

# Private Duty Nursing Services (for New Jersey Only)

**Policy Number:** CS102NJ.F  
**Effective Date:** April 1, 2024

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Application</a> .....	1
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Definitions</a> .....	5
<a href="#">Applicable Codes</a> .....	5
<a href="#">Benefit Considerations</a> .....	5
<a href="#">References</a> .....	6
<a href="#">Policy History/Revision Information</a> .....	6
<a href="#">Instructions for Use</a> .....	9

**Related Policies**

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

## Application

This Medical Policy only applies to the state of New Jersey.

## Coverage Rationale

### Requirements for Coverage

For medical necessity clinical coverage criteria, refer to the MCG™ Care Guidelines, [27<sup>th</sup> edition, 2023], Private Duty Nursing, PDN-2001 (HC).

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

### Private Duty Nursing (PDN) Acuity Tool

Refer to the MCG™ Care Guidelines, [27<sup>th</sup> edition, 2023], 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.

### Primary Caregiver Responsibility

The following criteria must be met in order to approve coverage of Private Duty Nursing Services in the home:

- There is a capable adult primary caregiver residing with the individual who accepts ongoing 24-hour responsibility for the health and welfare of the beneficiary (N.J.A.C. 10:60-5.3); and
- The adult primary caregiver agrees to be trained or has been trained in the care of the beneficiary and agrees to receive additional training for new procedures and treatments, if directed to do so by a state agency (N.J.A.C. 10:60-5.3); and
- The member must exhibit a severity of illness that requires complex skilled nursing interventions on a continuous ongoing basis (N.J.A.C. 10:60-5.8)

### Qualification for the PDN Benefit

Members must qualify for the PDN benefit:

- By being covered under EPSDT/PDN (N.J.A.C. 10:60-5.4.e) or are MLTSS-qualified or enrolled in the Division of

Developmental Disabilities (DDD) Supports Plus PDN (SPPDN) program are eligible for PDN care as medically necessary (N.J.A.C. and 10:60-5.8.a)

- The presence or absence of alternative care, such as medical day care, Private Duty Nursing Services provided by private insurance, or Private Duty Nursing Services provided by the child's school, shall be identified, and recorded, and those hours shall be deducted from the total hours of EPSDT/PDN services to be authorized (N.J.A.C. 10:60-5.5.d.)
- Member's aged 21 years of age or older: Private Duty Nursing shall be a covered service only for those beneficiaries enrolled in MLTSS or the DDD Supports Plus PDN (SPPDN) Program. Members who meet the medically necessary criteria can receive PDN services
- Under MLTSS, when payment for Private Duty Nursing Services is being provided or paid for by another source, MLTSS shall supplement payment up to 16 hours per 24-hour period (N.J.A.C. 10:60-5.9.b)
- Private Duty Nursing Services rendered during hours when the member's normal activities take him or her outside the home will be covered. Private Duty Nursing Services solely to be used when attending school or other activities and not needed in the home are not covered by UnitedHealthcare Community Plan (N.J.A.C. 10:60-5.9.a)
- The presence or absence of alternative care, such as medical day care and/or nursing/skilled services provided by the member's day program and/or PCS will be taken into consideration when determining the PDN award
- Private Duty Nursing Services shall be limited to a maximum of 16 hours, including services provided or paid for by other sources, in a 24-hour period, per person in MLTSS. There shall be a live-in primary adult caregiver who accepts 24-hour per day responsibility for the health and welfare of the beneficiary unless the sole purpose of the Private Duty Nursing is the administration of IV therapy (N.J.A.C. 10:60-5.9.c)
- Family members of beneficiaries receiving EPSDT/PDN services that are licensed as a RN or LPN in the State of New Jersey may be employed by the agency authorized to provide PDN services to the beneficiary for up to 8 hours per day, 40 hours per week. The family member of the beneficiary may not serve as the supervising RN responsible for developing the treatment plan for the beneficiary. The agency employing the family member is responsible to ensure that the PDN services are properly provided and meet all agency standards and regulatory requirements (N.J.A.C. 10:60-5.1.c)

