

Private Duty Nursing Services (for Florida Only)

Policy Number: CS102FL.I

Effective Date: September 1, 2025

[➔ Instructions for Use](#)

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Related Policy
<ul style="list-style-type: none"> Home Hemodialysis

Application

This Medical Policy only applies to the state of Florida.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the [Florida Medicaid Private Duty Nursing and Family Home Health Aide Services Coverage 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.

[Click here to view the InterQual® criteria.](#)

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

Florida Medicaid. Private Duty Nursing Services Coverage Policy. Agency for Health Care Administration. Sep 2024. https://ahca.myflorida.com/medicaid/review/Specific/59G-4-261_Private_Duty_Nursing_Services_Coverage_Policy.pdf. Accessed June 6, 2025.

Policy History/Revision Information

Date	Summary of Changes
09/01/2025	Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version CS102FL.H

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. 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.