

Private Duty Nursing Services (for Kansas Only)

Policy Number: CS102KS.01

Effective Date: June 1, 2025

[Instructions for Use](#)

| Table of Contents | Page |
|---|------|
| Application | 1 |
| Coverage Rationale | 1 |
| Definitions | 1 |
| Applicable Codes | 1 |
| References | 2 |
| Policy History/Revision Information | 2 |
| Instructions for Use | 2 |

Related Policies

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

Application

This Medical Policy only applies to the state of Kansas.

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.

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 |
|------------|--|
| 06/01/2025 | <ul style="list-style-type: none"> New Medical Policy |

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) criteria for substance use disorder (SUD) services, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies that have been approved by the Kansas Department of Health and Environment. 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.