### ***Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)/Private Duty Nursing (PDN)***

- Medical necessity for EPSDT/PDN services shall be based upon, but may not be limited to, either of the following criteria:
  - A requirement for **all** of the following medical interventions:
    - § Dependence on mechanical ventilation; and
    - § The presence of an active tracheostomy; and
    - § The need for deep suctioningor
  - A requirement for any of the following medical interventions:
    - § The need for around-the-clock nebulizer treatments, with chest physiotherapy; or
    - § Gastrostomy feeding when complicated by frequent regurgitation and/or aspiration; or
    - § A seizure disorder manifested by frequent prolonged seizures, requiring emergency administration of anti-convulsants (N.J.A.C. 10:60-5.4.b)
- The following situational criteria shall be considered when determining the extent of the need for EPSDT/PDN services and the authorized hours of service:
  - Available primary care provider support:
    - § Determining the level of support should take into account any additional work-related or sibling care responsibilities, as well as increased physical or mental demands related to the care of the beneficiary; and
  - Additional adult care support within the household; and
  - Alternative sources of nursing care (N.J.A.C. 10:60-5.4.c)
- Services that shall not, in and of themselves, constitute a need for PDN services, in the absence of the skilled nursing interventions listed [above](#), shall include, but shall not be limited to:
  - Patient observation, monitoring, recording, or assessment; and
  - Occasional suctioning; and
  - Gastrostomy feedings, unless complicated as described [above](#); and
  - Seizure disorders controlled with medication and/or seizure disorders manifested by frequent minor seizures not occurring in clusters or associated with status epilepticus (N.J.A.C. 10:60-5.4.d)
- Private Duty Nursing shall be a covered service only for those beneficiaries covered under EPSDT/Private Duty Nursing (N.J.A.C. 10:60-5.4.e)

- Private Duty Nursing Services shall not include respite or supervision or serve as a substitution for routine parenting tasks (N.J.A.C. 10:60-5.4.f)
- In the event that two Medicaid/NJ FamilyCare beneficiaries are receiving PDN services in the same household, the family may elect to have one nurse provide services for both children. The agency providing the nursing services shall document that having one nurse does not pose a health risk to either beneficiary in the plan of care which shall be signed by the physician. At no time shall a nurse provide care for more than two beneficiaries at the same time in a single household (N.J.A.C. 10:60-5.4.g)

### ***MLTSS/PDN & DDD Supports Plus/PDN (SPPDN)***

- Medical necessity for MLTSS/PDN & SPPDN services shall be based upon the following criteria:
  - A requirement for **all** of the following medical interventions:
    - § Dependence on mechanical ventilation; and
    - § The presence of an active tracheostomy; and
    - § The need for deep suctioning
 or
  - A requirement for any of the following medical interventions:
    - § The need for around-the-clock nebulizer treatments, with chest physiotherapy; or
    - § Gastrostomy feeding when complicated by frequent regurgitation and/or aspiration; or
    - § A seizure disorder manifested by frequent prolonged seizures, requiring emergency administration of anti-convulsants; or
    - § The need for other skilled nursing interventions on an ongoing basis (N.J.A.C. 10:60-5.9.d)
- Medical interventions that shall not, in and of themselves, constitute a need for MLTSS/PDN & SPPDN services, in the absence of the skilled nursing interventions listed [above](#), shall include, but shall not be limited to:
  - Beneficiary observation, monitoring, recording, or assessment; and
  - Occasional suctioning; and
  - Gastrostomy feedings, unless complicated as described [above](#); and
  - Seizure disorders controlled with medication and/or seizure disorders manifested by frequent minor seizures not occurring in clusters or associated with status epilepticus (N.J.A.C. 10:60-5.9.e)
- The following situational criteria shall be considered when determining the extent of the need for MLTSS/PDN & SPPDN services in addition to the primary caregiver(s) eight-hour responsibility and the authorized hours of service:
  - Available primary care provider support:
    - § Determining the level of support should take into account any additional work-related or dependent(s) care responsibilities, as well as increased physical or mental demands related to the care of the individual; and
  - Additional adult care support within the household; and
  - Alternative sources of nursing care (N.J.A.C. 10:60-5.9.f)
- In the event that two Medicaid/NJ FamilyCare MLTSS or SPPDN beneficiaries are receiving PDN services in the same household, the beneficiary or legal guardian may elect to have one nurse provide services for both beneficiaries. The agency providing the nursing services shall document that having one nurse does not pose a health risk to either beneficiary in the plan of care, which shall be signed by the physician. At no time, shall a nurse provide care for more than two beneficiaries at the same time in a single household (N.J.A.C. 10:60-5.9.g)

