

Private Duty Nursing Services (for Nebraska Only)

Policy Number: CS102NE.P
Effective Date: October 1, 2025

[Instructions for Use](#)

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- Related Policies**
- [Home Health, Skilled, and Custodial Care Services \(for Nebraska Only\)](#)
 - [Home Hemodialysis](#)

Application

This Medical Policy only applies to the State of Nebraska.

Coverage Rationale

Private duty nursing services ([Extended-Hour Nursing Services](#)) with [Skilled Care](#) are medically necessary in certain circumstances. these services are covered only when meeting the definition of Skilled Care below. For medical necessity clinical coverage criteria and limitation of covered hours, refer to the [Nebraska Department of Health and Human Services, Code \(NAC\) 471-9: Home Health Agencies and Skilled Nursing Services](#).

Extended-Hour Nursing Services are authorized only when the client’s care needs must be provided by skilled nursing personnel in the absence of the caregiver or parents (NAC 471Chapter 9).

Once medical necessity for the requested service is determined using the above criteria, refer to the InterQual® LOC: Home Care Q & A, Private Duty Nursing (PDN) Assessment as a guideline to determine the total number of Extended-Hour Nursing Services hours needed by the member.

[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 services 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, or contractual definitions that supersede the definitions below.

Extended-Hour Nursing Services: Provision of continuous skilled nursing care from Registered Nurses (RNs) or Licensed Practical Nurses (LPNs), either via a home health agency or through private duty nursing. Extended-Hour Nursing Services are authorized only when the client's care needs must be provided by skilled nursing personnel in the absence of the caregiver or parents. Children must have documented medical needs, which cannot be met by a traditional childcare provider system.

Nursing coverage at night: Caregivers or families may be eligible for night hours if the client requires procedures on an ongoing basis throughout the night hours. As used in this policy, night hours refer to the period after the client has gone to bed for the day. Day and evening hours refer to the period of time before the client goes to bed for the day. Night hours will be authorized only if the monitoring and treatments cannot be accomplished during day and evening hours. The medical necessity for monitoring and treatments during the night hours must be reflected in the physician, nurse practitioner, physician assistant, or clinical nurse specialist orders and nursing notes (NAC 471 Chapter 9).

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 Service: Skilled Nursing Services are those services provided by a private duty nurse (PDN) or a nurse employed by a home health agency in a client's home or current living arrangement. Skilled Nursing Services do not include services provided in a hospital, skilled nursing facility, or nursing facility (NAC 471 Chapter 9).

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

Benefit Considerations

Coverage Limitations and Exclusions

- Requested services that are excluded in the state-specific contracts
- Requested services beyond the plan benefits (hours or days) or member is no longer eligible for benefits under the state contract
- Requested services defined as non-Skilled Care or custodial care in the member's state contractual language such as, but not limited to:
 - Members who are on continuous or bolus nasogastric (NG) or gastrostomy tube (GT) feedings and do not have other Skilled Care needs (**Note:** Transition after discharge from an inpatient setting to the Home may be considered medically necessary for these members when there is a need to train the member's family or caregiver to administer the NG or GT feedings or the enteral feeding associated with frequent regurgitation and aspiration.)

- Extended-Hour Nursing Services become maintenance or custodial care and not medically necessary when any one of the following situations occur:
 - Medical and nursing documentation shows that the member's condition is stable/predictable/controlled and that a licensed nurse is not required to monitor the condition (**Note:** Routine monitoring in case an intervention is required is **not** considered Skilled Care.)
 - The Plan of Care does not require a licensed nurse to be in continuous attendance
 - The Plan of Care does not require hands-on nursing interventions (**Note:** Observation in case an intervention is required is not considered Skilled Care.)
 - The following are examples of services that do not require the skill of a licensed nurse and therefore do not meet the medical necessity requirements for Extended-Hour Nursing Services:
 - Observation of a member; routine monitoring is not considered Skilled Care
 - Any duplication of care which is already provided by supply or infusion companies
 - Care for known seizure disorders with clinically insignificant seizure activity
 - Typically not medically necessary and does not require skilled nursing care
 - Extended-Hour Nursing may be considered medically necessary for individuals with a seizure disorder manifested by prolonged seizures which require emergent administration of anticonvulsant medication
 - Care of an established colostomy/ileostomy
 - Care of an established gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings
 - Care of an established indwelling bladder catheter (including emptying/changing containers and clamping tubing)
 - Chronic care and monitoring of an established tracheostomy with or without intermittent suctioning
 - In the event a member has high potential risk of clinical airway obstruction and is unable to alert for assistance in the case of dislodgement or malfunction of the tracheostomy, Extended-Hour Nursing may be covered if an alternate awake/alert caregiver is not available, on a case-by-case basis. Assessment of high potential risk must be documented at least annually by a specialty physician and objective evidence of airway pathology provided (sleep study, bronchoscopy, etc.) documented at least every 2 years
 - Help with daily living activities, such as, but not limited to, walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating, or preparing foods
 - Institutional care, including room and board for rest cures, adult day care, and convalescent care
 - Adult (or child) day care or convalescent care
 - Routine administration of maintenance medications including insulin [applies to oral (PO), subcutaneous (SQ), and intramuscular (IM) medications]
 - Routine patient care such as changing dressings, periodic turning and positioning in bed, administering oral medications, or watching or protecting a member
- Respite care relieves the caregiver of the need to provide services to the member. Respite care may be a covered benefit through Nebraska Waiver or other applicable Programs. For individuals interested in respite care, contact the Nebraska Department of Health and Human Services for potential options.

References

Nebraska Department of Health and Human Services, Title 471, Chapter 9 Home Health Agencies and Skilled Nursing Services. Available at: [https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-471/Chapter-09.pdf](https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health%20and%20Human%20Services%20System/Title-471/Chapter-09.pdf). Accessed June 16, 2025.

Policy History/Revision Information

Date	Summary of Changes
10/01/2025	<p>Medical Records Documentation Used for Reviews</p> <ul style="list-style-type: none"> • Added language to indicate: <ul style="list-style-type: none"> ○ 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

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request <p>Benefit Considerations</p> <ul style="list-style-type: none"> ● Revised coverage limitations and exclusions for respite care: <ul style="list-style-type: none"> ○ Replaced language indicating “respite care <i>and convenience care [are not covered] unless mandated</i>” with “respite care <i>may be a covered benefit through Nebraska Waiver or other applicable Programs; individuals interested in respite care should contact the Nebraska Department of Health and Human Services for potential options</i>” ○ Removed language indicating: <ul style="list-style-type: none"> ▪ For those who are receiving medically necessary Extended-Hour Nursing Services and have complex medical needs and/or unstable medical conditions that require Skilled Care from a professional with proficiency and skills of a licensed nurse (RN or LPN), eight respite hours per week may be awarded; a member must be receiving active Extended-Hour Nursing Services to receive respite (i.e., respite alone will not be authorized) ▪ Services that involve payment of family members or non-professional caregivers for services performed for the member unless required by state contract <p>Supporting Information</p> <ul style="list-style-type: none"> ● Archived previous policy version CS102NE.O

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. The 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.