Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:

Private Duty Nursing in the Home

Effective: October 1, 2025

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes ☒ No ☐
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☒ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☐ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

To be considered homebound, a Member does not have to be bedridden. However, the condition should be such that there exists a normal inability to leave the home, and consequently, leaving the home would require a considerable and taxing effort. If the Member can leave the home, the Member may be considered homebound if the absences from the home are infrequent, for periods of relatively short duration, or to receive medical treatment.

Clinical Guideline Coverage Criteria

The Plan may authorize coverage of private duty nursing for Members in the home, when **ALL** of the following criteria are met:

1. The services are medically necessary
2. The services are ordered by a physician
3. The services are received in a Member's home for a Member who is homebound (see definition of homebound that is to be used for this benefit under "overview" above)
4. The services are performed by a certified home health agency by a licensed nurse (RN or LPN)
5. The Member requires continuous skilled nursing observation and intervention

Limitations

The Plan does not cover the following services as private duty nursing:

1. When provided by a private duty nurse:
    a. The primary duties are limited to bathing, feeding, exercising, homemaking, giving oral medications or acting as a companion or sitter
    b. The duties are performed by a member of your household or when the cost of any care is being provided by the Member's relatives (by blood, marriage, or adoption)
    c. The care is provided outside of the home (e.g., a school, nursing facility or assisted living facility)
    d. The services duplicate or overlap services (e.g., when a person is receiving hospice care services or is receiving skilled nursing home care visits during the same hours)
    e. The services are for observation only
2. Services of a nurse's aide
3. Care for a Member without an available caregiver in the home
4. Maintenance care when the Member's condition has stabilized (including routine ostomy care or tube feeding administration) or if the anticipated need is indefinite
5. Respite care (for example, care during a caregiver's vacation) or to allow a caregiver to work or attend school

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes

**Codes Applicable to HPHC Commercial; ^Codes Applicable to THP Commercial*

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

References:

1. Centers for Medicare and Medicaid (CMS). Medicare Benefits Policy Manual; Chapter 7 Home Health Services. (Rev. 11447, 06-06-22. Medicare Benefit Policy Manual (cms.gov). Accessed February 6, 2023.

Approval And Revision History

October 21, 2020: Reviewed by IMPAC, renewed without changes

Subsequent endorsement date(s) and changes made:

- November 24, 2020: Fax number for Unify updated
- December 21, 2021: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- December 1, 2022: Reviewed by MPAC, renewed without changes and effective March 1, 2023
- October 18, 2023: Reviewed by MPAC, renewed without changes to apply to Harvard Pilgrim Health Care Commercial Products effective January 1, 2024
- September 20, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Rebranded Unify to One Care effective January 1, 2024
- October 17, 2024: Reviewed by MPAC, renewed without changes
- August 20, 2025: Reviewed by MPAC for annual review, renewed without changes effective October 1, 2025
- September 15, 2025: Fax number for Senior Care Options, Tufts Medicare Preferred HMO and Tufts Medicare Preferred PPO updated; language for Carelink removed; Harvard Pilgrim Health Care Stride Medicare Advantage removed as an applicable product from the template

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation

organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.