

01-99500-02

Original Effective Date: 09/15/09

Reviewed: 10/23/25

Revised: 11/15/25

Next Review: No Longer Scheduled for Routine Review (NLR)

Subject: Private Duty Nursing Care in the Home

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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NOTE: Coverage for private duty nursing care in the home is subject to the member's benefit terms, limitations and maximums. Some plans specifically exclude coverage for private duty nursing care. Refer to specific contract language regarding private duty nursing care in the home.

DESCRIPTION:

Private duty nursing is hourly skilled nursing care provided in the home by a registered nurse (RN) or a licensed practical nurse (LPN). Private duty nursing provides continuous skilled care that can be provided in a home health care nursing visit.

The private duty nurse:

- Assists with the transition of the member's care from an acute inpatient setting to the home;
- Assesses and monitors the member's condition;
- Provides skilled nursing care to the member in the home on an hourly basis; and
- Teaches caregiver (e.g., spouse, parent, family member) how to perform the care.

The frequency of private duty nursing care in the home is based on supporting medical documentation that describes the complexity and intensity of the member's care. Private duty nursing care in the home is intended to support the transition of care in the home to the caregiver and not intended to be provided on a permanent basis by the private duty nurse.

POSITION STATEMENT:

NOTE: Coverage for private duty nursing care in the home is subject to the member's benefit terms, limitations and maximums. Some plans specifically exclude coverage for private duty nursing care. Refer to specific contract language regarding private duty nursing care in the home.

Medical Director review is required for all requests for private duty nursing care in the home.

If coverage is available for private duty nursing care in the home, the following criteria for coverage apply.

Private duty nursing care in the home is considered **medically necessary** when **ALL** of the following criteria are met:

- The services must be skilled and not custodial in nature; **AND**
- The service must be appropriate with regard to standards of good medical practice and not solely for convenience of the member or caregiver; **AND**
- The nursing care is provided directly or indirectly through a licensed health care agency (e.g., home health, nursing, medical staffing); **AND**
- The nursing care is provided in the member's home; **AND**
- The physician must certify the medical necessity of private duty nursing; **AND**
- The physician must approve a written treatment plan with short and long term goals specified and discharge planning; **AND**
- The treatment plan must be reviewed and renewed by a physician every 30 days; **AND**
- Weekly progress summaries (provided by the licensed health care agency) are required for assessment of the continued need for private duty nursing care and documentation that the caregiver is being taught to assume the care of the member; **AND**
- The member's condition is unstable (frequent or rapid change in the member's condition), the member requires frequent nursing assessments and changes in the treatment plan as prescribed by the physician and the care cannot be met through a skilled nursing visit; **AND**
- Services must require the professional proficiency and skills of an RN or LPN. The decision to use an RN or LPN is dependent on the type of services required and must be consistent with the scope of nursing practice under applicable state licensure regulations. Private duty nursing performed by an LPN must be under the supervision of an RN following a plan of care developed by the physician in collaboration with the member, caregiver, case manager, and licensed health care agency; **AND**
- Services must be performed on a part-time or intermittent visiting basis, according to the defined treatment plan and under the direction of a physician in order to ensure the safety of the individual and to achieve the medically desired result; **AND**
- The caregiver (e.g., spouse, parent, family member) is being taught to assume the care of the member.

Availability of Caregiver

Private duty nursing is appropriate for short-term care with the intent of having the caregiver assume the role of providing care for the member when the member's medical condition becomes stable. If there is no caregiver available to assume the role or caregiver, private duty nursing is **not** appropriate.

Unstable Condition

- The member's condition must be unstable and require frequent nursing assessments and changes in the plan of care. Unstable condition means that the member's condition changes frequently or rapidly, so that constant monitoring **AND** frequent adjustments of treatment regimens are required. It must be determined that the nursing care could not be met through a skilled nursing visit, but could be met through private duty nursing; **AND**
- A member is considered to have an unstable medical condition if at least one of the following conditions is met:
 - The physician has ordered that the nurse constantly monitors and evaluates the member's condition on an ongoing basis and makes any necessary adjustments to the treatment regimen; and that the nursing notes indicate that such interventions or adjustments have been made and are necessary.

NOTE: Case Managers should gather input from the physician, hospital staff and licensed health care agency when deciding upon the medically necessary hours of skilled nursing care. Case managers should consider the number of skilled needs the member has and how stable the member is. Other considerations include the caregiver's abilities, and the nature of the member's illness. The goal should be to make the caregiver as independent as possible and to wean nursing care away as the member's medical condition improves. Expectations about regression of nursing hours and eventual termination of these services should be conveyed to the member and caregiver prior to the initiation of home services.

The following are examples (not all inclusive) of services prescribed by a physician that may be performed in the home by a private duty nurse (RN or LPN) when **ALL** of the above criteria are met:

- Injection of a drug (intravenous, intramuscular, subcutaneous)
- Intravenous feedings
- Home infusion therapy
- Nasopharyngeal and tracheostomy aspiration
- Insertion, maintenance, and replacement of catheters (e.g., suprapubic, urethral) as an adjunct to an active treatment of a medical condition (e.g., disease, injury)
- Application of dressings involving prescription medications and aseptic technique
- Colostomy care during the postoperative period
- Mechanical ventilation (requires a tracheostomy tube for ventilatory support, but no longer require intensive medical and monitoring services).

