



MEDICAL COVERAGE POLICY

SERVICE: Custodial Care

Policy Number: 042

Effective Date: 04/01/2025

Last Review: 03/10/2025

Next Review: 03/10/2026

Important note: Unless otherwise indicated, medical policies will apply to all lines of business.

Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

SERVICE: Custodial Care

PRIOR AUTHORIZATION: Not applicable.

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

Medicare definition of Custodial Care: Nonskilled, personal care, such as help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving round, and using the bathroom. It may also include care that most people do themselves, like using eye drops. In most cases, Medicare doesn't pay for custodial care. [Medicare Definition \(accessed 02-2025\)](#)

For Medicaid plans, "Domiciliary, rest home, or custodial care services" are all benefits for Texas Medicaid plans. Please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual | TMHP](#) (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

For Commercial, Self-funded, and Medicare lines of business, BSWHP does NOT consider custodial care to be a skilled health care service, and therefore it is not a covered benefit. Custodial services are defined and specifically excluded from coverage in member evidence of coverage and summary plan documents.

BACKGROUND:

Custodial Care means, care which does not require the continuous services of skilled or trained medical, paramedical, or allied health professional personnel.

Custodial care is designed to assist patients in meeting the activities of daily living and to maintain life and/or comfort. Examples of custodial care include, but are not limited to:

A. Non-health-related services, such as domiciliary care and personal care/assistance in activities of daily living such as:

1. Help in walking or getting in or out of bed
2. Assistance in bathing, dressing, feeding, and using toilet facilities



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3. Preparation of diets and nutritional supplements
4. Provision of socially necessary services such as room and board
- B. Services that do not require administration by trained medical personnel in order to be delivered safely and effectively, (medication preparation and administration and treatments that are self-administered).
- C. Services as a result of court-ordered confinements, during which the patient's ongoing medical treatment is continued but is secondary to the court ordered confinement.
- D. Services that can be trained by skilled personnel for non-skilled personnel to perform.
- E. Health-related services which do not seek to cure or which are provided during periods when the medical condition of the patient who requires the service is not changing.

CODES:

Important note: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes	
CPT Not Covered	99509 Home visit for assistance with activities of daily living and <u>personal care</u>
ICD10 Not Covered	

POLICY HISTORY:

Status	Date	Action
New	01/01/2011	New policy
Reviewed	12/12/2011	Reviewed.
Reviewed	10/4/2012	Reviewed.
Reviewed	04/25/2013	No changes
Reviewed	03/27/2014	No changes
Reviewed	04/09/2015	No changes
Reviewed	04/14/2016	No changes
Reviewed	03/28/2017	No changes
Reviewed	02/20/2018	No changes
Reviewed	05/22/2019	No changes
Reviewed	07/30/2020	Updated language to include Medicaid
Reviewed	07/22/2021	No changes
Reviewed	06/23/2022	No changes
Reviewed	07/27/2023	No changes
Reviewed	8/12/2024	Formatting changes, added hyperlink to TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.



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Reviewed	03/10/2025	Updated link for Medicare definition, ending note section updated to align with business entity changes.
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Note:

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid is offered through Scott and White Health Plan in the Central Texas Medicaid Rural Service Area (MRSA); FirstCare STAR is offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs; and FirstCare CHIP is offered through FirstCare in the Lubbock Service Area.