

# Private Duty Nursing Services (for Ohio Only)

**Policy Number:** CS102OH.D  
**Effective Date:** January 1, 2025

[Instructions for Use](#)

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## Related Policies

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

## Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

## Coverage Rationale

For medical necessity clinical coverage criteria, refer to the [Ohio Administrative Code, Rule 5160-12-02, Private duty nursing services: provision requirements, coverage and service specification](#).

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 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.](#)

## Definitions

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

**Private Duty Nursing:** Provision of continuous Skilled Care from Registered Nurses (RNs) or Licensed Practical Nurses (LPNs) under the direction of the member's physician (CFR § 440.80).

**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 Care:** A level of care that includes services that can only be performed safely and correctly by a licensed nurse (either a registered nurse or a licensed practical nurse) (CMS Glossary).

## 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.

HCPCS Code	Description
S9123	Nursing care, in the Home; by registered nurse, per hour
S9124	Nursing care, in the Home; by licensed practical nurse, per hour
T1000	Private duty/independent nursing service(s) – licensed, up to 15 minutes
T1001	Nursing assessment/evaluation

## References

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

Code of Federal Regulations, §440.80 Private duty nursing services: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-A/section-440.80>. Accessed May 8, 2024.

Ohio Administrative Code/5160/Chapter 5160-1-01. Medicaid medical necessity: definitions and principles. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01>. Accessed June 5, 2024.

Ohio Administrative Code/5160/Chapter 5160-12 Rule 5160-12-02. Private duty nursing services: provision requirements, coverage and service specification. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-12-02>. Accessed June 5, 2024.

## Policy History/Revision Information

Date	Summary of Changes
01/01/2025	<p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"><li>Added language to clarify <i>once the coverage for Skilled Care has been established, for the number of Private Duty Nursing hours</i>, refer to 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> <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 CS102OH.C</li></ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC) 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 Ohio 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.