

Subject: Home Health Care**Authorization:**

Prior authorization is required for all home health care services (except EMD visits) provided to members enrolled in commercial HMO, POS, and PPO, and Marketplace/Exchange HMO and PPO products.

In-network providers are responsible for verifying member eligibility, and notifying HPHC of their intent to provide services before initiating a home health plan of care.

- POS and PPO members accessing out-of-network providers are responsible for notifying HPHC and obtaining authorization before home health services are initiated.

Policy and Coverage Criteria:

Harvard Pilgrim Health Care (HPHC) covers part-time intermittent home health care services when criteria (below) are met. Covered services must be:

- Reasonable, medically necessary based on the member's condition, the complexity of requested service(s), and accepted standards of clinical practice;
- Ordered by the Primary Care Physician (PCP) or attending physician;
- An essential part of active treatment of the member's medical or behavioral health condition; and
- Provided by a home health agency that is accredited/certified by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), the Community Health Accreditation Program (CHAP), or another Centers for Medicare and Medicaid Services (CMS) Approved Accrediting Organization.

Covered services include skilled care (i.e., care that requires the expertise of a skilled professional), and unskilled Home Health Aide (HHA) services that are directly related to the skilled plan of care. Skilled care may include:

- Nursing services
- Physical Therapy (PT) and/or Occupational Therapy (OT)
 - PT and OT services may include services provided by a Physical Therapy Assistant (PTA) or Certified Occupational Therapy Assistant (COTA) working under supervision of a licensed Physical or Occupational therapist (as appropriate)
- Speech Language Pathology (SLP) services
- Medical Social Services
- Nutritional Counseling

HHA services are authorized only when the criteria for skilled home health services (above) are met, and HPHC determines that HHA services are essential and directly related to authorized skilled services.

Medical Social Work and Nutritional Counseling Services are authorized (as appropriate) only when HPHC determines that the services are essential and directly related to the authorized skilled home health care plan.

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HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members' unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

HPHC also covers Early Maternity Discharge (EMD) visits (i.e., single skilled nursing visits provided to new mothers discharged within 48 hours after a vaginal delivery, or 96 hours after a Cesarean delivery) that are ordered by the PCP or attending provider.

- Prior approval is not required for EMD visits provided by in-network providers.

Part-time/intermittent skilled services (i.e., up to 8 hours of services per day, on a less than daily basis, up to 35 hours per week) are authorized when medical record documentation confirms ALL the following are met:

1. The member is homebound (i.e., confined to his/her home due to an illness, injury, or disability that restricts his/her ability to leave home without a considerable and taxing effort). Exceptions to this criterion may be made only in limited situations where HPHC (in collaboration with the PCP/attending provider) determines that:
 - The member’s medical condition prohibits safe travel to a treatment site where medically appropriate care can be furnished; or
 - The member’s residence is the most clinically appropriate setting for the member to receive needed care or maximize independence.
2. Requested services are reasonable and necessary based on the member’s condition, and an essential part of the active treatment plan developed by the PCP or attending physician.
 - Skilled services may be considered reasonable and necessary in situations where an available caregiver is unwilling or unable to provide medically necessary care that otherwise requires the expertise of a skilled professional.
3. There is a reasonable expectation that skilled services will improve the patient’s condition in a reasonable (and generally predictable) period of time, and/or medical record documentation confirms that requested services are reasonable and medically necessary to achieve defined medical goals.
 - Documentation of defined medical goals (e.g. improved mobility, patient/family independence in care), and estimated duration of need for the requested services is required.
 - For ongoing services, there must be documentation confirming the member has made progress towards the established goals (short and long-term) of the current home health care plan.

Exclusions:

Harvard Pilgrim Health Care (HPHC) does not cover Home Health services when criteria above are not met. In addition, HPHC does not cover ANY of the following:

- HHA or homemaking services that are not an essential part of an active, goal-oriented, skilled home health care program (except as required by state mandates)
- Custodial care (i.e., services furnished for companionship, maintenance therapy, supervision, or primarily to assist a member with Activities of Daily Living)
- Private duty nursing or block nursing that is not specifically listed as a covered benefit in the Member Handbook.

Coding:

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

Revenue Codes	Description
0551	Skilled Nursing, visit charge (per visit up to 2 hours)
0552	Skilled Nursing, hourly charge (each additional hour after the first two hrs)

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0559	Skilled Nursing, other (LPN nursing, per visit)
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HCPCS Codes	Description
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)
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, dietician visit
G0156	Services of Home Health Aide in home setting, each 15 minutes (*Must be billed in 15 minute increments)

CPT® Codes	Description
99501	Home visit for post-natal assessment and follow-up care (per visit, includes mother & child)
99601	Home infusion/visit, 2 hours
99602	Home infusion, each additional hour

Billing Guidelines:

Member’s medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

Summary of Changes:

Date	Changes
10/17	Policy coverage criteria reviewed
9/16	Annual update.
1/16	Update coding profile (add 0551, 0552, 0559, S9470, G0156, 99501)
9/15	Minor language edits. Add coding profile.
12/15	Update coding profile (add 99601, 99602).

Approved by Medical Review Committee: 11/28/17

Reviewed/Revised: 8/98, 5/99, 7/00, 1/02, 4/02, 8/02, 8/03, 8/04, 9/05, 7/06, 7/07, 7/08, 6/09, 6/09, 6/10, 7/11, 9/12, 11/13, 12/13, 11/14, 9/15, 9/16; 10/17

Initiated: 7/96

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