

Medical Policy

Home Health Care Services

Policy Number: 1038

Policy History

Approve Date:	07/09/2015	Effective Date:	07/09/2015
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Preauthorization

All Plans	Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.
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Policy

Indications of Coverage

Skilled nursing care is provided in the home setting by a registered nurse (RN) or Licensed Practical Nurse (LPN).

The care must require the technical proficiency, scientific skills, and knowledge of an RN or LPN. Nursing care is not defined as skilled simply because an RN or LPN delivers the services or because a physician orders it. In conjunction with delivering skilled nursing services the nurse is expected to provide teaching to the patient, available family members and/or caregivers with the goal of teaching being to facilitate participation in and/or assumption of the patient's care and meet ALL of the following criteria for skilled nursing services:

- I. Pursuant to physician orders, the service(s) is so inherently complex that it can be safely and effectively performed only by, or under the supervision of, a licensed nurse to achieve the medically desired result AND
- II. The skilled nursing care must be provided on an intermittent or hourly basis AND
- III. The skilled nursing service is not custodial in nature AND
- IV. The skilled nursing service(s) must be reasonable and necessary for the treatment of the illness or injury, that is, the services must be consistent with the unique nature and severity of the member's illness or injury, his or her particular medical needs, and accepted standards of medical and nursing practice, without regard to whether the illness or injury is acute, chronic, terminal, or expected to last a long time.
- V. Skilled home health nursing care is the provision of intermittent skilled services to a member in the home for the purpose of restoring and maintaining his or her maximal level of function and health. These services are rendered in lieu of hospitalization, confinement in an extended care facility, or going outside of the home for the service.

WEA considers skilled home health nursing services medically necessary when all of the following criteria are met:

- I. The nursing services provided are not primarily for the comfort or convenience of the member or custodial in nature AND
- II. The services are ordered by a physician and are directly related to an active treatment plan of care established by the physician AND
- III. The services are provided in lieu of a continued hospitalization, confinement in a skilled nursing facility (SNF), or receiving outpatient services outside of the home AND
- IV. The skilled nursing care is appropriate for the active treatment of a condition, illness, disease, or injury to avoid placing the member at risk for serious medical complications AND
- V. The skilled nursing care is intermittent or hourly in nature AND
- VI. The treatment provided is appropriate for the member's condition including the amount of time spent providing the service as well as the frequency and duration of the services.

The following treatments, procedures and services (but not limited to) require the skills and technical expertise of a nurse:

- I. Skilled supervision and management is required due to a high probability, as opposed to a possibility, that complications would arise without oversight of the treatment program by a licensed nurse.
- II. Skilled observation, assessment, and monitoring of the patient are required due to a complicated condition.
- III. Teaching:
 - A. The activity or procedure being taught may or may not be skilled; the teaching is the skilled service.
 - B. Documentation must state the reason why teaching was not completed in the prior treatment setting, if any, and the patient's capability to understand and be compliant.
 - C. Visit frequency depends on the complexity of the procedure being taught and the learning ability of the caregiver and/or patient.
 - D. In general, up to three visits for teaching may be medically necessary. If more than three visits are needed, there must be documentation of learning barriers or unusual circumstances.
 - E. Once a procedure is mastered by the patient and/or caregiver, further visits to reiterate previous teaching are considered not medically necessary.
 - F. If a caregiver changes, additional visits may be medically necessary for the purpose of training the new caregiver.
- IV. Catheter care may be medically necessary for the following services:
 - A. Insertion of urinary catheters, visit frequency should be every three to six weeks unless unusual circumstances are documented.
 - B. Irrigation of indwelling catheters.
 - C. Straight catheterization for residual, or to obtain a specimen for a urinary analysis (UA). Ongoing intermittent straight catheterization would be considered non-skilled.
 - D. Teaching of catheter care.
 - E. Catheter removal.
- V. Feeding tubes (nasogastric, jejunostomy, gastrostomy) may be medically necessary for the following services:
 - A. Feeding tube insertion.

