

Private Duty Nursing Services

Policy Number: HOME 003.26
Effective Date: September 1, 2024

[Instructions for Use](#)

Table of Contents	Page
Coverage Rationale	1
Medical Records Documentation Used for Reviews	1
Applicable Codes	1
Benefit Considerations	1
References	2
Policy History/Revision Information	3
Instructions for Use	3

Related Policies
<ul style="list-style-type: none"> Home Health, Skilled and Custodial Care Services Home Hemodialysis

Coverage Rationale

Private duty nursing services with Skilled Care are covered in certain circumstances. These services are covered according to the benefit plan document 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 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 member specific benefit plan document 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 service requested; refer to the protocol titled [Medical Records Documentation Used for Reviews](#).

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 the member specific benefit plan document 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 may apply.

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

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Benefit Considerations

Certain UnitedHealthcare plans exclude coverage for private duty nursing services with Skilled Care; most UnitedHealthcare plans exclude Custodial Care. Refer to the member specific benefit plan document for details.

Custodial Care: Services that are any of the following non-Skilled Care services:

- Non-health-related services, such as help with daily living activities. Examples include eating, dressing, bathing, transferring, and ambulating.
- Health-related services that that can safely and effectively be performed by trained non-medical personnel and are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function, as opposed to improving that function to an extent that might allow for a more independent existence. [UnitedHealthcare Insurance Company Generic Summary Plan Description (SPD), 2018]

Other examples of services which do not require the skills of qualified technical or professional personnel include, but are not limited to [Code of Federal Regulations, 42 CFR 409.33 (42 CFR 409.33), 2023]:

- Administration of routine oral medications, eye drops, and ointments;
- General maintenance care of colostomy and ileostomy;
- Routine services to maintain satisfactory functioning of indwelling bladder catheters;
- Changes of dressings for noninfected postoperative or chronic conditions;
- Prophylactic and palliative skin care, including bathing and application of creams, or treatment of minor skin problems;
- Routine care of the incontinent patient, including use of diapers and protective sheets;
- General maintenance care in connection with a plaster cast;
- Routine care in connection with braces and similar devices;
- Use of heat as a palliative and comfort measure, such as whirlpool and hydrocollator;
- Routine administration of medical gases after a regimen of therapy has been established;
- Assistance in dressing, eating, and going to the toilet;
- Periodic turning and positioning in bed.

Skilled Care: Skilled nursing, skilled teaching, skilled habilitation, and skilled rehabilitation services when all of the following are true:

- Must be delivered or supervised by licensed technical or professional medical personnel in order to obtain the specified medical outcome, and provide for the safety of the patient;
- Ordered by a Physician;
- Not delivered for the purpose of helping with activities of daily living, including dressing, feeding, bathing, or transferring from a bed to a chair;
- Requires clinical training in order to be delivered safely and effectively; and
- Not Custodial Care, which can safely and effectively be performed by trained non-medical personnel. (SPD, 2018)

Examples of services which require the skills of qualified technical or professional personnel include, but are not limited to (42 CFR 409.33, 2023):

- Intravenous injections;
- Intravenous feeding;
- Nasopharyngeal and tracheostomy aspiration;
- Insertion and sterile irrigation and replacement of suprapubic catheters;
- Treatment of extensive decubitus ulcers or other widespread skin disorder;
- Initial phases of a regimen involving administration of medical gases;
- Rehabilitation nursing procedures, including the related teaching and adaptive aspects of nursing, that are part of active treatment, e.g., the institution and supervision of bowel and bladder training programs.

References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Coverage Determination Guideline Committee. [MP.017.17]

Code of Federal Regulations. 42 CFR 409.33. Examples of skilled nursing and rehabilitation services. 2023. [https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-409/subpart-D/section-409.33#p-409.33\(b\)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-409/subpart-D/section-409.33#p-409.33(b)). Accessed April 3, 2024.

UnitedHealthcare Insurance Company Generic Certificate of Coverage, 2018.

UnitedHealthcare Insurance Company Generic Summary Plan Description, 2018.

Policy History/Revision Information

Date	Summary of Changes
09/01/2024	<p>Coverage Rationale</p> <ul style="list-style-type: none">Added language to indicate [private duty nursing] services are covered according to the member specific benefit plan document and only when meeting the definition of Skilled Care [listed in the policy]Replaced language indicating:<ul style="list-style-type: none">“Private duty nursing services with Skilled Care are <i>medically necessary</i> in certain circumstances” with “private duty nursing services with Skilled Care are <i>covered</i> in certain circumstances”“For medical necessity clinical coverage criteria, refer to the InterQual® LOC: Home Care Q & A, Private Duty Nursing (PDN) Assessment” with “once the coverage for Skilled Care has been established, refer to the InterQual® LOC: Home Care Q & A, Private Duty Nursing (PDN) Assessment for the number of private duty nursing hours” <p>Medical Records Documentation Used for Reviews (previously titled <i>Documentation Requirements</i>)</p> <ul style="list-style-type: none">Replaced list of <i>Required Clinical Information</i> with instruction to refer to the protocol titled Medical Records Documentation Used for Reviews <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version HOME 003.25

Instructions for Use

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

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

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