Payment Policy | Home Health Services

EFFECTIVE DATE: 07|01|2012
POLICY LAST UPDATED: 06|02|2014

OVERVIEW

Home health care covers a wide range of services and can often delay the need for long term nursing home care. Home Health care may include physical, speech and occupational therapy, in addition, it may involve skilled nursing or assistance with daily needs and monitoring medications.

Note: 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.

PRIOR AUTHORIZATION

Prior Authorization is not required.

POLICY STATEMENT

Commercial:

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

- Meet the status of 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 care 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

Note: Prior Authorization is needed for speech services even when rendered as part of a homecare program. Refer to Speech Therapy Policy **(Effective for dates of service of 1/1/2018 and after Prior Authorization is not needed)**

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.

Home health aide services are covered for up to two hours per day. The need 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:

Blue ChiP 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

BlueCHiP for Medicare and Commercial

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 dailly 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.

MEDICAL CRITERIA

None.

BACKGROUND

Home Health Services are covered. Providers need to ensure that they follow the requirements as stated in 42 CFR 424.22 "Requirements for home health services"
http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol3/pdf/CFR-2011-title42-vol3-sec424-22.pdf
as outlined below.

- Certification
- Recertification
- Limitation on the performance of the certification and the plan of treatment functions

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.

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

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 POLICIES

Private Duty Nursing
Care Plan Oversight
Physician Certification and Re-certification
Speech Therapy

PUBLISHED

Provider Update	Aug 2014
Provider Update	May 2013
Provider Update	May 2012

REFERENCES

1. Centers for Medicare and Medicaid Services: Your Medicare Benefits.
http://www.medicare.gov
2. Medicare Benefit Policy Manual: Chapter 7 - Home Health Service.
https://www.cms.gov/manuals/Downloads/bp102c07.pdf
3. Medicare Claims Processing Manual: Chapter 10 - Home Health Agency Billing.
Federal Register 42 CFR 424.22
http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol3/pdf/CFR-2011-title42-vol3-sec424-22.pdf
4. BCBSRI-Subscriber Agreement HMC2C 2011: Section 3.15, Home Health Care..

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