

# SKILLED CARE AND CUSTODIAL CARE SERVICES

**Guideline Number:** CDG.008.03  
**Effective Date:** September 1, 2014

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### **INSTRUCTIONS FOR USE**

*This Coverage Determination Guideline provides assistance in interpreting certain standard UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee’s document (e.g., Certificates of Coverage (COCs), Schedules of Benefits (SOBs), or Summary Plan Descriptions (SPDs), and Medicaid State Contracts) may differ greatly from the standard benefit plans upon which this guideline is based. In the event of a conflict, the enrollee's specific benefit document supersedes these guidelines. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this guideline. Other coverage determination guidelines and medical policies may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its coverage determination guidelines and medical policies as necessary. This Coverage Determination Guideline does not constitute medical advice.*

*UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care 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.*

## COVERAGE RATIONALE

### **Plan Document Language**

Before using this guideline, please check enrollee’s specific plan document and any federal or state mandates, if applicable.

### **Essential Health Benefits for Individual and Small Group:**

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the enrollee’s specific plan document to determine benefit coverage.

## **Requirements for Coverage**

1. Skilled Care in the enrollee's place of residence (see definition below). Skilled Care includes:
  - a. Skilled nursing
  - b. Skilled teaching
  - c. Skilled rehabilitation (physical therapy, occupational therapy and speech therapy)
2. For Skilled Care to be covered in the enrollee's place of residence, the following criteria must be met:
  - a. Be ordered and directed by a licensed practitioner or specialist (*M.D., D.O., P.A. or N.P.*)
  - b. A plan of care must be established and periodically reviewed and updated by the treating practitioner or specialist.
  - c. The care must be delivered or supervised by a licensed nurse, technical or professional medical personnel in order to obtain a specified medical outcome.
  - d. It must not be Custodial Care. (See definition below).
  - e. The care requires clinical training in order to be delivered safely and effectively.
  - f. The patient's condition must be documented to be such that they cannot receive the skilled care in a setting other than the enrollee's place of residence.

## **Coverage Limitations and Exclusions**

1. Skilled Care does not include Custodial Care (see [definition](#) below), including but not limited to; domiciliary care, respite care, or rest cures.
2. Services provided by personal care attendants, family members or nonprofessional caregivers.
3. A service is not skilled care simply because there is not an available caregiver.
4. Homemaker services unrelated to enrollee's care or home meal delivery services (e.g., Meals-on-Wheels) or transportation services (e.g., Dial-a-Ride).
5. Private Duty Nursing; please check enrollee specific plan document.
6. Home Health Services beyond benefit limits (e.g. visits).
7. Services provided as part of another benefit.

## **DEFINITIONS**

### **Custodial Care:**

- Non-health-related services, such as assistance in activities of daily living (examples include feeding, dressing, bathing, transferring, ambulating and companion services).
- Health-related services that are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function (even if the specific services are considered to be skilled services), as opposed to improving that function to an extent that might allow for a more independent existence.
- Services that do not require continued administration by trained medical personnel in order to be delivered safely and effectively. (2011 COC)

**Place of Residence:** Wherever the patient makes his/her home. This may include his/her dwelling, an apartment, a relative's home, home for the aged, or a custodial care facility.

### **Skilled Care:**

- Skilled Nursing
- Skilled Teaching
- Skilled Rehabilitation (physical therapy, occupational therapy and speech therapy)

To be skilled, the service must meet all of the following requirements:

- It must be delivered or supervised by licensed technical or professional medical personnel in order to obtain the specified medical outcome, and provide for the safety of the patient,
- It is ordered by a Physician,
- It is not delivered for the purpose of assisting with activities of daily living (dressing, feeding, bathing or transferring from bed to chair),
- It requires clinical training in order to be delivered safely and effectively, and
- It is not Custodial Care (2011 COC)

**Skilled (From MCG):** Skilled care provides a service that is "so inherently complex that it can only be safely and effectively performed by, or under the supervision of, professional or technical personnel."

## APPLICABLE CODES

The Current Procedural Terminology (CPT<sup>®</sup>) and Healthcare Common Procedure Coding System (HCPCS) codes listed in this guideline are for reference purposes only. Listing of a service code in this guideline does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the enrollee specific benefit document 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 claims payment. Other policies and coverage determination guidelines may apply.

CPT<sup>®</sup> is a registered trademark of the American Medical Association.