## **Documentation Requirements**

### ***Initial Request for Authorization***

Initial service requests of Private Duty Nursing Services (i.e., the first-time member is requesting services with UnitedHealthcare for Private Duty Nursing Services) must be submitted with **all** of the following clinical documentation:

- CMS-485 Home Health Certification that includes and Plan of Care (CMS-485) form signed by a physician (MD or DO) or signed by an advanced practitioner (NP, CNS, or PA) in accordance with state law; and
- Treatment plan, which typically includes diagnosis, proposed treatment by type, frequency, and expected duration of treatment, expected treatment goals, and frequency of treatment plan updates; and
- A comprehensive assessment of the member's health status including, but not limited to, documentation of the skilled care need and medication administration record; and
- Discharge summary or recent progress note if member is being discharged from an inpatient setting (**Note:** If member is requesting Private Duty Nursing Services for discharge from an inpatient setting, subspecialist visit notes are not required); and

- Consultation notes if the member is receiving services from a subspecialist; and
- Delineated scope and duration of Private Duty Nursing Services being requested; and
- An assessment of the available support system must include, but not limited to, the following:
  - Availability of the member’s primary caregiver; and
  - Ability of the member’s primary caregiver to provide care; and
  - School attendance and availability of coverage for services by school district, if applicable; and
  - Primary caregiver’s work schedules, as applicable
 and
- Home care agency can safely deliver the required care at home; and
- Home environment is safe, accessible, and can be modified to accommodate the home care plan; and
- Verification of primary caregiver’s employment schedule annually, as applicable

Additional documentation clarifying clinical status (such as well child check and/or specialist visit notes) may be requested if clinical documentation provided does not clearly support the hours requested.

### ***Renewal of Services***

Requests for renewal of Private Duty Nursing Services (i.e., any request for Private Duty Nursing Services subsequent to the initial request for Private Duty Nursing Services made to UnitedHealthcare) will require submission of **all** of the following specific clinical documentation to support medical necessity:

- Home Health Certification and Plan of Care (CMS-485) form signed by a physician (MD or DO) or signed by an advanced practitioner (NP, CNS, or PA) in accordance with state law; and
- Treatment plan, which typically includes diagnosis, proposed treatment by type, frequency, and expected duration of treatment, expected treatment goals, and frequency of treatment plan updates; and
- Nurses’ notes, logs, and daily care flow sheets, as applicable; and
- Home care agency can safely deliver the required care at home; and
- Home environment is safe, accessible, and can be modified to accommodate the home care plan; and
- Verification of primary caregiver’s employment schedule annually, as applicable; and school attendance and availability of coverage for services by school district, if applicable

Additional documentation clarifying clinical status (such as well child check and/or specialist visit notes) may be requested if clinical documentation provided does not clearly support the hours requested.

### ***Transition of Services***

If a member is transitioning from another health plan and is already receiving Private Duty Nursing Services, then **all** of the following documentation must be submitted before the end of the required continuity of care period:

- Home Health Certification and Plan of Care (CMS-485) form signed by a physician (MD or DO) or signed by an advanced practitioner (NP, CNS, or PA) in accordance with state law; and
- Treatment plan, which typically includes diagnosis, proposed treatment by type, frequency, and expected duration of treatment, expected treatment goals, and frequency of treatment plan updates; and
- Nurses’ notes, logs, and daily care flow sheets, as applicable; and
- Copy of approved services from previous health plan; and
- Home care agency can safely deliver the required care at home; and
- Home environment is safe, accessible, and can be modified to accommodate the home care plan; and
- Verification of primary caregiver’s employment schedule annually, as applicable; and
- School attendance and availability of coverage for services by school district, if applicable

Additional documentation for renewal and transition of services clarifying clinical status (such as well child check and/or specialist visit notes, seizure log, and ventilator, BIPAP, CPAP logs) may be requested if clinical documentation provided does not clearly support the hours being requested.

