

<b>Policy Number</b>	<b>ADM1001.014</b>
<b>Policy Effective Date</b>	<b>11/15/2025</b>

## Custodial Care

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### Disclaimer

#### **Carefully check state regulations and/or the member contract.**

Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

### Coverage

NOTE: Services and supplies for custodial care are subject to applicable contract benefit limitations/exclusions.

Custodial care services are services provided primarily for personal comfort or convenience that provide general maintenance, preventive, and/or protective care without any clinical likelihood of improvement. These services may include assistance with walking, getting in and out of bed, bathing, dressing, feeding, toileting, preparation of special diets, and/or supervision of medication that can usually be self-administered.

### Policy Guidelines

None.

### Description

Custodial care is essentially personal care that does not require the technical skills, professional training and clinical assessment ability of medical, nursing personnel, or allied health professional personnel in order to be safely and effectively performed.

Custodial care means care in any setting comprised of services and supplies, including room and board and other institutional services, provided to assist a member in activities of daily living and to maintain life and/or comfort with no reasonable expectation of cure or improvement of sickness or injury. Custodial care is not considered a necessary part of medical treatment for recovery.

## Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

<b>CPT Codes</b>	99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99437, 99491, 99509
<b>HCPCS Codes</b>	None

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## Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does not have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been developed since this medical policy document was written. See Medicare's National Coverage at <<https://www.cms.hhs.gov>>.

## Policy History/Revision

Date	Description of Change
11/15/2025	Document updated. The following change was made to Coverage: Removed statement of medical necessity and revised to include only a description of what custodial care services include.
03/15/2025	Reviewed. No changes.
03/15/2024	Document updated with literature review. Coverage unchanged. No new references added.
03/15/2023	Reviewed. No changes.

07/15/2022	Document updated with literature review. The following change was made to Coverage: Modified list of custodial care examples. Reference 1 added; one reference removed.
02/01/2022	Reviewed. No changes.
09/15/2021	Document updated with literature review. Coverage unchanged. No new references added.
07/15/2020	Reviewed. No changes.
05/01/2019	Document updated with literature review. Coverage unchanged.
04/15/2018	Reviewed. No changes.
06/15/2017	Document updated with literature review. Coverage unchanged.
05/01/2016	Reviewed. No changes.
10/01/2015	Document updated with literature review. Coverage language was changed to the following: Custodial care services are considered not medically necessary as these services are provided primarily for personal comfort or convenience that provides general maintenance, preventive, and/or protective care without any clinical likelihood of improvement. These services may include but are not limited to the following: 1) helping one walk, 2) bathe, 3) dress, 4) eat, 5) prepare special diets, and/or 6) administration of routine medications.
03/15/2014	Document updated with literature review. Coverage unchanged.
04/15/2008	Policy reviewed without literature review; new review date only. This policy is no longer scheduled for routine literature review and update.
08/01/2002	Revised/updated entire document
09/01/1998	Revised/updated entire document
05/01/1996	Revised/updated entire document
09/01/1990	New medical document