

Private Duty Nursing (PDN) Services (for North Carolina Only)

Guideline Number: CSNC.CDG.017.03

Effective Date: May 1, 2022

[➔ Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> Home Health Care, Skilled Care, and Custodial Care (for North Carolina Only) Home Hemodialysis (for North Carolina Only)

Application

This Coverage Determination Guideline only applies to the state of North Carolina.

Coverage Rationale

Beneficiaries Age 21 and Older

Private duty nursing (PDN) is considered medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policies for Community Based Services, 3G-1, Private Duty Nursing for Beneficiaries Age 21 and Older](#).

Beneficiaries Under 21 Years of Age

Private duty nursing (PDN) is considered medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policies for Community Based Services, 3G-2, Private Duty Nursing for Beneficiaries Under 21 Years of Age](#).

PDN Acuity Tool

Refer to the MCG™ Care Guidelines, [26th edition, 2022], Private Duty Nursing, PDN-2001 (HC) PDN Acuity Tool as a guideline to determine the number of hours of PDN services needed by the member.

Click [here](#) to view the MCG™ Care Guidelines.

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 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
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

References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Private Duty Nursing for Beneficiaries Age 21 and Older, No: 3G-1. https://files.nc.gov/ncdma/documents/files/3G-1_2.pdf. Accessed March 29, 2021.

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Private Duty Nursing for Beneficiaries Under 21 Years of Age, No: 3G-2. https://files.nc.gov/ncdma/documents/files/3G-2_1.pdf. Accessed March 29, 2021.

Guideline History/Revision Information

Date	Summary of Changes
05/01/2022	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Replaced reference to “MCG™ Care Guidelines, [25th edition, 2021], Private Duty Nursing” with “MCG™ Care Guidelines, [26th edition, 2022], Private Duty Nursing” <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version CSNC.CDG.017.02

Instructions for Use

This Coverage Determination Guideline 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 guideline, 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 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 InterQual® criteria, to assist us in administering health benefits. The 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.