

Private Duty Nursing Services (for Ohio Only)

Policy Number: CS102OH.C
Effective Date: January 1, 2024

[Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Applicable Codes	1
References	2
Policy History/Revision Information	2
Instructions for Use	2

Related Policies

- [Home Health Care \(for Ohio Only\)](#)
- [Home Hemodialysis \(for Ohio Only\)](#)
- [Skilled Care and Custodial Care Services \(for Ohio Only\)](#)

Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the [Ohio Administrative Code, Rule 5160-12-02, Private duty nursing services: provision requirements, coverage and service specification](#).

Refer to the MCG™ Care Guidelines, [27th edition, 2023], Private Duty Nursing, PDN-2001 (HC), PDN Acuity Tool as a guideline to determine the number of hours of private duty nursing 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 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.

HCPSC 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

References

Ohio Administrative Code/5160/Chapter 5160-1-01. Medicaid medical necessity: definitions and principles. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01>. Accessed August 7, 2023.

Ohio Administrative Code/5160/Chapter 5160-12 Rule 5160-12-02. Private duty nursing services: provision requirements, coverage and service specification. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-12-02>. Accessed August 7, 2023.

Policy History/Revision Information

Date	Summary of Changes
01/01/2024	<ul style="list-style-type: none"><li data-bbox="337 506 946 533">• Routine review; no change to coverage guidelines<li data-bbox="337 537 894 564">• Archived previous policy version CS102OH.B

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC) 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 Ohio 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.