- B. Feeding tube irrigation, depending on the severity of the patient's condition.
 - C. Teaching feeding tube management and care.
- VI. Non-routine subcutaneous (SQ), intramuscular (IM), or intravenous (IV) medication administration may be medically necessary if the drug is the appropriate treatment for the condition and there is a medical reason for not administering the oral form of the drug if one is available. Teaching subcutaneous administration management should be accomplished in one to three visits.
- VII. Complex medication management
- A. Home visits may be medically necessary for management of a complex range of newly prescribed medications (including oral) where there is a high probability of adverse reactions and/or a change in the dosage or type of medication. Up to three visits may be necessary unless the patient's condition changes and a new treatment plan must be made.
- VIII. Wound care may be medically necessary when the following criteria are met:
- A. Extensive wound care is needed (i.e., packing, debridement, irrigation, using sterile technique).
 - B. Occasional nursing visits for assessment of wound healing may be necessary in complicated cases (e.g., diabetics). Visits solely for observation in uncomplicated cases that do not include extensive wound care are not considered medically necessary.
- IX. Stoma dilation for colostomy care.
- X. Manual removal of a fecal impaction.
- XI. Blood draws if portable lab service is not available.

WEA does not cover custodial care which is defined as services and supplies furnished to a person mainly to help him or her with activities of daily life. Custodial care includes services and supplies:

- I. Furnished mainly to train or assist the insured family member in personal hygiene and other activities of daily living rather than to provide therapeutic treatment.
- II. That can be safely and adequately provided by persons without the technical skills of a health care provider (e.g., nurse).

Examples of non-skilled services include but are not limited to:

- I. Administration and/or set up of oral medications.
- II. Administration of oxygen, IPPB treatments and nebulizer treatments.
- III. Administration of suppositories and/or enema.
- IV. Application of eye drops or ointments or topical medications.
- V. Custodial care: activities of daily living that can be provided by non-medical people for example help in bathing, eating, dressing, and preventing a person from self-harm.
- VI. Heat treatments such as whirlpool, paraffin baths and heat lamps that can be self-administered.
- VII. Home health aides and supervisory visits for observation of home health aides.

- VIII. Ongoing intermittent straight catheterization for chronic conditions.
- IX. Preparation of plans, records, or programs involved in care is considered an administrative function and not direct patient care.
- X. Routine administration of maintenance medications including insulin. This applies to oral (PO), subcutaneous (SQ), intramuscular (IM) and intravenous (IV) medications.
- XI. Routine colostomy care.
- XII. Routine enteral feedings.
- XIII. Routine foot and nail care.
- XIV. Routine services directed toward the prevention of injury or illness.
- XV. Simple dressing changes.
- XVI. Suctioning of the nasopharynx.
- XVII. Visits for administrative purposes only, such as recertification assessments.

Skilled medical social workers' (MSW) interventions provided in the home may be indicated to assist with acute emotional issues, short-term and/or long-term planning arrangements and referrals to community services. The MSW must be working in conjunction with the skilled RN or rehabilitation therapist. MSW interventions should be completed in one to two visits, and only if unavailable through any alternative resource.

Skilled medical social worker services in the home are medically necessary when one of the following are met:

- I. The patient/family has social and/or emotional factors that impact their response to treatment and assistance with coping skills (crisis intervention) is needed in order to adjust to the change in health status OR
- II. The patient/family needs help finding community resources (e.g., financial assistance for medications, transportation, food/housing, setting up Durable Power of Attorney/Health Care Proxy, SSI application) OR
- III. There are barriers to care (e.g., patient lacks an external support system; known or suspected substance abuse or chemical dependency; known or suspected physical/mental abuse).

NOTE: The MSW cannot be the only skilled service provided in the home.

