

## UTILIZATION MANAGEMENT GUIDELINE – 11.01.522

### Skilled Hourly Nursing Care in the Home

Effective Date: May 1, 2025  
Last Revised: Apr. 8, 2025  
Replaces: N/A

RELATED MEDICAL POLICIES:  
11.01.508 Skilled Home Health Services

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## Introduction

With advances in technology, it is now possible to provide a high level of medical and nursing technical support in the home setting. In the past this care could only be provided in a hospital or facility setting. Some individuals with complex medical diagnoses can now remain at home with the support of skilled nursing care. This care is different than general home health care, which is usually managed by intermittent brief visits by skilled staff. Skilled hourly nursing care or medically intensive home nursing care refers to complex hourly nursing services provided by a licensed nurse in the individual's home for more than 4 hours per day. This policy describes skilled hourly care and outlines how the plan may cover these services.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

## Policy Coverage Criteria

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Links to coverage criteria:

All skilled nursing care in the home

Skilled nursing care in the home with  
home ventilator and/or tracheostomy care

Skilled nursing care in the home with  
transitional care

Criteria Guidelines

Not Medically Necessary

Exclusions

Service	Medical Necessity
<b>Skilled hourly nursing care in the home*</b>  <b>*Note:</b> These criteria must be met for <b>ALL</b> skilled hourly nursing services provided in the home. See the additional medical necessity criteria for specific services: <a href="#">Home ventilator and/or tracheostomy care</a> and <a href="#">Transitional care</a> – noted below	<b>Skilled hourly nursing care in the home may be considered medically necessary when ALL of the following criteria are met:</b> <ul style="list-style-type: none"><li>• The skilled nursing services are performed in the home as an alternative to a more acute care setting (eg, hospital, skilled nursing facility), or to assist with a transition of care from an acute care setting;</li></ul> <b>AND</b> <ul style="list-style-type: none"><li>• The skilled nursing services are ordered by a licensed physician as part of a treatment plan for a covered medical condition</li></ul> <b>AND</b> <ul style="list-style-type: none"><li>• There is a physician approved, written treatment plan with specific short- and long-term goals</li></ul> <b>AND</b> <ul style="list-style-type: none"><li>• The skilled nursing services provided are reasonable and necessary for the care of an individual's illness or medical needs and are performed and require the proficiency and skills of a licensed nurse (i.e., Registered Nurse [RN], Licensed Practical Nurse [LPN], or Licensed Vocational Nurse [LVN]) working under a licensed home health agency within the accepted standards and scope of practice of a licensed nurse (RN, LPN or LVN)</li></ul> <b>AND</b> <ul style="list-style-type: none"><li>• The nursing services can safely be provided in the individual's private residence</li></ul> <b>AND</b> <ul style="list-style-type: none"><li>• There is a primary caregiver in the home who is willing and able to be trained to care for the individual and assume and be responsible for the individual's care when the nurse is not in the home or once the individual's condition has stabilized</li></ul> <b>AND</b>



Service	Medical Necessity
	<ul style="list-style-type: none"> <li>The skilled nursing services are not for the convenience of or meant to replace or augment those services that can be administered by a parent, trained family member, or primary caregiver</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>The individual's unstable condition requires frequent nursing assessments and changes in the plan of care that could not be met through an intermittent skilled nursing home health visit but only through skilled hourly nursing services (e.g., requires 4 hours or more of intensive skilled nursing care per day) which may include, but is not limited to, any of following:             <ul style="list-style-type: none"> <li>Assessments (e.g., respiratory assessment, patency of airway, vital signs, feeding assessment, seizure activity, hydration, level of consciousness, constant observation for comfort and pain management)</li> <li>Administration of treatment related to technological dependence (e.g., ventilator, tracheostomy, intravenous [IV] administration of medications and fluids, feeding pumps, nasal stents, central lines)</li> <li>Monitoring and maintaining parameters/machinery (e.g., oximetry, blood pressure, end tidal CO2 levels, ventilator settings, humidification systems, fluid balance, etc.)</li> <li>Interventions (e.g., medications, nasopharyngeal or deep tracheal suctioning, IVs, hyperalimentation, enteral feeds, ostomy care, and tracheostomy care)</li> </ul> </li> </ul> <p><b>*Note:</b> See additional medical necessity criteria for the specific services <a href="#">Home ventilator and/or tracheostomy care</a> and <a href="#">Transitional care</a> – below. The above medical necessity criteria must be met in addition to the criteria for the specific services that may be applicable below.</p>
<b>Skilling hourly nursing care in the home with home ventilator and/or tracheostomy care</b>	<p><b>When the medical necessity criteria for skilled hourly nursing care above are met, the addition of home ventilator and/or tracheostomy care may be considered medically necessary when:</b></p> <ul style="list-style-type: none"> <li>The treating physician has agreed to the home care plan</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>The individual is on a ventilator at least 6 hours per day</li> </ul>



