

# Private Duty Nursing Services (for Kentucky Only)

**Policy Number:** CS102KY.06  
**Effective Date:** May 1, 2026

[Instructions for Use](#)

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## Related Policy

- [Home Health Care Services \(for Kentucky Only\)](#)

## Application

This Medical Policy only applies to the state of Kentucky.

## Coverage Rationale

### State-Specific Criteria

For service coverage provisions and requirements of Private Duty Nursing services refer to [Kentucky Administrative Regulations \(KAR\), Title 907, Chapter 013, Regulation 010: Private Duty Nursing service coverage provisions and requirements](#).

### Non–State-Specific Criteria

**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.

## Medical Records Documentation Used for Reviews

Benefit coverage for health services is determined by the federal, state, or contractual requirements 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.

The patient's medical record must contain documentation that fully supports the medical necessity for the requested services. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request.

## Definitions

Refer to the federal, state and contractual definitions that may supersede the definitions below.

**Private Duty Nursing:** The delivery of Skilled Nursing Services (902 KAR 20:370).

**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 Services:** The delivery of nursing care to a patient of a Private Duty Nursing agency that:

- (a) Exceeds the level of routine health monitoring;
- (b) Is clinically appropriate;
- (c) Is provided on a continuous basis or as part-time or short-term nursing care;
- (d) Is subject to:
  - 1. A nursing reassessment no less than every ninety (90) days; and
  - 2. Frequent changes in the plan of treatment;
- (e) Is based on the expectation that the service will improve, restore, or maintain function, or slow the patient's decline of the disease or functional ability; and
- (f) Includes skilled interventions provided directly by a licensed nurse. Examples of skilled interventions may include:
  - 1. Bowel and bladder care;
  - 2. Administering medications or oxygen;
  - 3. Furnishing infusion therapy services;
  - 4. Medication setups;
  - 5. Treating decubitus ulcers, skin breakdown, or other types of wound care; or
  - 6. Ventilation care.

(902 KAR 20:370)

## 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

## References

Centers for Medicare & Medicaid Services. Glossary. Available at: <https://www.cms.gov/glossary>. Accessed April 1, 2025.

Kentucky Administrative Regulations (KAR), Title 902, Chapter 020, Regulation 370: Operations and services; private duty nursing agencies. Available at: <https://apps.legislature.ky.gov/law/kar/titles/902/020/370/>. Accessed May 23, 2025.

Kentucky Administrative Regulations (KAR), Title 907, Chapter 013, Regulation 010: Private duty nursing service coverage provisions and requirements. Available at: <https://apps.legislature.ky.gov/law/kar/titles/907/013/010/>. Accessed May 23, 2025.

Kentucky Administrative Regulations (KAR), Title 907, Chapter 013, Regulation 015: Private duty nursing service or supply reimbursement provisions and requirements. Available at: <https://apps.legislature.ky.gov/law/kar/titles/907/013/015/>. Accessed May 23, 2025.

## Policy History/Revision Information

Date	Summary of Changes
05/01/2026	<p data-bbox="337 201 613 233"><b>Coverage Rationale</b></p> <ul data-bbox="337 233 1503 327" style="list-style-type: none"><li>Removed language indicating a Private Duty Nursing service may be covered in a setting other than in the member's home if the service is provided during a normal life activity of the member that requires the member to be out of his or her home</li></ul> <p data-bbox="337 327 646 359"><b>State-Specific Criteria</b></p> <ul data-bbox="337 359 1503 453" style="list-style-type: none"><li>Added instruction to refer to the <i>Kentucky Administrative Regulations (KAR), Title 907, Chapter 013, Regulation 010: Private Duty Nursing Service Coverage Provisions and Requirements</i> for service coverage provisions and requirements of Private Duty Nursing services</li></ul> <p data-bbox="337 453 1044 485"><b>Medical Records Documentation Used for Reviews</b></p> <ul data-bbox="337 485 1503 831" style="list-style-type: none"><li>Added language to indicate:<ul data-bbox="386 527 1503 831" style="list-style-type: none"><li>Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service</li><li>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</li><li>The patient's medical record must contain documentation that fully supports the medical necessity for the requested services</li><li>This documentation includes but is not limited to relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures</li><li>Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request</li></ul></li></ul> <p data-bbox="337 831 667 863"><b>Supporting Information</b></p> <ul data-bbox="337 863 927 894" style="list-style-type: none"><li>Archived previous policy version CS102KY.05</li></ul>

## 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, 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) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Kentucky Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines 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.