

5101:3-12-06

**Reimbursement: private duty nursing services.**

- (A) Private duty nursing (PDN) services are delivered and billed in accordance with this chapter by medicare certified home health agencies, "otherwise accredited agencies", or "non-agency nurses". (See appendix A for the PDN service rates.) A PDN visit must be more than four hours (sixteen units) per visit but less than or equal to twelve hours (forty-eight units) per visit, unless an unusual circumstance requires a visit up to and including sixteen hours (sixty four units).
- (B) The amount of reimbursement for a 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 using the number of units of service (one unit equals fifteen minutes) that were provided during a visit in accordance with this chapter. A medicaid maximum for a private duty nursing visit is the amount of the base rate plus the unit rate amount for each unit over four units.
- (C) The amount of reimbursement for a 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) of this rule when billing with the modifier HQ "group setting" for group visits.
- (D) The modifiers set forth in appendix B must be used to provide additional information in accordance with this chapter.
- (E) Reimbursement must be provided in accordance with paragraphs (A) to (D) of rule 5101:3-1-60 of the Administrative Code.
- (F) Providers of PDN will not be reimbursed for PDN services provided to a consumer that duplicate services already paid by medicaid or another funding source. For example, if the facility/home where a residential state supplemental recipient or 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.

Replaces: Part of 5101:3-1-07, 5101:3-12-10

Effective:

R.C. 119.032 review dates:

---

Certification

---

Date

Promulgated Under: 119.03  
Statutory Authority: 5111.02  
Rule Amplifies: 5111.01, 5111.02, 5111.85  
Prior Effective Dates: 5/1/87, 4/1/88, 5/15/89, 7/1/98