Service	Medical Necessity
	<p><b>AND</b></p> <ul style="list-style-type: none"> <li>The individual is expected to be or has been ventilator dependent for longer than 30 days</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>Initial transition to the home setting with a ventilator may be approved for up to 24 hours per day for no longer than 3 weeks</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>Subsequent skilled hourly nursing care for management of a home ventilator may be covered up to 16 hours per day for continued instability requiring close monitoring and frequent ventilator adjustments</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>The individual needs tracheostomy care that requires deep suctioning at least every 4 hours</li> </ul>
<p><b>Skilling hourly nursing care in the home with transitional care</b></p>	<p><b>When the medical necessity criteria for skilled hourly nursing care above are met, skilled hourly nursing care for greater than 16 hours per day may be considered medically necessary in the following circumstances:</b></p> <ul style="list-style-type: none"> <li>Transition from the inpatient setting to the home setting, to allow family training especially in the case of medically fragile infants</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>For 3-4 days when the individual is acutely ill, and the individual has previously been stable with skilled hourly nursing care in the home, and additional skilled hourly home care may prevent an inpatient admission</li> </ul>
<p><b>Continuation of care</b></p>	<p><b>The medical necessity criteria for skilled hourly nursing care (above) continues to be met as documented in the nursing progress notes</b></p> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>The physician has reviewed and renewed the written treatment plan with any updated short-and long-term goals, including discharge planning at least every six months</li> </ul>

Service	Criteria Guidelines
<b>Guidelines for skilled hourly nursing care in the home</b>	<p><b>When the above medical necessity criteria are met, the following guidelines apply:</b></p> <ul style="list-style-type: none"> <li>• The goal of skilled nursing care in the home is to train the family to care for the individual as independently as possible and to gradually decrease nursing care hours in the home with eventual termination of services as the individual's medical condition stabilizes.</li> <li>• The length and duration of skilled nursing services in the home is considered intermittent and temporary in nature and not intended to be provided on a permanent ongoing basis.</li> <li>• The number of hours of coverage during a 24-hour period is based on the submitted documentation that outlines the complexity and intensity of the care required and the frequency needed of skilled nursing care interventions and the documentation demonstrates that the family or caregivers are participating in the care as skilled hourly nursing care is not intended to be 24 hours of care (except for <b>transitional care</b> as noted above)</li> <li>• In most cases skilled hourly nursing care is covered at 8 to 12 continuous hours per day (less than 16 hours)</li> <li>• Skilled hourly nursing care is not automatically covered in the school setting. The level of need must still be determined. All the above medical necessity criteria and limitations must still be met.</li> <li>• The family or caregivers are generally in the home when the nurse is present</li> </ul>

Service	Not Medical Necessity
<b>Not medically necessary</b>	<p><b>Skilled hourly nursing care in the home is NOT medically necessary when any of the following circumstances are present:</b></p> <ul style="list-style-type: none"> <li>• The above medical necessity criteria are not met</li> <li>• There is no caregiver in the home that has the ability and is available to be trained to care for the individual and assume a portion of the care</li> </ul>