# Definitions

Check the federal, state, or contractual definitions that supersede the definitions below.

**Private Duty Nursing Services:** The purpose of Private Duty Nursing Services is to provide individual and continuous nursing care, as different from part-time intermittent care, to beneficiaries who exhibit a severity of illness that requires complex skilled nursing interventions on a continuous ongoing basis. PDN services are provided by licensed nurses in the home to beneficiaries receiving managed long-term support services (MLTSS) or enrolled in DDD Supports Plus (SPPDN) program, as well as eligible EPSDT beneficiaries [N.J.A.C. 10:60-5.1(b)].

# 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.

HCPCS Code	Description
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
*T1000	Private duty/independent nursing service(s) – licensed, up to 15 minutes
*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

Codes labeled with an asterisk ( \* ) are not on the State of New Jersey Medicaid Fee Schedule and therefore may not be covered by the State of New Jersey Medicaid Program.

# Benefit Considerations

## Coverage Limitations and Exclusions

- Requested services are excluded in the state specific contracts
- Services beyond the plan benefits (hours or days) or member is no longer eligible for benefits under the state contract
- Requested services defined as non-skilled care or custodial care in the member’s state contractual language, such as, but not limited to:
  - Members who are on continuous or bolus nasogastric (NG) or gastrostomy tube (GT) feedings and do not have other skilled care needs (**Note:** Transition from an inpatient setting to the home may be considered medically necessary for these members when there is a need to train the member’s family or caregiver to administer the NG or GT feedings)
  - Private Duty Nursing Services become maintenance or custodial care, and not medically necessary, when any one of the following situations occur:
    - § Medical and nursing documentation shows that the member’s condition is stable/predictable/controlled and that a licensed nurse is not required to monitor the condition; or
    - § The plan of care does not require a licensed nurse to be in continuous attendance; or
    - § The plan of care does not require hands-on nursing interventions (**Note:** Observation in case an intervention is required is not considered skilled care)
  - The following are examples of services that do not require the skill of a licensed nurse and therefore do not meet the medical necessity requirements for Private Duty Nursing Services:
    - § Any duplication of care which is already provided by supply or infusion companies

- § Care of an established colostomy/ileostomy
  - § Care of an established gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings
  - § Care of an established indwelling bladder catheter (including emptying/changing containers and clamping tubing)
  - § Care of an established tracheostomy (including intermittent suctioning)
  - § Help with daily living activities, such as but not limited to, walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating, or preparing foods
  - § Institutional care, including room and board for rest cures, adult day care, and convalescent care
  - § Respite care, adult (or child) day care, or convalescent care
  - § Routine administration of maintenance medications including insulin [this applies to oral (PO), subcutaneous (SQ) and intramuscular (IM) medications]
  - § Routine patient care such as changing dressings, periodic turning, and positioning in bed, administering oral medications, or watching or protecting a member
- Respite care and convenience care unless mandated (**Note:** Respite care relieves the caregiver of the need to provide services to the member)
  - Respite or supervision or serve as a substitution for routine parenting tasks (N.J.A.C. 10:60-5.4.f)
  - Services involve payment of family members or non-professional caregivers for services performed for the member unless required by state contract

## References

New Jersey Administrative Code Title 10. Human Services, Chapter 60. Home Care Services, Subchapter 5. Private Duty Nursing Services. Available at: [New Jersey Administrative Code | PAW Document Page \(lexis.com\)](#). Accessed August 2, 2023.

