

MEDICAL POLICY

Medical Policy Title	Comfort, Convenience, or Custodial Services
Policy Number	11.01.11
Current Effective Date	December 18, 2025
Next Review Date	December 2026

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to [Product Disclaimer](#))

POLICY STATEMENT(S)

Services that are characterized as a comfort, convenience or custodial and it is a service that is otherwise covered under the member's subscriber contract, then the Health Plan will request additional, pertinent information in order to make a determination. Upon receipt of the information requested, a Health Plan Medical Director will review the request for medical necessity. The determination will be based on the criteria indicated in the appropriate Health Plan policy or policies. (See Related Policies section)

RELATED POLICIES

Corporate Medical Policy

1.01.00 Durable Medical Equipment (DME) and Devices, Standard and Non-Standard

7.01.11 Cosmetic and Reconstructive Procedures

11.01.15 Medically Necessary Services

POLICY GUIDELINE(S)

Not Applicable

DESCRIPTION

The purpose of this policy is to clarify the meaning of "Comfort," "Convenience," or "Custodial,". A particular request that is being reviewed, classified within one of these three (3) categories (when applicable), will require medical necessity review. The review will be subject to the then-current law governing medical necessity.

The description for each of the four terms of this policy is based on the generally accepted language used by the Centers for Medicare & Medicaid Services (CMS).

Comfort

Items and/or services that do not contribute meaningfully to the treatment of an illness or injury or the functioning of a malformed body member (except for hospice care) are defined as comfort items. Devices or equipment deemed presumptively non-medical and considered to be comfort items include, but are not limited to, environmental control devices (heaters, air conditioners, humidifiers,

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dehumidifiers, and electric air cleaners), physical fitness equipment, first aid supplies, and precautionary equipment (e.g., safety grab bars, training equipment, etc.).

Convenience

Items and/or services that do not contribute meaningfully to the treatment of an illness or injury or the functioning of a malformed body member (except for hospice care) **AND** that are primarily for the convenience of the patient and/or the caregiver are classified as convenience items. Examples of convenience items include, but are not limited to elevators, stairway elevators (stair lifts), ergonomic chairs, ramps, and home or car adaptive equipment.

Custodial

Custodial care connotes a level of routine maintenance or supportive care that need not be provided by trained and skilled professional personnel.

In determining whether a person is receiving custodial care, the patient's medical record is reviewed, using established criteria, and consideration is given to the level of care and medical supervision required and furnished.

Custodial care and/or services are those that are designed essentially to assist an individual with personal care. The services that constitute personal care and considered custodial include, but are not limited to, help in walking, getting in and out of bed, bathing, dressing, feeding, and using the toilet; preparation of diet; and supervision of medications that can be self-administered and do not entail or require the continuing attention of trained medical or paramedical personnel.

SUPPORTIVE LITERATURE

Not Applicable

PROFESSIONAL GUIDELINE(S)

Not Applicable

REGULATORY STATUS

Not Applicable

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

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Code	Description
Multiple Codes	

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HCPCS Codes

Code	Description
Multiple Codes	

ICD10 Codes

Code	Description
Multiple Codes	

REFERENCES

Not Applicable

SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

There is currently no National Coverage Determination (NCD) or Local Coverage Determination (LCD) for Comfort, Convenience, Custodial or Cosmetic Services. However, some of these services are addressed in Chapter 16, sections 80, 110, and 120, of the Medicare Benefit Policy Manual which addresses General Exclusions from Coverage. Please refer to the following website for Medicare Members. Medicare Benefit Policy Manual Chapter 16-General Exclusions from Coverage: <http://www.cms.hhs.gov/manuals/Downloads/bp102c16.pdf> [Accessed 2025 Oct 23]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.

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- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
03/27/03, 02/24/05, 10/19/06, 10/24/07, 10/23/08, 10/28/09, 10/28/10, 12/08/11, 12/06/12, 12/12/13, 12/11/14, 12/10/15, 12/08/16, 12/14/17, 12/13/18, 12/12/19, 12/10/20, 12/16/21, 12/22/22, 12/21/23, 12/19/24, 12/18/25	
Date	Summary of Changes
12/18/25	<ul style="list-style-type: none">• Annual update. Intent of the policy unchanged. Removal of cosmetic content throughout the policy as it is addressed on CMP #7.01.11. Removal of eligibility or reimbursement from policy statement section as it is addressed in the opening paragraph of the policy.
01/01/25	<ul style="list-style-type: none">• Summary of changes tracking implemented.
03/27/03	<ul style="list-style-type: none">• Original effective date