Non-Covered Services

Services That Do Not Require Private Duty Nursing Care

The following are examples (not all inclusive) of services that do not require private duty nursing care in the home by a RN or LPN, and therefore are **considered not medically necessity** in the home setting, unless there is documentation of comorbidities and complications.

- Administration or set up of oral medications
- Application of eye drops or ointments or topical medications
- Routine enteral feedings
- Routine colostomy care
- Ongoing intermittent straight urinary catheterization for chronic conditions (e.g., urinary tract infection, urinary retention, enlarged prostate)
- Suctioning of the nasopharynx, nasotracheal, tracheostomy, or ventilator maintenance of a stable member.

Private duty nursing care in the home is **considered not medically necessity** when provided for the following:

- Convenience
- Stable medical condition
- Respite care
- To allow the member's family or caregiver to work
- Custodial care.

Custodial Care

Care that **does not meet the criteria** for private duty nursing care in the home is considered custodial and is **not covered**.

Custodial care is:

- Defined as services and supplies furnished to a person mainly to help him or her with activities of daily living. Custodial care includes services and supplies:
 - Furnished mainly to assist the member in personal hygiene and other activities of daily living rather than to provide therapeutic treatment;
 - That can be safely and adequately provided by persons without the technical skills of a health care provider (e.g., nurse)
- Personal care that does not require the continuing attention or supervision of trained, licensed medical or paramedical personnel.
- Maintenance care provided by family members, health aids or other unlicensed individuals after an acute medical event when an individual has reached the maximum level of physical or mental function and is not likely to make further significant improvement.

NOTE: In determining whether an individual is receiving custodial care, the factors considered are the level of care and medical supervision required and furnished. The decision is not based on diagnosis, type of condition, and degree of functional limitation or rehabilitation potential.

Private duty nursing care in the home provided at the same time as home health care nursing services is **not covered**.

Private duty nursing care rendered at other locations (e.g., hospital, skilled nursing facility, assisted living facility) is covered according to the member’s benefit terms, limitations and maximums.

BILLING/CODING INFORMATION:

HCPCS Coding:

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

REIMBURSEMENT INFORMATION:

Refer to member’s benefit plan limitations and maximums for private duty nursing in the home.

The frequency of private duty nursing care in the home is based on supporting medical documentation that describes the complexity and intensity of the member’s care and treatment plan.

LOINC Codes:

The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, plan of treatment and reason for private duty nursing care in the home.

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Plan of treatment	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

PROGRAM EXCEPTIONS:

Federal Employee Plan (FEP): Follow FEP guidelines.

State Account Organization: Follow SAO guidelines.

Medicare Advantage products: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

DEFINITIONS:

Respite care: temporary relief for caregivers and families who care for those with disabilities, chronic or terminal illness and the elderly.

Skilled services (as related to this guideline): services provided in accordance to physician orders that require the skills of professional personnel such as a registered nurse or licensed practical nurse.

Therapeutic treatment: services that require the continuing attention or supervision of trained, licensed medical or paramedical personnel.

RELATED GUIDELINES:

[Home Health Care, 01-99500-01](#)

OTHER:

The following are examples (not all inclusive) of complex medical cases and complex health care needs and technology dependent cases:

Complex medical cases – (e.g., end-stage renal disease, diabetes, heart condition, congestive heart failure (CHF), brain injury, spinal injury, multiple traumas, stroke, neurological disorders, motor disorders, severe burns, respiratory failure)

Complex health care needs – (e.g., intravenous medication, wound care)

Technology dependent – (e.g., mechanical ventilation).

Complex Medical Cases and Complex Health Care Needs and Technology Dependent Cases:

Complex medical cases, complex health care needs, and technology dependent cases should be referred for case management. A case management plan of care should be developed with input from the physician, hospital staff, licensed health care agency and caregiver.

REFERENCES:

1. Agency for Health Care Administration Home Health Services, 2023.
2. Agency for Health Care Administration Private Duty Nursing, 2020.
3. American Association for Respiratory Care Clinical Practice Guideline Long-Term Invasive Mechanical Ventilation in the Home Revision & Update, 2007. Accessed 07/13/2020.

4. Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual Chapter 7-Home Health Services [Skilled Nursing Care 30.4, 40.1], 01/01/17; 03-27-17.
5. Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual Chapter 16-General Exclusions from Coverage. 110-Custodial Care, 06/06/22.
6. Code of Federal Regulations Title 42 Chapter IV Subchapter C Part 440. Private duty nursing services 440.80, 2020.
7. Florida Statutes-Nurse Practice Act, 2023.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 10/23/25.

GUIDELINE UPDATE INFORMATION:

09/15/09	New Medical Coverage Guideline.
07/15/11	Scheduled review, no change in position statement. Updated S9123 code descriptor. Updated references.
10/01/11	Revision; formatting changes.
05/11/14	Revision: Program Exceptions section updated.
11/15/18	Review and revision; no change in position statement. Updated references.
11/15/20	Review; no change in position statement. Updated references.
11/15/21	Review; no change in position statement.
05/23/23	Update to Program Exceptions section.
11/15/23	Review; no change in position statement.
11/15/24	Review; no change in position statement.
11/15/25	Review; no change in position statement.