

SKILLED CARE AND CUSTODIAL CARE SERVICES

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Related Commercial Policies
<ul style="list-style-type: none"> • Home Health Care • Private Duty Nursing Services (PDN)
Community Plan Policy
<ul style="list-style-type: none"> • Skilled Care and Custodial Care Services

INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Coverage Determination Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Coverage Determination Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Coverage Determination Guideline. Other Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care 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.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

For self-funded plans with SPD language other than fully-insured Generic COC language, please refer to the member specific benefit plan document to determine benefit coverage.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Indications for Coverage

- Skilled Care in the member’s Place of Residence (see [Definitions](#) section). Skilled Care includes:
 - Skilled nursing
 - Skilled teaching
 - Skilled rehabilitation (physical therapy, occupational therapy and speech therapy)

- For Skilled Care to be covered in the member's Place of Residence, the following criteria must be met:
 - Be ordered and directed by a licensed practitioner or specialist (M.D., D.O., P.A. or N.P).
 - A plan of care must be established and periodically reviewed and updated by the treating practitioner or specialist.
 - The care must be delivered or supervised by a licensed nurse, technical or professional medical personnel in order to obtain a specified medical outcome.
 - It must not be Custodial Care (see [Definitions](#) section).
 - The care requires clinical training in order to be delivered safely and effectively.
 - The patient's condition must be documented to be such that they cannot receive the Skilled Care in a setting other than the member's Place of Residence.

Coverage Limitations and Exclusions

- Skilled Care does not include Custodial Care (see [Definitions](#) section), including but not limited to; domiciliary care, respite care, or rest cures.
- Services provided by personal care attendants, family members or nonprofessional caregivers.
- A service is not Skilled Care simply because there is not an available caregiver.
- Homemaker services unrelated to the member's care or home meal delivery services (e.g., Meals-on-Wheels) or transportation services (e.g., Dial-a-Ride).
- Private Duty Nursing (check the member specific benefit plan document).
- Home Health Services beyond benefit limits (e.g., visits).
- Services provided as part of another benefit.

DEFINITIONS

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Custodial Care: Services that are any of the following non-Skilled Care services:

- Nonhealth-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.

Place of Residence: Wherever the patient makes his/her home. This may include his/her dwelling, an apartment, a relative's home, home for the aged, or a Custodial Care facility.

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,
- Not Custodial Care, which can safely and effectively be performed by trained non-medical personnel.

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 guideline 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 Coverage Determination Guidelines may apply.

CPT Code	Description
Custodial Care: Code 99509 may or may not be considered custodial care depending on whether care is provided as part of a skilled service or not.	
99509	Home visit for assistance with activities of daily living and personal care

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HCPCS Code	Description
Custodial/Non Skilled Care Services	
S5100	Day care services, adult; per 15 minutes
S5101	Day care services, adult; per half day
S5102	Day care services, adult; per diem
S5105	Day care services, center-based; services not included in program fee, per diem
S5120	Chore services; per 15 minutes
S5121	Chore services; per diem
S5125	Attendant care services; per 15 minutes
S5126	Attendant care services; per diem
S5130	Homemaker service, NOS; per 15 minutes
S5131	Homemaker service, NOS; per diem
S5135	Companion care, adult (e.g., iadl/adl); per 15 minutes
S5136	Companion care, adult (e.g., iadl/adl); per diem
S5140	Foster care, adult; per diem
S5141	Foster care, adult; per month
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem
S5175	Laundry service, external, professional; per order
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
Respite Care	
S9125	Respite care, in the home, per diem
T1005	Respite care services, up to 15 minutes
Domiciliary Care	
S5170	Home delivered meals, including preparation; per meal
S5175	Laundry service, external, professional; per order

REFERENCES

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none"> Updated definition of "Skilled Care" Updated supporting information to reflect the most current references Archived previous policy version CDG.008.08