



Private Duty Nursing Services

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[Instructions for Use](#)

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

Application

UnitedHealthcare Commercial

This Medical Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Medical Policy applies to Individual Exchange benefit plans in all states except for Alabama, Arizona, Colorado, Florida, Georgia, Massachusetts, Mississippi, Tennessee, Texas, and Washington.

Coverage Rationale

See [Benefit Considerations](#)

Private duty nursing services with skilled care are medically necessary in certain circumstances; for medical necessity clinical coverage criteria, 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.

Documentation Requirements

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 documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

HCPCS Code*	Required Clinical Information
Private Duty Nursing Services	
T1000	<p>Medical notes documenting the following, when applicable:</p> <ul style="list-style-type: none"> ● <i>Home Health Certification (CMS-485)</i> 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 ● Provide the clinical assessment including the days and hours of private duty nursing that is being requested [e.g., 8 hours a day x 5 days a week (9 am – 5 pm)] ● Details if the request is being made post-inpatient facility discharge ● Provide details of the caregiver(s) status, including: <ul style="list-style-type: none"> ○ Willingness to participate ○ Availability including: <ul style="list-style-type: none"> ▪ Hours in the home ▪ Work schedule(s), including days and hours worked per day ▪ Ability to learn and provide care ● Consultation notes if the member is receiving services from subspecialist ● Complete medication administration record ● Physician-ordered clinical assessment(s), including need and frequency for related services: <ul style="list-style-type: none"> ○ Tracheostomy and status of airway issues ○ Respiratory support, including: <ul style="list-style-type: none"> ▪ Oxygen therapy ▪ Noninvasive positive pressure ventilation (NIPPV) ▪ Mechanical ventilator status including documentation of weaning, if applicable ▪ Need for nasal or oral suctioning ▪ Nebulizer treatments ▪ High-frequency chest wall oscillation (HFCWO) ▪ Chest therapy ○ Blood draws ○ Feeding ○ Elimination ○ Seizure activity, frequency, and applicable interventions needed ○ Wound care, including type of wound, type of dressing, and frequency of dressing changes ○ Assistance with activities of daily living (ADLs) ○ Use of a mobility device ○ Ability to transfer ○ Use of cast, splint, brace, or assistance with passive range of motion ○ Communication limitations ○ Behavioral issues ○ Cognitive or sensory impairment issues

*For code description, refer to the [Applicable Codes](#) section.

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 and Guidelines may apply.

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

Benefit Considerations

Certain UnitedHealthcare plans exclude coverage for private duty nursing services with skilled care and most UnitedHealthcare plans exclude custodial care; refer to the member specific 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 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

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)).

UnitedHealthcare Insurance Company Generic Certificate of Coverage, 2018.

Private Duty Nursing Services

UnitedHealthcare Commercial and Individual Exchange Medical Policy

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Policy History/Revision Information

Date	Summary of Changes
11/01/2023	<p>Template Update</p> <ul style="list-style-type: none"> Changed policy type classification from “Coverage Determination Guideline” to “Medical Policy” <p>Coverage Rationale</p> <ul style="list-style-type: none"> Revised language to indicate: <ul style="list-style-type: none"> Private duty nursing services with skilled care are medically necessary in certain circumstances; for medical necessity clinical coverage criteria, refer to the InterQual® LOC: Home Care Q & A, Private Duty Nursing (PDN) Assessment Requests should be documented using <i>Home Health Certification (CMS-485)</i> 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>Documentation Requirements (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate medical notes documenting the following (when applicable) are required: <ul style="list-style-type: none"> <i>Home Health Certification (CMS-485)</i> 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 Provide the clinical assessment including the days and hours of private duty nursing that is being requested [e.g., 8 hours a day x 5 days a week (9 am-5 pm)] Details if the request is being made post-inpatient facility discharge Provide details of the caregiver(s) status including: <ul style="list-style-type: none"> Willingness to participate Availability including: <ul style="list-style-type: none"> Hours in the home Work schedule(s), including days and hours worked per day Ability to learn and provide care Consultation notes if the member is receiving services from subspecialist Complete medication administration record Physician-ordered clinical assessment(s), including need and frequency for related services: <ul style="list-style-type: none"> Tracheostomy and status of airway issues Respiratory support, including: <ul style="list-style-type: none"> Oxygen therapy Noninvasive positive pressure ventilation (NIPPV) Mechanical ventilator status including documentation of weaning, if applicable Need for nasal or oral suctioning Nebulizer treatments High-frequency chest wall oscillation (HFCWO) Chest therapy Blood draws Feeding Elimination Seizure activity, frequency, and applicable interventions needed Wound care, including type of wound, type of dressing, and frequency of dressing changes Assistance with activities of daily living (ADLs) Use of a mobility device Ability to transfer Use of cast, splint, brace, or assistance with passive range of motion Communication limitations Behavioral issues Cognitive or sensory impairment issues

Date	Summary of Changes
	<p>Benefit Considerations (new to policy)</p> <ul style="list-style-type: none"> ● Added language to indicate certain UnitedHealthcare plans exclude coverage for private duty nursing services with skilled care and most UnitedHealthcare plans exclude custodial care; refer to the member specific plan document for details ● Added definition of “custodial care” and “skilled care” ● Added lists of examples for: <ul style="list-style-type: none"> ○ Services which do not require the skills of qualified technical or professional personnel ○ Services which require the skills of qualified technical or professional personnel <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>References</i> section to reflect the most current information ● Removed <i>Definitions</i> section ● Archived previous policy version CDG.017.14

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare 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 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.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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