Service	Not Medical Necessity
	<ul style="list-style-type: none"> <li>• Once the family or caregivers have been taught the nursing services and have demonstrated the skills and ability to carry out the plan of care</li> <li>• Once the medical condition of the individual has stabilized or is predictable or controlled and a licensed nurse is not required to monitor the condition</li> <li>• Continuous or bolus nasogastric or gastrostomy tube feedings are required but there are no other skilled needs</li> <li>• Care is for a stable, established tracheostomy (including intermittent suctioning)</li> <li>• Care is already provided by a supply, infusion, or home health company or agency</li> <li>• Care is custodial or maintenance and can be given by a non-professional (i.e., nursing assistant, home health aide, trained family member)</li> <li>• Care provided is solely to allow respite for the individual's caregivers or family</li> <li>• Care provided is solely to allow the individual's family or caregiver to attend school or work outside of the home</li> <li>• The individual is receiving care in any of the following settings: <ul style="list-style-type: none"> <li>○ Acute inpatient hospital</li> <li>○ Inpatient rehabilitation facility</li> <li>○ Intermediate care facility or a resident of a licensed residential care facility</li> <li>○ Skilled nursing facility</li> </ul> </li> <li>• The nurse providing care is the patient's spouse, natural or adoptive child, parent, sibling, grandparent, or grandchild. This also includes any person with an equivalent step or in-law relationship to the individual.</li> </ul>

Service	Exclusions
<b>Non-skilled services excluded from coverage</b>	<p><b>Non-skilled services are considered custodial and therefore excluded from coverage. These services include, but are not limited to, any of the following:</b></p> <ul style="list-style-type: none"> <li>• Administration of oxygen, intermittent positive pressure breathing (IPPB) treatments and nebulizer treatments</li> </ul>

	<ul style="list-style-type: none"> <li>• Administration of suppositories and/or enema</li> <li>• Application of eye drops, ointments, or topical medications.</li> <li>• Assistance with bathing, eating, dressing, or preventing a person from self-harm</li> <li>• Heat treatments such as whirlpool, paraffin baths, heating pads, or heat lamps that can be self-administered</li> <li>• Home health aides and supervisory visits for observation of home health aides</li> <li>• Ongoing intermittent straight catheterization for chronic conditions</li> <li>• Routine administration or set up of maintenance medications, including insulin. This applies to oral (PO), subcutaneous (SQ), intramuscular (IM) and intravenous (IV) medications which are taken on a regular basis</li> <li>• Routine care of an established indwelling bladder catheter</li> <li>• Routine colostomy/ileostomy care</li> <li>• Routine foot and nail care</li> <li>• Routine gastrostomy/jejunostomy/nasogastric enteral feedings</li> <li>• Routine services directed toward the prevention of injury or illness</li> <li>• Simple dressing changes</li> <li>• Suctioning of the oropharynx</li> </ul>
<b>Exclusions to skilled hourly nursing care in the home</b>	<p><b>Exclusions to skilled hourly nursing care in the home include:</b></p> <ul style="list-style-type: none"> <li>• The nurse's travel time to and from an individual's home is included in the cost for providing the service and is not reimbursed separately.</li> <li>• Preparation of plans, records, or programs involved in care is considered an administrative function and not direct patient care.</li> <li>• Visits for administrative purposes only, such as recertification assessments</li> </ul>

## Documentation Requirements

**The records submitted for review should document that medical necessity criteria are met. Include clinical documentation of ALL of the following:**

- The nursing services are ordered by a licensed physician (MD or DO) as part of a treatment plan for a covered medical condition



## Documentation Requirements

- There is a physician-approved, written treatment plan with specific short-term and long-term goals
- The provided nursing services are reasonable and necessary for care of an individual's illness or medical needs and are within the accepted standards of nursing practice
- Services must require the professional proficiency and skills of an RN or LPN/LVN working under a licensed home health agency and within the scope of nursing practice
- The nursing services can safely be provided in the individual's private residence
- The individual's condition is unstable and requires frequent nursing assessments and changes in the plan of care that could not be met through an intermittent skilled nursing visit but only through skilled hourly nursing services
- The specific number of skilled nursing hours being requested as well as the anticipated duration of the skilled nursing services to be provided

### For continuation of care the records submitted for review should include the following:

- Ongoing medical necessity criteria continues to be met as documented in the nursing progress notes

### AND

- The physician has reviewed and renewed the written treatment plan with any updated short- and long-term goals, including discharge planning at least every six months

## Coding

Code	Description
<b>HCPCS</b>	
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

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## Related Information





## Definition of Terms

**Activities of Daily Living (ADLs):** Self-care activities within an individual's place of residence that include dressing/bathing, eating, ambulating (walking), toileting, grooming, and hygiene.

