

# Skilled Care and Custodial Care Services

Guideline Number: CDG.008.11  
Effective Date: July 1, 2020

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Definitions</a> .....	2
<a href="#">Applicable Codes</a> .....	2
<a href="#">References</a> .....	3
<a href="#">Guideline History/Revision Information</a> .....	3
<a href="#">Instructions for Use</a> .....	3

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

## Coverage Rationale

### Indications for Coverage

Skilled Care in the member’s [Place of Residence](#). Skilled Care includes:

- Skilled nursing
- Skilled rehabilitation (physical therapy, occupational therapy and speech therapy)
- Skilled teaching

For Skilled Care to be covered in the member’s Place of Residence, the following criteria must be met:

- A plan of care must be established and periodically reviewed and updated by the treating practitioner or specialist
- Be ordered and directed by a licensed practitioner or specialist (M.D., D.O., P.A. or N.P)
- It must not be [Custodial Care](#)
- The care must be delivered or supervised by a licensed nurse, technical or professional medical personnel in order to obtain a specified medical outcome
- The care requires clinical training in order to be delivered safely and effectively
- The member’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

- A service is not Skilled Care simply because there is not an available caregiver
- Home Health Services beyond benefit limits (e.g., visits)
- 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)
- Services provided:
  - By personal care attendants, family members or nonprofessional caregivers
  - As part of another benefit
- Skilled Care does not include [Custodial Care](#), including but not limited to; domiciliary care, respite care, or rest cures

## 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:

- Non-health-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 member 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 Guidelines may apply.

CPT Code	Description
<b>Custodial Care:</b> 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

*CPT® is a registered trademark of the American Medical Association*

HCPCS Code	Description
<b>Custodial/Non Skilled Care Services</b>	
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

HCPSC Code	Description
<b>Custodial/Non Skilled Care Services</b>	
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)
<b>Respite Care</b>	
S9125	Respite care, in the home, per diem
T1005	Respite care services, up to 15 minutes
<b>Domiciliary Care</b>	
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	Summary of Changes
08/01/2020	<b>Template Update</b> <ul style="list-style-type: none"> <li>Reformatted policy; transferred content to new template</li> </ul>
07/01/2020	<ul style="list-style-type: none"> <li>Routine review; no change to coverage guidelines</li> <li>Archived previous policy version CDG.008.10</li> </ul>

## Instructions for Use

This Coverage Determination Guideline 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 guideline, please 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 Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

This Coverage Determination Guideline 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 MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Coverage Determination 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.

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