Home Physical Therapy Services may be considered medically necessary when all of the following are met:

- I. The patient has a documented physical impairment, functional limitation or disability due to disease, trauma, congenital anomalies, or prior therapeutic intervention AND
- II. The patient has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time based on specific diagnosis-related treatment/therapy goals AND
- III. The service is delivered by a qualified provider of PM&R-PT or massage therapy services AND
- IV. Due to the physical condition of the patient, the complexity and sophistication of the therapy and the

therapeutic modalities used; the judgment, knowledge, and skills of a qualified PT.

Maintenance Physical Therapy is NOT covered.

- I. Maintenance begins when the therapeutic goals of the Plan of Care have been achieved, or when no additional functional progress is apparent or expected to occur. This may apply to patients with chronic and stable conditions where skilled supervision is no longer required and clinical improvement is not expected.
- II. Maintenance (Therapy) Program consists of drills, techniques, and exercises that preserve the patient's present level of function and prevent regression of that function.
- III. Maintenance begins when the therapeutic goals of a treatment plan have been achieved and when no further functional progress is apparent or expected to occur.
- IV. Services are certain types of treatment do not generally require the skills of a qualified provider of physical therapy services, such as treatments which maintain function by using routine, repetitions, and reinforced procedures that are neither diagnostic nor therapeutic or procedures that may be carried out effectively by the patient, family, or caregivers.

Occupational therapy (OT) may be considered medically necessary when ALL of the following criteria are met:

- I. The patient has a documented physical functional impairment or disability due to disease, trauma, congenital anomalies, or prior therapeutic intervention AND
- II. The patient has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time based on specific diagnosis-related treatment/therapy goals AND
- III. Due to the physical condition of the patient, the complexity and sophistication of the therapy and the therapeutic modalities used; the judgment, knowledge, and skills of a qualified OT provider are required.

Maintenance occupational therapy is NOT covered.

Maintenance services consisting of activities that preserve the patient's present level of function and prevent regression of that function are not covered. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no further functional progress is apparent or expected to occur. This may apply to patients with chronic and stable conditions where skilled supervision is no longer required and clinical improvement is not expected. The repetitive occupational therapy services necessary to maintain a level of function are not covered.

Types of maintenance therapy may include, but are not limited to the following:

- I. A general home exercise program.
- II. Ongoing occupational therapy to maintain a static level of function when the member's chronic medical condition has reached maximum functional improvement.
- III. Passive stretching exercises that maintain range of motion and are performed by non-skilled personnel.
- IV. Therapy services that enhance performance beyond basic functional ability.

Speech therapy (ST) sessions must meet ALL of the following criteria:

- I. ST is for the needs of a patient who suffers from communication impairment or swallowing disorder due to disease, trauma, congenital anomalies, or prior therapeutic intervention.
- II. ST concentrates on achieving specific diagnosis-related goals for a patient who has a reasonable expectation of making measurable improvement in a reasonable and predictable period of time.
- III. ST is specific, effective, and reasonable for the patient's diagnosis and physical condition.
- IV. ST is delivered by a qualified, licensed provider of speech therapy services. A qualified provider is one who is licensed where required and performs within the scope of licensure.
- V. ST interventions require the judgment, knowledge and skills of a qualified provider of speech therapy services due to the complexity and sophistication of the therapy and the physical condition of the patient.

Background

Skilled medical services in the home setting may be medically necessary for the treatment of an illness, disease, condition or bodily injury for restoration of function and health. The skilled services are intermittent (part-time) and provided in place of a hospital or nursing home confinement or leaving the home for the skilled care.

Examples of cases in this category are post-surgical delay or complication of wound healing, newly instituted regimes of care that require self-injected medications, new conditions that require training for self-care such as management of colostomy or ileostomy care, transition to home for members with motor impairments such as stroke or fractures that limit mobility or more severe limitation situations.

The goal of skilled home care is help the member/family reach a level of independence with medical treatments/therapy or home exercise programs so the skilled home visits can decrease then stop. When a member is assessed for home care services, a plan of care needs to be developed that clearly defines the anticipated time to achieve goals for improving functional ability either by the patient, or the caregiver and when home nursing care will cease.

References

The above policy is based on the following references:

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