the appropriate modifier for reimbursement. Always use the appropriate corresponding diagnosis code from the table below when using a UA modifier to state the delivery of specialized services for member needs involving a tracheostomy or members that are ventilator dependent.

Diagnosis	Description
J95.00	Unspecified tracheostomy complication
J95.01	Hemorrhage from tracheostomy stoma
J95.02	Infection of tracheostomy stoma
J95.03	Malfunction of tracheostomy stoma




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J95.04	Tracheo-esophageal fistula following tracheostomy
J95.09	Other tracheostomy complication
J95.850	Mechanical complication of respirator
Z43.0	Encounter for attention to tracheostomy
Z93.0	Tracheostomy status
Z99.0	Dependence on aspirator
Z99.11	Dependence on respirator (ventilator) dependence during power failure
Z99.12	Encounter for respirator (ventilator) dependence during power failure
Z99.81	Dependence on supplemental oxygen
Z99.89	Dependence on other enabling machines and devices

For additional information please visit [www. tmhp.com](http://www.tmhp.com) or [Texas Medicaid Provider Procedures Manual](#). 

Have questions?

Contact our Medicaid provider call center at 1-877-560-8055 or contact your Medicaid Provider Network Representative at 1-855-212-1615.

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