STRIDEsm (HMO) MEDICARE ADVANTAGE

Effective Date: April 14, 2017

Subject: Home Health Services

Authorization:

Prior authorization is required for Home Health Services including:

- Skilled Nursing services, including routine and non-routine supplies used by the member (beneficiary) during the approved episode
- Skilled rehabilitative services including Physical Therapy, Occupational Therapy, and/or Speech Language Pathology services
- Home Health Aide (HHA) services
- Medical Social Work (MSW) Services*
- Nutritional Counseling*

***MSW Services, and Nutritional Counseling are authorized are authorized only in situations where Skilled Nursing and/or Skilled Rehabilitative Services (i.e., PT, OT, SLP Services) are authorized, and MSW and/or Nutritional Counseling services are essential and directly related to the authorized skilled home health care plan.**

An initial episode of care begins with the first service delivered under the plan of care. The duration of a single full-length episode is 60 days.

An unlimited number of non-overlapping 60-day episodes may be authorized when criteria are met.

Policy and Coverage Criteria:

Harvard Pilgrim Stride[SM] (HMO) Medicare Advantage covers part-time intermittent home health care services (described below) for eligible members when specific criteria are met.

- Members must be homebound, and services must be ordered under a plan of care established and reviewed regularly by the attending physician caring for the member.

Covered services must be:

- Reasonable and medically necessary based on the member's condition, complexity of requested service(s), and accepted standards of clinical practice;
- 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 an appropriate accrediting organization.

General Eligibility Criteria:

An episode of care includes part-time/intermittent services (i.e., less than 8 hours of combined skilled nursing and HHA services per day, up to 35 hours per week), and may be authorized when ALL criteria below are met:

1. The member is homebound** (i.e., leaving the home is medically contraindicated, or member is confined to 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 Harvard Pilgrim Stride[SM] (HMO) Medicare Advantage (in collaboration with the 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.

   **** In some situations, a service cannot be provided at the residence of a homebound patient because required equipment is not available. If the services required by an individual involve the use of such equipment, the member may receive needed services on an outpatient basis at a hospital, skilled nursing facility or a rehabilitation center, and still be considered homebound if he/she requires the use of supportive devices, special transportation, or the assistance of another person to travel to the appropriate facility.**

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 attending physician.

3. Skilled services are medically necessary to achieve defined medical goals, and expected to improve the patient's condition in a reasonable (and generally predictable) period of time. Documentation of the medical goals of the current home health care plan (e.g. improved mobility, patient/family independence in care), estimated duration of need for the requested services, and member's progress towards established goals (short and long-term) is required.

Skilled nursing services that exceed part-time intermittent services may be authorized as described below:

- **Daily Subcutaneous Heparin Injections:** Skilled nursing visits may be authorized to administer subcutaneous injections of low dose heparin prescribed (by a physician) to a homebound patient who:
  - Is pregnant and requires anticoagulant therapy; or
  - Requires anticoagulation (e.g., for treatment for deep venous thrombosis or pulmonary emboli) when documentation confirms he/she cannot tolerate warfarin.

  If the patient or caregiver is unable to administer the injection, daily nursing visits (7 days a week) may be authorized for up to 6 months if reasonable and necessary. (Documentation supporting the need for the extended course of treatment is required.)

Service-Specific Criteria:

Service	Criteria	Additional Info
Skilled Nursing Services	Services must require the skills of a registered nurse, or a licensed practical (vocational) nurse working under the supervision of a registered nurse. Skilled nursing visits may also be authorized to pre-fill insulin syringes for blind diabetic members who are homebound and otherwise unable to prefill syringes.	Management and evaluation of a patient care plan in the home health setting is considered a reasonable and medically necessary skilled service when underlying conditions or complications are such that only a registered nurse can ensure that essential non-skilled care is achieving its purpose; involvement

Service	Criteria	Additional Info
		of licensed nurses is required to promote the patient's recovery and medical safety in view of the complexity of medically necessary unskilled services and the member's overall condition.
Skilled Rehabilitative Services: • **Physical Therapy (PT) Services** • **Occupational Therapy (OT) Services** • **Speech Therapy (ST), Speech Language Pathology (SLP) Services**	1. Services must be of such a level of complexity, or the member's condition must require services than can only be safely and effectively performed by a qualified therapist; and 2. Services must be directly related to a treatment regimen established by the physician and designed to treat the beneficiary's illness or injury. Services may also be covered when the specialized skills, knowledge, and judgment of a qualified therapist are needed to design or establish a safe and effective maintenance program related to a member's unique clinical condition. • Services may also be authorized when the member's clinical condition is so complex that an effective maintenance program must be delivered by the therapist himself/herself (not an assistant) to ensure the patient's safety.	The amount, frequency and duration of the services must be reasonable and appropriate, and the member's condition must be expected to improve in a reasonable and generally-predictable period of time.
Home Health Aide (HHA) Services	Services are authorized only when: 1. The member requires skilled home health services; and 2. HPHC determines HHA services are essential and directly related to authorized skilled plan of care.	
Medical Social Services	Services are authorized (as appropriate) only when: 1. The member requires skilled home health services; and 2. HPHC determines Medical Social Services are essential and directly related to authorized skilled plan of care.	

Service	Criteria	Additional Info
Nutritional Counseling	Services are authorized (as appropriate) only when: 1. The member requires skilled home health services; and **2.** HPHC determines Nutritional Counseling services are essential and directly related to authorized skilled plan of care.	

Exclusions:

- HHA or homemaking services that are not an essential part of an active, goal-oriented, skilled home health care program
- Homemaking services
- Custodial care (i.e., services furnished for companionship, maintenance therapy, supervision, or primarily to assist a member with personal care)
- Private duty nursing or block nursing services

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.

HCPCS Code	Description
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
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes
G0156	Services of home health/hospice aide in home health or hospice settings, 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 registered nurse (RN) for management and evaluation of the plan of

	care; each 15 minutes
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

References:

1. Code of Federal Regulations: Title 42 - Public Health Chapter IV - CENTERS FOR MEDICARE & MEDICAID SERVICES- DEPARTMENT OF HEALTH AND HUMAN SERVICES, Subchapter B - MEDICARE PROGRAM Part 409 - SUPPLEMENTARY MEDICAL INSURANCE BENEFITS, Subpart E - Home Health Services Under Hospital Insurance
2. CMS: National Coverage Determination (NCD) for HOME HEALTH Visits to a Blind Diabetic (290.1) (accessed 8/3/16)
3. CMS: National Coverage Determination (NCD) for HOME HEALTH Nurses' Visits to Patients Requiring Heparin Injection (290.2) (accessed 8/3/16)
4. CMS NCD) for Institutional and HOME Care Patient Education Programs (170.1) (accessed 8/3/16)
5. Medicare Benefit Policy Manual; Chapter 7- Home Health Services (Rev. 208, 05-11-15)
6. Medicare Claims Processing Manual; Chapter 10- Home Health Agency Billing (Rev. 3378, 10-16-15)

Summary of Changes

Date	Change
3/22/17	Updated coding to reflect changes to HCPCs codes for skilled nursing
8/24/16	Annual review/update. Updated references.
4/16	Add language to clarify episodic reimbursement. Update coding profile and references. Minor language and formatting changes.

Approved by UMCPC: 3/22/17
Reviewed/Revised: 8/15; 2/16; 3/17
Initiated: 8/15