## Policy History/Revision Information

Date	Summary of Changes
04/01/2024	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>• Changed policy type from “Coverage Determination Guideline” to “Medical Policy”</li> </ul> <p><b>Coverage Rationale</b></p> <p><b>Primary Caregiver Responsibility</b></p> <ul style="list-style-type: none"> <li>• Revised coverage criteria for in home Private Duty Nursing Services; replaced criterion requiring: <ul style="list-style-type: none"> <li>○ “The member resides with an adult who is willing and able to act as the member’s primary caregiver and who accepts 24-hour responsibility for the member <i>and agrees to be trained or has been trained in the care of the member</i>” with “there is a capable adult primary caregiver residing with the individual who accepts ongoing 24-hour responsibility <i>for the health and welfare of the beneficiary</i>”</li> <li>○ “The member has a skilled need <i>and the services of the private duty nurse are for the sole purpose of meeting the skilled needs of the member</i>” with “the member <i>must exhibit a severity of illness that requires complex skilled nursing interventions on a continuous ongoing basis</i>”</li> </ul> </li> </ul> <p><b>Qualification for the Private Duty Nursing (PDN) Benefit</b></p> <ul style="list-style-type: none"> <li>• Revised list of qualifications for the PDN benefit; replaced: <ul style="list-style-type: none"> <li>○ “<i>Members under 21 years of age who live in the community requiring PDN as a result of an early and periodic screening, diagnostic, and treatment (EPSDT) screen or who are managed long-term support service (MLTSS)-qualified are eligible for PDN care as medically necessary</i>” with “[members who are] covered under EPSDT/PDN, are MLTSS-qualified, or are enrolled in the Division of Developmental Disabilities (DDD) Supports Plus PDN (SPPDN) program are eligible for PDN care as medically necessary”</li> <li>○ “The presence or absence of alternative care such as medical day care <i>and/or nursing/skilled services</i> provided by the child’s school/ <i>day program and/or nursing services</i> provided by another payor” with “the presence or absence of alternative care, such as medical day care, <i>Private Duty Nursing Services</i> provided by private insurance, or <i>Private Duty Nursing Services</i> provided by the child’s school”</li> </ul> </li> </ul>



Date	Summary of Changes
	<ul style="list-style-type: none"> <li>○ <i>“For MLTSS and support program Private Duty Nursing (SPPDN), members for which PDN care is medically necessary, the maximum daily services that can be received, including PDN from other sources and alternative sources of nursing care, beyond the 8-hour coverage requirement of the primary caretaker, is 16 hours per day” with “Private Duty Nursing Services shall be limited to a maximum of 16 hours, including services provided or paid for by other sources, in a 24-hour period, per person in MLTSS; there shall be a live-in primary adult caregiver who accepts 24-hour per day responsibility for the health and welfare of the beneficiary unless the sole purpose of the Private Duty Nursing is the administration of IV therapy”</i></li> <li>● Removed language indicating Private Duty Nursing is not authorized for providing childcare, companion/custodial care, monitoring, housekeeping, activities of daily living, respite care, or comprehensive care management; services are not authorized for the convenience of the member’s primary caregiver</li> </ul> <p><b>Documentation Requirements</b></p> <ul style="list-style-type: none"> <li>● Removed documentation requirements for in-state and out-of-state (OOS) PDN requests for students temporarily residing outside of the permanent NJ residence</li> </ul> <p><b>Initial Request for Authorization</b></p> <ul style="list-style-type: none"> <li>● Revised language to indicate: <ul style="list-style-type: none"> <li>○ Initial service requests of Private Duty Nursing Services (i.e., the first-time member is requesting services with UnitedHealthcare for Private Duty Nursing Services) must be submitted with all of the following clinical documentation: <ul style="list-style-type: none"> <li>§ CMS-485 Home Health Certification that includes and Plan of Care (CMS-485) form signed by a physician (MD or DO) or signed by an advanced practitioner (NP, CNS, or PA) in accordance with state law</li> <li>§ Treatment plan, which typically includes diagnosis, proposed treatment by type, frequency, expected duration of treatment, expected treatment goals, and frequency of treatment plan updates</li> <li>§ A comprehensive assessment of the member’s health status including but not limited to documentation of the skilled care need and medication administration record</li> <li>§ Discharge summary or recent progress note if member is being discharged from an inpatient setting (Note: If member is requesting Private Duty Nursing Services for discharge from inpatient setting, subspecialist visit notes are not required)</li> <li>§ Consultation notes if the member is receiving services from subspecialist</li> <li>§ Delineated scope and duration of Private Duty Nursing Services being requested</li> <li>§ An assessment of the available support system must include but is not limited to the following: <ul style="list-style-type: none"> <li>– Availability of the member’s primary caregiver</li> <li>– Ability of the member’s primary caregiver to provide care</li> <li>– School attendance and availability of coverage for services by school district, if applicable</li> <li>– Primary caregiver’s work schedules, as applicable</li> </ul> </li> <li>§ Home care agency can safely deliver the required care at home</li> <li>§ Home environment is safe, accessible, and can be modified to accommodate the home care plan</li> <li>§ Verification of primary caregiver’s employment schedule annually, as applicable</li> </ul> </li> <li>○ Additional documentation clarifying clinical status (such as well child check and/or specialist visit notes) may be requested if clinical documentation provided does not clearly support the hours requested</li> </ul> </li> </ul> <p><b>Renewal of Services</b></p> <ul style="list-style-type: none"> <li>● Revised list of required clinical documentation; added language to indicate “additional documentation clarifying clinical status (such as well child check and/or specialist visit notes) may be requested if clinical documentation provided does not clearly support the hours requested”</li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>● Removed definition of “Primary Caregiver”</li> </ul>