**Custodial care:** Care comprised of services and supplies, including room and board and other facility services, which are provided to an individual, whether disabled or not, primarily to assist the individual in activities of daily living.

Custodial care includes, but is not limited to, help in walking, bathing, dressing, feeding, preparation of special diets, and supervision or self-administration of medications. Such services and supplies are custodial as determined by the plan without regard to the place of service or the provider prescribing or providing the services. Custodial care can be safely provided in the absence of a trained licensed medical professional, although such a professional might provide the initial training to family members.

**Medically intensive home care:** Care of an individual in the home setting that would otherwise be provided in a hospital or other active inpatient setting. Reasons for medically intensive home care are severity of or life-threatening nature of an illness or technology dependence.

**Medically fragile:** A condition that makes an individual likely to require care to prevent, or intervene in, a life-threatening episode. This involves a wide variety of illnesses with the common denominator of extreme severity of existing disease(s) or the potential to develop severe complications. Examples include but are not limited to individuals on continuous peritoneal dialysis, those with an unstable airway, or severe neurological impairment.

**Private duty nursing:** The independent hiring of a nurse by a family or individual to provide care in their home. The contract is between the nurse and the individual, and there is no home health agency providing oversight of the nurse or work that is provided. The care may be skilled, supportive, or respite in nature.

**Respite care:** Short-term inpatient or home-based care provided to an individual only when necessary to relieve the family member or other persons caring for the individual.

**Unstable medical condition:** An individual is considered to have an unstable medical condition if (1) the physician has ordered that the nurse constantly monitor and evaluate the individual's condition and make any necessary adjustments to the treatment regimen; and that the nursing and other therapy progress notes indicate that such interventions or adjustments have been made and are necessary; **OR** (2) the physician's orders dealing with the individual's unstable medical condition reflect that changes or adjustments have been made at least monthly.



## Benefit Application

Skilled hourly nursing care in the home may not be covered in all contracts.

Some contracts cover skilled hourly nursing care in the home as a benefit limited to a specified number of hours per benefit year.

Effective January 1, 1995, Washington state adopted a Washington Administrative Code (WAC 284-44-500) that mandates benefit coverage for alternative care that includes substitution of home health care, provided in lieu of hospitalization/institutionalization for Washington state residents. State specific information about the administrative criteria can be found at the source URL: <https://apps.leg.wa.gov/WAC/default.aspx?cite=284-44-500>. Accessed March 31, 2025.

**Note:** This WAC is applicable to fully-insured members. Self-funded groups may or may not elect to provide similar provisions to their contract. Please check the member contract for benefits and administer accordingly.

## Guideline Review

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### Description

The intent of skilled hourly nursing care in the home is:

- To assist an individual with complex, direct skilled nursing care
- To develop caregiver competencies through training and education
- To optimize an individual's health status and outcomes

Examples of skilled hourly nursing care in the home may include:

- New ventilator dependent patients
- New tracheostomy patients



- Individuals who are dependent on other device-based respiratory support, including tracheostomy care, nasopharyngeal or deep suctioning, and oxygen support
- Individuals who are chronically ill and who require extensive skilled nursing care to remain at home
- Individuals who require prolonged intravenous nutrition or drug therapy with needs beyond those covered by home infusion therapy services

Some medical conditions create the need for observation with possible need for intervention if self-care is compromised by the inability to perform critical functions. This may require long-term skilled care, and benefits may or may not be available depending on the individual patient's clinical needs and the member's contract coverage.

Examples of this observation/intervention category include:

- Communication is severely impaired or non-existent
- Management of secretions is severely impaired or non-existent
- Nutritional needs must be managed by alternative methods
- Voluntary movement is severely impaired or non-existent

## References

1. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 7 Home Health Services – Section 40.1 Skilled Nursing Care [electronic version]. Last revised 12-21-23 Effective 01/07/14.. Source URL: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf> Accessed March 31, 2025.
2. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 7 Home Health Services – Section 50.3 Medical Social Services [electronic version]. Last revised 12-21-23. Source URL: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf> Accessed March 31, 2025.
3. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 7 Home Health Services – Section 40.2 Skilled Therapy Services [electronic version]. Last revised 12-21-23 Effective 01/14/14.. Source URL: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf> Accessed March 31 2025.
4. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination. Home health nurses' visits to patients requiring heparin injection. NCD #290.2 [electronic version]. Source URL: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=210&ncdver=1&DocID=290.2&bc=gAAAAAgAAAA&> Accessed March 31, 2025.



