

5160-12-06

**Reimbursement: private duty nursing services.**

- (A) Definitions of terms used for billing private duty nursing services (PDN) rates set forth in appendix A to this rule are:
- (1) "Base rate," as used in this rule and appendix A to this rule, means the amount ~~paid for up to the first four units of~~ reimbursed by Ohio medicaid for the initial thirty-five to sixty minutes of service delivered.
  - (2) "Unit rate," as used in this rule and appendix A to this rule, means the amount ~~paid for~~ reimbursed by Ohio medicaid for each fifteen minute units of service delivered when the initial visit is: following the base rate paid for the first four units of service delivered.
    - (a) Greater than sixty minutes in length; or
    - (b) less than or equal to thirty-four minutes in length.
- (B) PDN services are delivered and billed as PDN visits in accordance with rules ~~5101:3-12-02~~5160-12-02, ~~5101:3-12-2.3~~5160-12-2.3 and ~~5101:3-12-04~~5160-12-04 of the Administrative Code. The services ~~are~~ must be provided by medicare certified home health agencies, "otherwise accredited agencies," or "non-agency nurses." PDN service rates are identified in appendix A to this rule.
- (C) The amount of reimbursement for a PDN visit shall be the lesser of the provider's billed charge or the medicaid maximum rate. The medicaid maximum rate is determined by using a combination of the base rate and unit rate found in appendix A to this rule using the number of units of service (~~one unit equals fifteen minutes~~) that were provided during a visit in accordance with this chapter. ~~The medicaid maximum rate for a private duty nursing visit is the amount of the base rate plus the unit rate amount for each unit over four units.~~
- (D) The amount of reimbursement for a PDN visit shall be the lesser of the provider's billed charge or seventy-five per cent of the total medicaid maximum as specified in paragraph ~~(B)~~(C) of this rule when billing with the modifier HQ "group setting" for group visits conducted in accordance with rule ~~5101:3-12-04~~5160-12-04 of the Administrative Code.
- (E) The modifiers set forth in appendix B to this rule must be used to provide additional information in accordance with this chapter. A visit made for the purpose of home infusion therapy in accordance with 5160-12-02 of the Administrative Code must be billed using the U1 modifier.
- (F) A visit conducted by a registered nurse (RN) for the provision of PDN services must

be billed to Ohio medicaid using the TD modifier. A visit conducted by a licensed practical nurse (LPN) for the provision of PDN services must be billed to Ohio medicaid using the TE modifier.

- (F) ~~Reimbursement must be provided in accordance with paragraphs (A) to (D) of rule 5101:3-1-60 of the Administrative Code.~~
- (G) Providers of PDN will not be reimbursed for PDN services provided to ~~a consumer~~ an individual that duplicate services already paid by medicaid or another funding source. For example, if the facility/home where a residential state supplemental recipient or individual receiving medicaid ~~consumer~~ resides, such as an adult foster home, adult family home, adult group home, ~~ICF/MR~~, residential care facility, ~~community alternative home~~, or other facility is paid to provide nursing services, ~~then~~ PDN services are not reimbursable by medicaid.
- (H) Providers of PDN ~~will~~ may be reimbursed for PDN services provided to ~~a consumer~~ an individual who resides in a facility/home if the provider has written documentation from a facility/home (i.e., ~~an adult foster home, adult family home, adult group home, residential care facility, community alternative home, or other facility~~) stating that the facility/home is not responsible for providing the same or similar PDN services to the ~~consumer~~ individual.
- (I) PDN services provided to the ~~consumer~~ individual enrolled in the assisted living HCBS home and community based services waiver in accordance with rule ~~5101:3-1-60~~ 5160-1-60 and Chapter 173-39 of the Administrative Code do not constitute a duplication of services.

Effective:

Five Year Review (FYR) Dates: 04/14/2015

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Certification

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Date

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