

Private Duty Nursing Services (for Kentucky Only)

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[Instructions for Use](#)

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Related Policies

- [Home Health Care Services \(for Kentucky Only\)](#)
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Application

This Medical Policy only applies to the state of Kentucky.

Coverage Rationale

Private Duty Nursing services with **Skilled Care** are covered in certain circumstances. These services are covered according to the federal, state, and contractual requirements and only when meeting the definition of **Skilled Care** below. Once the coverage for Skilled Care has been established, for the number of Private Duty Nursing hours, refer to the InterQual® LOC: Home Care Q & A, Private Duty Nursing (PDN) Assessment.

[Click here to view the InterQual® criteria.](#)

Requests should be documented using Home Health Certification (CMS-485) which includes the plan of care signed by a physician (M.D. or D.O.) or signed by an advanced practitioner (NP, CNS, or PA) in accordance with applicable law and regulation.

Additional Information

A Private Duty Nursing service may be covered in a setting other than in the member's home if the service is provided during a normal life activity of the member that requires the member to be out of his or her home. [\[Kentucky Administrative Regulations \(KAR\), Title 907, Chapter 013, Regulation 010: Private Duty Nursing service coverage provisions and requirements\]](#)

Definitions

Refer to the federal, state and contractual definitions that may supersede the definitions below.

Private Duty Nursing: The delivery of Skilled Nursing Services (902 KAR 20:370).

Skilled Care: A type of health care given when you need skilled nursing or rehabilitation staff to manage, observe, and evaluate your care (CMS Glossary).

Skilled Nursing Services: The delivery of nursing care to a patient of a Private Duty Nursing agency that:

- (a) Exceeds the level of routine health monitoring;
- (b) Is clinically appropriate;
- (c) Is provided on a continuous basis or as part-time or short-term nursing care;

- (d) Is subject to:
 - 1. A nursing reassessment no less than every ninety (90) days; and
 - 2. Frequent changes in the plan of treatment;
 - (e) Is based on the expectation that the service will improve, restore, or maintain function, or slow the patient's decline of the disease or functional ability; and
 - (f) Includes skilled interventions provided directly by a licensed nurse. Examples of skilled interventions may include:
 - 1. Bowel and bladder care;
 - 2. Administering medications or oxygen;
 - 3. Furnishing infusion therapy services;
 - 4. Medication setups;
 - 5. Treating decubitus ulcers, skin breakdown, or other types of wound care; or
 - 6. Ventilation care.
- (902 KAR 20:370)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPSC Code	Description
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes

References

Centers for Medicare & Medicaid Services. Glossary. Available at: <https://www.cms.gov/glossary>. Accessed May 8, 2024.

Kentucky Administrative Regulations (KAR), Title 902, Chapter 020, Regulation 370: Operations and services; private duty nursing agencies. Available at: <https://apps.legislature.ky.gov/law/kar/titles/902/020/370/>. Accessed May 28, 2024.

Kentucky Administrative Regulations (KAR), Title 907, Chapter 013, Regulation 010: Private duty nursing service coverage provisions and requirements. Available at: <https://apps.legislature.ky.gov/law/kar/titles/907/013/010/>. Accessed May 28, 2024.

Kentucky Administrative Regulations (KAR), Title 907, Chapter 013, Regulation 015: Private duty nursing service or supply reimbursement provisions and requirements. Available at: <https://apps.legislature.ky.gov/law/kar/titles/907/013/015/>. Accessed May 28, 2024.

Policy History/Revision Information

Date	Summary of Changes
01/01/2025	<p>Coverage Rationale</p> <ul style="list-style-type: none"> • Revised coverage guidelines to indicate: <ul style="list-style-type: none"> ○ Private Duty Nursing services with Skilled Care are covered in certain circumstances <ul style="list-style-type: none"> ▪ These services are covered according to the federal, state, and contractual requirements and only when meeting the definition of Skilled Care [listed in the policy] ▪ Once the coverage for Skilled Care has been established, for the number of Private Duty Nursing hours, refer to the InterQual® LOC: Home Care Q & A, Private Duty Nursing (PDN) Assessment ○ Requests should be documented using <i>Home Health Certification</i> (CMS-485) which includes the plan of care signed by a physician (M.D. or D.O.) or signed by an advanced practitioner (NP, CNS, or PA) in accordance with applicable law and regulation ○ A Private Duty Nursing service may be covered in a setting other than in the member's home if the service is provided during a normal life activity of the member that requires the member to be out of his or her home • Removed content addressing: <ul style="list-style-type: none"> ○ Documentation requirements ○ Private Duty Nursing (PDN) Acuity Tool

Date	Summary of Changes
	<p>Definitions</p> <ul style="list-style-type: none"> Removed definition of “Intermittent Care” Updated definition of: <ul style="list-style-type: none"> Private Duty Nursing Skilled Nursing Services <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> sections to reflect the most current information Removed <i>Benefit Considerations</i>, <i>Clinical Evidence</i>, and <i>FDA</i> sections Archived previous policy version CS102KY.04

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Kentucky Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.