

# Private Duty Nursing Services (for North Carolina Only)

**Policy Number:** CSNC.MP.017.07  
**Effective Date:** January 1, 2025

[Instructions for Use](#)

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## Related Policies

- [Home Health, Skilled, and Custodial Care Services \(for North Carolina Only\)](#)
- [Home Hemodialysis \(for North Carolina Only\)](#)

## Application

This Medical Policy only applies to the State of North Carolina.

## Coverage Rationale

### Beneficiaries Age 21 and Older

For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Community-Based Services: 3G-1, Private Duty Nursing for Beneficiaries Age 21 and Older](#).

### Beneficiaries Under 21 Years of Age

For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Community-Based Services: 3G-2, Private Duty Nursing for Beneficiaries Under 21 Years of Age](#).

For beneficiaries under 21 years of age, refer to the InterQual® LOC: Home Care Q & A, Private Duty Nursing (PDN) Assessment as a guideline to determine the number of hours of private duty nursing services needed by the member.

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

## 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.

CPT Code	Description
T1000	Private duty/independent nursing service(s) – licensed, up to 15 minutes
*T1002	RN services, up to 15 minutes

*CPT® is a registered trademark of the American Medical Association*

HCPCS Code	Description
S9123	Nursing care, in the Home; by registered nurse, per hour

HCPCS Code	Description
*S9124	Nursing care, in the Home; by licensed practical nurse, per hour

Codes labeled with an asterisk (\*) are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program.

## References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Private Duty Nursing for Beneficiaries Age 21 and Older, No: 3G-1 Available at: <https://medicaid.ncdhhs.gov/3g-1-private-duty-nursing-beneficiaries-age-21-and-older/download?attachment>. Accessed June 25, 2024.

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Private Duty Nursing for Beneficiaries Under 21 Years of Age, No: 3G-2 Available at: <https://medicaid.ncdhhs.gov/3g-2-private-duty-nursing-beneficiaries-under-21-years-age/download?attachment>. Accessed June 25, 2024.

## Policy History/Revision Information

Date	Summary of Changes
01/01/2025	<p><b>Coverage Rationale</b>  <b>Beneficiaries Age 21 and Older</b></p> <ul style="list-style-type: none"> <li>Removed coverage statement</li> </ul> <p><b>Beneficiaries Under 21 Years of Age</b></p> <ul style="list-style-type: none"> <li>Removed coverage statement</li> <li>Revised language pertaining to medical necessity clinical coverage criteria: <ul style="list-style-type: none"> <li>Removed references to the MCG™ Care Guidelines, [27<sup>th</sup> edition, 2023], Private Duty Nursing, PDN-2001 (HC)</li> <li>Added instruction to refer to the InterQual® LOC: Home Care Q &amp; A, Private Duty Nursing (PDN) Assessment as a guideline to determine the number of hours of private duty nursing services needed by the member</li> </ul> </li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>Added notation to indicate HCPCS codes T1002 and S9124 are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version CSNC.MP.017.06</li> </ul>

## 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 may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies 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.