

Reimbursement Policy:

Home Health Care Services

(Commercial, Medicare and Medicaid)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC202200	12/1/2022	RPC (Reimbursement Policy Committee)

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com and connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Overview:

EmblemHealth/ConnectiCare reimburses skilled home health care nursing services, home health aides, and in some benefit plans private duty home nursing.

Policy Statement:

Skilled home health care nursing services

Skilled nursing care consists of those services that must be performed by a registered nurse or licensed practical (vocational) nurse, and meet *all* of the following criteria for skilled nursing services:

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*

- The skilled nursing care must be provided on an intermittent* or hourly** basis; *and*
- The skilled nursing service is not custodial*** in nature; *and*
- 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.

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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.

Subject to applicable benefit plan terms and limitations, EmblemHealth/ConnectiCare may cover skilled home health nursing services when all the following criteria are met:

- The member is homebound because of illness or injury (i.e., the member leaves home only with considerable and taxing effort and absences from home are infrequent, or of short duration, or to receive medical care); *and*
- The nursing services provided are not primarily for the comfort or convenience of the member or custodial in nature; *and*
- The services are ordered by a physician, physician assistant, or nurse practitioner and are directly related to an active treatment plan of care established by the provider; *and*
- 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*
- 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*
- The skilled nursing care is intermittent or hourly in nature*; *and*
- 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.

* Intermittent or part time skilled home care nursing is defined as a visit of up to 4 hours in duration.

** Home health skilled nursing care is defined as a consecutive 4-hour period of time (i.e., an 8-hour shift equals 2 visits).

*** Custodial care is defined as services and supplies furnished to a person mainly to help him or her with activities of daily life.

Custodial Care (when a covered benefit)

Custodial care includes services and supplies:

1. 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.
2. That can be safely and adequately provided by persons without the technical skills of a health care provider (e.g., nurse).

Custodial care can be prescribed by a physician or given by trained medical personnel. It may involve artificial methods such as feeding tubes, ventilators, or catheters.

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Examples of custodial care include:

- Routine patient care such as changing non-skilled dressings, periodic turning and positioning in bed, administering oral medications.
- Care of a stable tracheostomy (including intermittent suctioning);
- Care of a stable colostomy/ileostomy.
- Care of stable gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings.
- Care of a stable indwelling bladder catheter (including emptying/changing containers and clamping tubing);
- Watching or protecting a member (examples include but not limited to pulse oximetry monitoring, monitoring of respiratory status, and seizure monitoring and observation in a person who is stable without cardiorespiratory compromise).
- Respite care, adult (or child) day care, or convalescent care.
- Institutional care, including room and board for rest cures, adult day care and convalescent care.
- Help with the daily living activities, such as walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating or preparing foods.
- Any services that a person without medical or paramedical training could be trained to perform; *and*
- Any service that can be performed by a person without any medical or paramedical training.

Home Nursing for Patients on Ventilators

EmblemHealth/ConnectiCare consider initial stabilization of a member on a ventilator at home after discharge to be a skilled need requiring home nursing care. Once the member is stabilized at home, the Plan does not consider continued ventilator management a skilled need requiring home nursing unless the member is unstable and needs close monitoring and frequent ventilator adjustments. This instability may be the result of an acute event (e.g., respiratory infection or exacerbation of chronic obstructive pulmonary disease (COPD)) or weaning from a ventilator.

For members on a ventilator at home, the plan considers continuous home nursing medically necessary for up to 3 weeks upon an initial discharge from an inpatient setting as a transition to home, as long as the member requires continuous skilled care to manage the ventilator. Thereafter, the amount of home nursing per day that is medically necessary will decline as the member is stabilized and the family member/caregiver is instructed on routine ventilator care.

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Home Health Aids

A home health aide is a provider who assists a member with non-skilled care to meet activities of daily living, thereby maintaining the individual in his or her home environment.

