Medical Coverage Policy

Home Health Care Services

☐ Device/Equipment ☐ Drug ☒ Medical ☐ Surgery ☐ Test ☐ Other

Effective Date:	12/2/2011	Policy Last Updated:	2/19/2013

☐ **Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

☒ **Prospective review is not required.**

This policy is not applicable to the initial home health care assessment/evaluation conducted by the ordering physician (or qualified health care professional in the same specialty and practice group) to determine the patient's clinical condition supports the need for home health services. The policy applies to home health services ordered by the physician following the initial evaluation/assessment.

Description:

Physician Certification Requirements

The physician is the person who orders home health care based on the personal examination of the patient. A physician who certifies a patient as eligible for home health services must see the patient. A non-physician practitioner (NPP) may see the patient when the NPP is working for or in collaboration with the physician.

As part of the certification form itself, or as an addendum to it, the physician must document that the physician or NPP saw the patient, and document how the patient's clinical condition supports a homebound status and need for skilled services. The face-to-face encounter must occur within the 90 days prior to the start of home health care, or within the 30 days after the start of care.

While the long-standing requirement for physicians to order and certify the need for home health remains unchanged, this new requirement assures that the physician's order is based on current knowledge of the patient's condition. In situations when a physician orders home health care for the patient based on a new condition that was not evident during a recent visit, the certifying physician or NPP must see the patient within 30 days after admission.

The new requirement includes several features to accommodate physician practice. In addition to allowing NPPs to conduct the face-to-face encounter, a physician who attended to the patient but does not follow the patient in the community, such as a hospitalist, may certify the

need for home health care based on their face to face contact with the patient in the hospital and establish and sign the plan of care. Such physicians may certify the need for home health care based on their face to face contact with the patient, initiate the orders for home health services, and “hand off” the patient to his or her community-based physician to review and sign off on the plan of care. Finally, in rural areas, the law allows the face-to-face encounter to occur via telehealth, in an approved originating site.

Home Confined

A patient will be considered to be homebound if they have a condition due to an illness or injury that restricts their ability to leave their place of residence except with the aid of: supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person; or if leaving home is medically contraindicated.

An individual does not have to be bedridden to be considered confined to the home. However, the condition of these patients should be such that there exists a normal inability to leave home and, consequently, leaving home would require a considerable and taxing effort. ...If the patient does in fact leave the home, the patient may nevertheless be considered homebound if the absences from the home are infrequent or for periods of relatively short duration, or are attributable to the need to receive health care treatment. Absences attributable to the need to receive health care treatment include, but are not limited to:

- Attendance at adult day centers to receive medical care;
- Ongoing receipt of outpatient kidney dialysis; or
- The receipt of outpatient chemotherapy or radiation therapy.

Place of Residence

A patient's residence is wherever he or she makes his or her home. This may be their own dwelling, an apartment, a relative's home, a home for the aged, or an institution such as an assisted living facility, group home or personal care home.

The following institutions do not qualify as a place of residence:

- Diagnostic and therapeutic services for medical diagnosis;
- Treatment;
- Care of disabled or sick persons;
- Rehabilitation services for the rehabilitation of injured, disabled, or sick persons;
- Skilled nursing care or related services for patients who require medical or nursing care; or
- Rehabilitation services for the rehabilitation of injured, sick, or disabled persons.

Skilled Nursing Care Services

Nursing care for the member must require the skills of a registered nurse, or a licensed practical (vocational) nurse under the supervision of a registered nurse. The services of a registered or licensed practical nurse that is directly related to the treatment of the patient's illness or injury

Medical Criteria:
Not applicable, this is a reimbursement policy.

Policy:

Commercial Members:

Home health services are covered for members who meet all of the following requirements:

- Be confined to the home;
- Under the care of a physician;
- Receiving services under a plan of care established and periodically reviewed by a physician;
- Be in need of skilled nursing care on an part-time intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy.

Home health services are covered when ordered by a physician and provided by a home health care agency and include the following services:

- Skilled nursing by an RN or LPN
- Home health aide services
- Medical social services;
- Physical and occupational therapy;
- Speech therapy
- Nutritional counseling

Services provided as part of the home care are not to exceed a total of 8 hours of combined services per day (i.e., 2 hours of home health services, 3 hours occupational therapy, and 3 hours of skilled nursing services in one day).