5. Centers for Medicare & Medicaid Services (CMS). General exclusions from coverage. Medicare Benefit Policy Manual, Chapter 16. Rev. 198. Baltimore, MD: CMS; revised November 6, 2014. Available at URL: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf>. Accessed March 31, 2025.
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8. American Association for Respiratory Care Clinical Practice Guideline Long-Term Invasive Mechanical Ventilation in the Home Revision & Update. 2007. Available at URL: <https://www.aarc.org/wp-content/uploads/2014/08/08.07.1056.pdf>. Accessed March 31, 2025.
9. Sterni, LM, Collaco, JM, Baker CD, et al. An official American thoracic society clinical practice guideline: pediatric chronic home invasive ventilation. Am J Respir Crit Care Med. 2016; 193 (8): e16-35. PMID 27082538.
10. Committee on Children with Disabilities. Guidelines for Home Care of Infants, Children, and Adolescents with Chronic Disease. Pediatrics 1995;96(1):161-164. PMID: 7596707
11. Hewitt-Talor J. Caring for Children with Complex and Continuing Health Needs. Nurs Stand. 2005; 19(42): 41-47. PMID: 16013204.

## History

Date	Comments
08/11/15	New Utilization Management Guideline. Private Duty Nurse Services may be considered medically necessary when criteria are met and the member has health plan benefits for the services.
10/13/15	Interim Update. To accurately describe the services, the policy title is changed to Skilled Hourly Nursing Care in the Home and throughout the policy from Private Duty Nurse Services. The intent of the policy statements is unchanged; provider's description change only, as explained above.
01/29/16	Coding update. Added HCPCS code T1000.
06/01/16	Update Related Policies: Remove 11.01.509 as it is archived. Alphabetized list of terms in Definitions. Minor formatting changes.
11/01/16	Annual Review, approved October 11, 2016. Slight wording changes. Added definitions of private duty nursing and medically intensive home care. Policy moved into new format.
06/01/17	Annual Review, approved May 23, 2017. Clarified language in criteria. Removed HCPCS code T1000. No changes to policy statement.
06/01/18	Annual Review, approved May 3, 2018. Minor editing for clarity only. Otherwise no other change to UM guideline statements.
04/01/19	Annual Review, approved March 5, 2019. Guideline statements unchanged.



Date	Comments
04/01/20	Annual Review, approved March 19, 2020. UM Guideline reviewed. Clarified skilled services include nasopharyngeal or deep tracheal suctioning. Non-skilled services include oropharyngeal suctioning; otherwise guideline statements unchanged.
03/01/21	Annual Review, approved February 9, 2021. Policy reorganized and reformatted for greater clarity. Added the following medical necessity statements: skilled nursing services are an alternative to a more acute care setting or as a transition from an acute care setting and, there is a primary caregiver in the home who has the ability to be trained and assume the care of the patient when the nurse is not in the home or once the patient has stabilized. Other minor policy statement edits made, but intent is unchanged. Not medically necessary statements and criteria guidelines expanded for added clarification.
02/01/22	Annual Review, approved January 24, 2022. Utilization management guideline reviewed. Policy statements unchanged.
03/01/23	Annual Review, approved February 6, 2023. Utilization management guideline reviewed. Policy statements unchanged. Changed the wording from "patient" to "individual" throughout the policy for standardization.
05/01/24	Annual Review, approved April 22, 2024. UM guideline reviewed. Minor edits made; policy intent unchanged. References added.
05/01/25	Annual Review, approved April 8, 2025. UM guideline reviewed. Added criteria for continuation of care stating that the skilled hourly nursing care criteria continues to be met as documented in the nursing progress notes and the physician has reviewed and renewed the written treatment plan with any updated short-term and long-term goals, including discharge planning at least every six months. References added.

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

