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Medicare Advantage Policy Manual **Policy ID:** M-UM02

Home Health (HH) Services

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Home health care is medical care provided in a person's home or other place of residence for an illness or injury. Home health services are generally less expensive and more convenient, but just as effective as care that may be provided in a hospital or skilled nursing facility (SNF). Goals of home health care include recovery, maintaining current conditions or function levels, or slowing the decline of an individual's condition.

MEDICARE ADVANTAGE POLICY CRITERIA

CMS Coverage Manuals*	At the end of each 60-day episode, if the physician decides to recertify the patient for a subsequent 60-day episode, the physician must include an estimate of how much longer the skilled services will be required, as well as certify the Medicare home health requirements continue to be met (i.e., member is confined to the home,

the continued need for skilled nursing, physical therapy, speech-language pathology services, or occupational therapy when the above services cease, etc.). While Medicare does not limit the number of continuous episode recertifications for beneficiaries who continue to be eligible for the home health benefit, physicians must recertify every 60-days and provide the clinical justification of this need. *(§30.5.2 of the below Medicare Manual)*

Medicare Benefit Policy Manual, Pub. No. 100.02
Chapter 7 - Home Health Services
See Sections 30 and 40 in the following links:

§30 - Conditions Patient Must Meet to Qualify for Coverage of Home Health Services

The following specific sections address the issues indicated:

- General Coverage Criteria: §30
- Confinement to the Home: §30.1.1 (Criteria 1 & 2)

§40 - Covered Services Under a Qualifying Home Health Plan of Care

The following specific sections address the issues indicated:

- Skilled Nursing Care: §40.1.1, (First 5 paragraphs)
- PT, SLP, and OT: §40.2.1 (Specifically d1, d2 and d3, but also consider the entire section).
- Additional Guidance for SLP: §40.2.3, (Criteria 1-7)
- Additional Guidance for OT: §40.2.4

Notes:

- The Medicare home health benefit covers “intermittent” care, which is defined as fewer than 7 days each week or less than 8 hours each day for periods of 21 days or less. If more or less full-time skilled nursing care over an extended period of time is expected to be needed, that individual may not qualify for home health benefits. *(§40.1.3 of the aforementioned Medicare Manual)*
- If the only care needed is personal care services such as help with bathing, using the toilet, and dressing, Medicare won’t cover this as this is considered “custodial.” *(Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, §110 - Custodial Care)*

- Other exclusions from the Medicare home health benefit are detailed in *§80* of the *Medicare Benefit Policy Manual, Chapter 7 - Home Health Services*.

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Clinical documentation n the medical record must provide all of the following information elements:
    - Member is "confined to the home" (homebound), as defined in §30.1 of the *Medicare Benefit Policy Manual, Chapter 7*;
    - Member is under the care of a physician, and receiving services under a plan of care established and periodically reviewed by a physician;
    - Member is 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.
- If requested, additional information may be needed to confirm eligibility for home health services under the guidelines found in the *Medicare Benefit Policy Manual, Chapter 7.*

CROSS REFERENCES

Inpatient Rehabilitation Facility (IRF) Services, Utilization Management, Policy No. M-03

Skilled Nursing Facility (SNF) Services, Utilization Management, Policy No. M-08

REFERENCES

1. Medicare Learning Network (MLN) Booklet for *Medicare Home Health Benefit*, ICN 908143, February, 2018; Available at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Home-Health-Benefit-Fact-Sheet-ICN908143.pdf [Last cited 09/05/2018]
2. Medicare Claims Processing Manual, Chapter 10 - Home Health Agency Billing
3. Medicare Program Integrity Manual, Chapter 6 - Medicare Contractor Medical Review Guidelines for Specific Services, §6.2 - Medical Review of Home Health Services
4. *Medicare and Home Health Care* Booklet; Available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/HHQIHHBenefits.pdf [Last cited 09/05/2018]

CODING

NOTE: The CPT codes 99500-99602 and the HCPCS S-codes are Medicare Status "I" codes, and therefore, are not valid for Medicare or Medicare Advantage use.

Codes	Number	Description
CPT	99500-99602	Home health procedures, code range *(Not valid for Medicare purposes)*
HCPCS	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
	G0154	Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting, each 15 minutes
	G0155	Services of a clinical social worker under a home health plan of care, each 15 minutes
	G0156	Services of a home health aide under a home health plan of care, each 15 minutes
	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
	G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
	G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
	G0162	Skilled services by a licensed nurse (RN only) for management and evaluation of the plan of care, each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)
	G0163	Skilled services of a licensed nurse (LPN or RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
	G0164	Skilled services of a licensed nurse (LPN or RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
	G0171	Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA)

	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting
	G0300	Direct skilled nursing of a licensed practical nurse (LPN) in the home health or hospice setting.
	G0490	Face-to-face home health nursing visit by a rural health clinic (RHC) or federally qualified health center (FGHC) in an area with a shortage of home health agencies; (services limited to RN or LPN only)
	G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
	G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
	G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
	G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
	Q5001	Hospice or home health care provided in patient's home/residence
	Q5002	Hospice or home health care provided in assisted living facility
	Q5009	Hospice or home health care provided in place not otherwise specified
	S5108-S5116	Home care training, code range *(Not valid for Medicare purposes)*
	S5180-S5181	Home health respiratory therapy, code range *(Not valid for Medicare purposes)*
	S5497-S5523	Home infusion therapy, code range *(Not valid for Medicare purposes)*
	S9097-S9098	Home visit, code range *(Not valid for Medicare purposes)*
	S9122	Home health aide or certified nurse assistant, per hour *(Not valid for Medicare purposes)*
	S9123	Nursing care in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) *(Not valid for Medicare purposes)*
	S9124	; by licensed practical nurse, per hour *(Not valid for Medicare purposes)*
	S9125	Respite care, in the home, per diem *(Not valid for Medicare purposes)*
	S9127	Social work visit, in the home, per diem *(Not valid for Medicare purposes)*
	S9128	Speech therapy, in the home, per diem *(Not valid for Medicare purposes)*
	S9129	Occupational therapy, in the home, per diem *(Not valid for Medicare purposes)*
	S9131	Physical therapy, in the home, per diem *(Not valid for Medicare purposes)*

	S9208-S9214	Home management of conditions related to pregnancy, code range *(Not valid for Medicare purposes)*
	S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem *(Not valid for Medicare purposes)*
	S9339	Home therapy, peritoneal dialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem *(Not valid for Medicare purposes)*
	S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity) *(Not valid for Medicare purposes)*

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.*