Skilled nursing services alone are not to exceed a total of 8 hours per day as it is considered private duty nursing and not home care. Please refer to Private Duty Nursing policy at https://www.bcbsri.com/sites/default/files/polices/Private_Duty_Nursing.pdf

Home health aide services are covered for up to two hours per day. The needs for these services typically are not required for more than two hours per day. The duties of a home health aide are to provide services needed to maintain the patient's health or to facilitate treatment of the patient's illness or injury. Services that are over the 2 hour per day limit will be retrospectively reviewed by the Medical Director and if these services are considered

custodial* care as defined by Medicare (see below) BCBSRI will consider them a contract exclusion.

Home health aide services in excess of BCBSRI time limit of two (2) hours per day:
Providers filing for more than two (2) hours of home health aide services (S9122) per day are to include clinical documentation for review by the Health Services Management Department to determine if the services are skilled or custodial.

BlueCHiP for Medicare Members:

BlueCHiP for Medicare covers home health when the member meets the following requirements:

- Be confined to the home;
- Under the care of a physician;
- Receiving services under a plan of care established and periodically reviewed by a physician;
- Be in need of skilled nursing care on an intermittent basis or physical therapy or speech-language pathology; or
- Have a continuing need for occupational therapy.

Medicare covers either part-time or intermittent home health aide services or skilled nursing services subject to the following limits. "The term "part-time or intermittent services" means skilled nursing and home health aide services furnished any number of days per week as long as they are furnished (combined) less than 8 hours each day and 28 or fewer hours each week (or, subject to review on a case-by-case basis as to the need for care, less than 8 hours each day and 35 or fewer hours each week).

NOTE: Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates scientific evidence with local expert opinion, and consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations and the US Congress. BCBSRI policy is based upon peer-reviewed, scientifically controlled studies in the literature that demonstrate the superior health outcome of a service or treatment. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. BCBSRI and Medicare policies may differ, however, our BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers. (In some, but not all instances, BCBSRI offer more benefits than does Medicare).

For specific details regarding Medicare Home Care coverage please refer to the Medicare Benefit Policy Manual Chapter 7 Home Health Services which can be found at http://www.cms.gov/manuals/Downloads/bp102c07.pdf

All BCBSRI Products:

Non-covered services:

- Custodial care,* homemaking, or maintenance therapy.
- Services of a personal care attendant.
- Charges for private duty nursing. See policy on Private Duty Nursing.

*Custodial care are considered services used for the purpose of meeting nonmedical personal care to help with activities of daily living (e.g., bathing, dressing, food preparation, eating, getting into or out of bed or chair, and using the bathroom) including homemaking, companionship, or maintenance therapy and are a contract exclusion.

Coverage:

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable "Home Health Care" coverage.

Co-payments, deductibles and/or coinsurances may apply depending upon the member's benefit plan specifics.

Coding:

S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
S9123	Nursing care, in the home; by registered nurse, per hour
S9124	Nursing care, in the home; by licensed practical nurse, per hour
S9127	Social work visit, in the home, per diem
S9128	Speech therapy, in the home, per diem
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy; in the home, per diem
S9470	Nutritional counseling, dietitian visit

Related Topics:
Private Duty Nursing
https://www.bcbsri.com/sites/default/files/polices/Private_Duty_Nursing.pdf
Palliative and Hospice Care
Care Plan Oversight
https://www.bcbsri.com/sites/default/files/polices/CarePlanOversight.pdf
Physician Certification and Re-certification
https://www.bcbsri.com/sites/default/files/polices/PhysicianCertificationRecertificationofCarePlans.pdf

Published:
Provider Update, 2013
Provider Update, May 2012

Reference:

Centers for Medicare and Medicaid Services: Your Medicare Benefits. Accessed 02/07/2013 http://www.medicare.gov

Home Health Face-to-Face Encounter - A New Home Health Certification Requirement http://www.cms.gov/MLNMattersArticles/downloads/SE1038.pdf

Medicare Benefit Policy Manual: Chapter 7 - Home Health Service. Accessed 02/07/2013 https://www.cms.gov/manuals/Downloads/bp102c07.pdf

Medicare Claims Processing Manual: Chapter 10 - Home Health Agency Billing. Accessed 02/07/2013

BCBSRI-Subscriber Agreement HMC2C 2013: Section 3.15, Home Health Care.