

Private Duty Nursing Services

Policy Number: CS102.T
Effective Date: January 1, 2025

[➔ Instructions for Use](#)

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Related Community Plan Policies
<ul style="list-style-type: none"> Home Health, Skilled, and Custodial Care Services Home Hemodialysis
Commercial Policy
<ul style="list-style-type: none"> Private Duty Nursing Services

Application

This Medical Policy does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:

State	Policy/Guideline
Florida	Private Duty Nursing Services (for Florida Only)
Indiana	None
Kentucky	Private Duty Nursing Services (for Kentucky Only)
Louisiana	Private Duty Nursing (PDN) and Extended Home Health (EHH) Services (for Louisiana Only)
Mississippi	Private Duty Nursing Services (for Mississippi Only)
Nebraska	Private Duty Nursing Services (for Nebraska Only)
New Jersey	Private Duty Nursing Services (for New Jersey Only)
New Mexico	Private Duty Nursing Services (for New Mexico Only)
North Carolina	Private Duty Nursing Services (for North Carolina Only)
Ohio	Private Duty Nursing Services (for Ohio Only)
Pennsylvania	None
Tennessee	None

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.

Medical Records Documentation Used for Reviews

Benefit coverage for health services is determined by the federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the services requested; refer to the protocol titled [Medical Records Documentation Used for Reviews](#).

Definitions

Check 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
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes
The following private duty nursing codes may be applicable based on the state contract and/or Medicaid Fee Schedule.	
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
S9124	Nursing care, in the home; by licensed practical nurse, per hour
T1001	Nursing assessment/evaluation
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes
T1030	Nursing care, in the home, by registered nurse, per diem
T1031	Nursing care, in the home, by licensed practical nurse, per diem

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.

Policy History/Revision Information

Date	Summary of Changes
01/01/2025	Coverage Rationale <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

Date	Summary of Changes
	<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 <p>Medical Records Documentation Used for Reviews (<i>previously titled Documentation Requirements</i>)</p> <ul style="list-style-type: none"> ● Replaced list of required clinical information (previously addressed in the <i>Coverage Rationale</i> section of the policy) with instruction to refer to the protocol titled Medical Records Documentation Used for Reviews <p>Definitions</p> <ul style="list-style-type: none"> ● Removed definition of: <ul style="list-style-type: none"> ○ Custodial Care ○ Intermittent Care <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>References</i> sections to reflect the most current information ● Removed <i>Additional State Considerations</i>, <i>Benefit Considerations</i>, <i>Clinical Evidence</i>, and <i>FDA</i> sections ● Archived previous policy version CS102.S

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.