Date	Summary of Changes
	<p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>• Added HCPCS codes S9123, S9124, T1030, and T1031</li> <li>• Added notation to indicate HCPCS codes T1000, T1002, T1003, T1030, and T1031 are not on the State of New Jersey Medicaid Fee Schedule and therefore may not be covered by the State of New Jersey Medicaid Program</li> </ul> <p><b>Benefit Considerations (new to policy)</b></p> <p><b>Coverage Limitations and Exclusions</b></p> <ul style="list-style-type: none"> <li>• Added language to indicate: <ul style="list-style-type: none"> <li>○ Requested services are excluded in the state specific contracts</li> <li>○ Services beyond the plan benefits (hours or days) or member is no longer eligible for benefits under the state contract [are not covered]</li> <li>○ Requested services defined as non-skilled care or custodial care in the member’s state contractual language [are not covered], such as but not limited to: <ul style="list-style-type: none"> <li>§ Members who are on continuous or bolus nasogastric (NG) or gastrostomy tube (GT) feedings and do not have other skilled care needs (Note: Transition from an inpatient setting to the home may be considered medically necessary for these members when there is a need to train the member’s family or caregiver to administer the NG or GT feedings)</li> <li>§ Private Duty Nursing Services become maintenance or custodial care and not medically necessary when any one of the following situations occur: <ul style="list-style-type: none"> <li>– Medical and nursing documentation shows that the member’s condition is stable/predictable/controlled and that a licensed nurse is not required to monitor the condition</li> <li>– The plan of care does not require a licensed nurse to be in continuous attendance</li> <li>– The plan of care does not require hands-on nursing interventions (<b>Note:</b> Observation in case an intervention is required is not considered skilled care)</li> </ul> </li> </ul> </li> <li>○ The following are examples of services that do not require the skill of a licensed nurse and therefore do not meet the medical necessity requirements for Private Duty Nursing Services: <ul style="list-style-type: none"> <li>§ Any duplication of care which is already provided by supply or infusion companies</li> <li>§ Care of an established colostomy/ileostomy</li> <li>§ Care of an established gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings</li> <li>§ Care of an established indwelling bladder catheter (including emptying/changing containers and clamping tubing)</li> <li>§ Care of an established tracheostomy (including intermittent suctioning)</li> <li>§ Help with daily living activities, such as but not limited to walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating, or preparing foods</li> <li>§ Institutional care, including room and board for rest cures, adult day care, and convalescent care</li> <li>§ Respite care, adult (or child) day care, or convalescent care</li> <li>§ Routine administration of maintenance medications including insulin [this applies to oral (PO), subcutaneous (SQ) and intramuscular (IM) medications]</li> <li>§ Routine patient care such as changing dressings, periodic turning, and positioning in bed, administering oral medications, or watching or protecting a member</li> </ul> </li> <li>○ Respite care and convenience care unless mandated [are not covered] (Note: Respite care relieves the caregiver of the need to provide services to the member)</li> <li>○ Respite or supervision or serve as a substitution for routine parenting tasks [are not covered]</li> <li>○ Services involve payment of family members or non-professional caregivers for services performed for the member unless required by state contract [are not covered]</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Updated <i>References</i> section to reflect the most current information</li> <li>• Archived previous policy version CS102NJ.E</li> </ul>



## Instructions for Use

This Medical Policy 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 policy, 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 Medical Policy 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 Medical Policies 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.