<b>Limited to specific procedure codes?</b>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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CPT <sup>®</sup> Procedure Code	Description
<b>CUSTODIAL CARE</b>	
Code 99509 may or may not be considered custodial care depending on whether care is provided as part of a skilled service or not.	
99509	Home visit for assistance with activities of daily living and personal care

HCPCS Procedure Code	Description
<b>CUSTODIAL/NON SKILLED CARE SERVICES</b>	
S5100	Day care services adult; per 15 min
S5101	Day care services adult; per half day
S5102	Day care services adult; per diem
S5105	Day care services, center-based; services not included in program fee per diem
S5120	Chore services; per 15 minutes
S5121	Chore services; per diem
S5125	Attendant care services; per 15 min
S5126	Attendant care services; per diem
S5130	Homemaker service, nos; per 15 min
S5131	Homemaker service, nos; per diem
S5135	Companion care, adult (e.g., iadl/adl); per 15 minutes
S5136	Companion care, adult (e.g. iadl/adl); per diem
S5140	Foster care, adult; per diem
S5141	Foster care, adult; per month
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem

HCPSC Procedure Code	Description
S5175	Laundry service, external, professional; per order
<b>RESPIRE CARE</b>	
S9125	Respite care in the home per diem
T1005	Respite care services, up to 15 minutes
<b>DOMICILIARY CARE</b>	
S5170	Home delivered meals/ including preparation; per meal
S5175	Laundry service, external, professional; per order

Limited to specific diagnosis codes?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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Limited to place of service (POS)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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Limited to specific provider type?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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Limited to specific revenue codes?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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## REFERENCES

1. MCG™ 18th Edition

## GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
09/01/2014	<ul style="list-style-type: none"> <li>• Changed policy title; previously titled <i>Custodial and Skilled Care Services</i></li> <li>• Added reference link to CDG titled <i>Home Health Care</i></li> <li>• Replaced/revised coverage rationale to reflect the following: <ul style="list-style-type: none"> <li><b>Requirements for Coverage</b></li> <li>○ Skilled Care in the enrollee's place of residence includes: <ul style="list-style-type: none"> <li>▪ Skilled nursing</li> <li>▪ Skilled teaching</li> <li>▪ Skilled rehabilitation (physical therapy, occupational therapy and speech therapy)</li> </ul> </li> <li>○ For Skilled Care to be covered in the enrollee's place of residence, the following criteria must be met: <ul style="list-style-type: none"> <li>▪ Be ordered and directed by a licensed practitioner or specialist (M.D., D.O., P.A. or N.P); a plan of care must be established and periodically reviewed and updated by the treating practitioner or specialist</li> <li>▪ The care must be delivered or supervised by a licensed nurse, technical or professional medical personnel in order to obtain a specified medical outcome.</li> <li>▪ It must not be Custodial Care</li> <li>▪ The care requires clinical training in order to be delivered safely and effectively</li> <li>▪ The patient's condition must be documented to be such that they cannot receive the skilled care in a setting other than the enrollee's place of residence</li> </ul> </li> </ul> </li> </ul> <p><b>Coverage Limitations and Exclusions</b></p>

Date	Action/Description
	<ul style="list-style-type: none"> <li>○ Skilled Care does not include Custodial Care, including but not limited to; domiciliary care, respite care, or rest cures</li> <li>○ Services provided by personal care attendants, family members or nonprofessional caregivers</li> <li>○ A service is not skilled care simply because there is not an available caregiver</li> <li>○ Homemaker services unrelated to enrollee's care or home meal delivery services (e.g., Meals-on-Wheels) or transportation services (e.g., Dial-a-Ride)</li> <li>○ Private Duty Nursing; refer to the enrollee specific plan document</li> <li>○ Home Health Services beyond benefit limits (e.g., visits)</li> <li>○ Services provided as part of another benefit</li> <li>● Revised definitions: <ul style="list-style-type: none"> <li>○ Removed definition of: <ul style="list-style-type: none"> <li>▪ Inpatient Rehabilitation Facility (IRF)</li> <li>▪ Intermittent Care</li> <li>▪ Maintenance Program</li> <li>▪ Mechanical Ventilation</li> <li>▪ Skilled Nursing Facility</li> </ul> </li> <li>○ Added definition of: <ul style="list-style-type: none"> <li>▪ Place of Residence</li> <li>▪ Skilled (from MCG)</li> </ul> </li> <li>○ Updated definition of: <ul style="list-style-type: none"> <li>▪ Custodial Care</li> <li>▪ Skilled Care</li> </ul> </li> </ul> </li> <li>● Removed references</li> <li>● Archived previous policy version CDG.008.02</li> </ul>