Private Duty Nursing Services

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➲ Instructions for Use

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Related Commercial/Individual Exchange Policies

- Home Health, Skilled, and Custodial Care Services

Community Plan Policy

- Private Duty Nursing Services

Application

UnitedHealthcare Commercial

This Medical Policy applies to UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Medical Policy applies to Individual Exchange benefit plans in all states except for Alabama, Arizona, Florida, Georgia, Massachusetts, Mississippi, Nebraska, New Mexico, South Carolina, Tennessee, Texas, Washington, and Wisconsin.

Coverage Rationale

➲ See Benefit Considerations

Private duty nursing services with skilled care are covered in certain circumstances. These services are covered according to the member specific 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 (MD or DO) 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 guidelines titled Medical Records Documentation Used for Reviews.

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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 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;
- General supervision of exercises which have been taught to the patient.

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 or intramuscular injections and intravenous feeding;
- Enteral feeding that comprises at least 26 percent of daily calorie requirements and provides at least 501 milliliters of fluid per day;
- Nasopharyngeal and tracheostomy aspiration;

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- Insertion and sterile irrigation and replacement of suprapubic catheters;
- Application of dressings involving prescription medications and aseptic techniques;
- Treatment of extensive decubitus ulcers or other widespread skin disorder;
- Heat treatments which have been specifically ordered by a physician as part of active treatment and which require observation by nurses to adequately evaluate the patient's progress;
- 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. 2026. Available at: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-409/subpart-D/section-409.33 . Accessed March 11, 2026.

UnitedHealthcare Insurance Company Generic Certificate of Coverage, 2018.

UnitedHealthcare Insurance Company Generic Summary Plan Description, 2018.

Policy History/Revision Information

Date	Summary of Changes

08/01/2026	**Benefit Considerations**
	Custodial Care
	• Updated list of examples of services that do not require the skills of qualified technical or professional personnel; added "general supervision of exercises which have been taught to the patient"
	Skilled Care
	• Updated list of examples of services that require the skills of qualified technical or professional personnel:
	  ○ Added:
	  ▪ Application of dressings involving prescription medications and aseptic techniques
	  ▪ Enteral feeding that comprises at least 26 percent of daily calorie requirements and provides at least 501 milliliters of fluid per day
	  ▪ Heat treatments which have been specifically ordered by a physician as part of active treatment and which require observation by nurses to adequately evaluate the patient's progress
	  ○ Replaced "intravenous injections" with "intravenous *or intramuscular* injections"
	Supporting Information
	• Updated *References* section to reflect the most current information
	• Archived previous policy version MP.017.21

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, 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

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independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

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