EmblemHealth/ConnectiCare may cover services of a home health aide in select cases when *both* of the following criteria are met:

- The services of a home health aide are rendered in conjunction with intermittent skilled home health care services provided by a licensed practical or registered nurse, occupational therapist, physical therapist, or speech therapist; *and*
- The services delivered by the home health aide directly support skilled home health care services.

These may include:

- Assisting with a prescribed exercise regimen;
- Assisting with activities of daily living;
- Changing non-sterile dressings that do not require the skills of a licensed nurse;
- Routine care of prosthetic and orthotic devices;
- Supervising the individual's adherence to prescribed, self-administered medication and/or special diets;
- Taking blood pressure and other health monitoring activities.

Generally, the following services are considered *not covered*:

- Babysitting services
- House cleaning (except for maintaining the member's immediate area)
- Transportation.

Private Duty Nursing (when a covered benefit)

EmblemHealth/ConnectiCare considers private duty home nursing for members other than those on a ventilator (see separate section below for special coverage rules for members on ventilators) medically necessary as set forth below.

Subject to applicable benefit plan terms and limitations, the plan considers home nursing care medically necessary when recommended by the member's primary care and/or treating physician and *all* of the following criteria are met:

- The member has skilled needs*; *and*
- The member is homebound; *and*
- The member needs skilled care that exceeds the scope of intermittent care; *and*

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- Placement of the nurse in the home is done to meet the skilled needs of the member only; not for the convenience of the family caregiver; *and*
- Home nursing care is provided as part of a written short term, home care plan leading to the training of the primary care giver(s) to deliver those services once the member's condition is stabilized; *and*
- Home nursing is not meant to replace a parent or caregiver, but to provide skilled support to the member; *and*
 - Services are provided at home when such services are medically necessary to properly attend the member

Note: For Medicare Advantage members, the terms of Medicare National Coverage Determinations (NCDs)/Local Coverage Determinations (LCDs) on PDN would apply where applicable. PDN services must be ordered by the member's primary care and/or treatment physician following a face-to-face visit; with recertification every 60 day by the ordering provider; and the agency/provider must participate with traditional Medicare and be licensed to perform the PDN services ordered in the home.

* Services that can safely and effectively be provided by a nonclinical person do not become skilled needs solely because a caregiver/family member is unavailable. To qualify for private duty nursing, the member must have one caregiver willing and able to accept responsibility for the member's care when the nurse is not available; If the caregiver/family member cannot or will not accept responsibility for the care, private duty nursing will be considered not medically necessary as this is considered an unsafe environment. This includes situations where no person is available to assume the role of a caregiver, as well as situations where a family member or other potential caregiver is available but is not willing to assume the caregiver role.

Private duty nursing services become custodial care when *any* one of the following situations occur:

- The member's condition is stable such that a licensed nurse is not required to monitor the condition; *or*
- Continuous attendance by a licensed nurse is not necessary; *or*
- Hands-on nursing interventions are not necessary.

Custodial care is defined as services that are primarily intended to help members meet personal needs. Custodial care can be prescribed by a physician or given by trained medical personnel. It may involve artificial methods such as feeding tubes, ventilators or catheters.

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Home Healthcare Physical Therapy/Occupational Therapy/Speech Therapy

EmblemHealth/ConnectiCare may cover home-based therapy in selected cases based upon the member's needs (i.e., the member must be homebound). This may be considered covered in the transition of the member from hospital to home and may be an extension of case management services.

In-home therapy must be prescribed by a chiropractor, DO, MD, nurse practitioner, podiatrist or other health professional qualified to prescribe physical therapy according to State law in order to significantly improve, develop or restore physical functions lost or impaired as a result of a disease.

Exclusions:

- Many standard benefit plans exclude coverage of custodial care. Please check benefit plan documents.
 - Benefit plan documents may include a more specific definition of custodial care that would supersede the general definition of custodial care provided in this reimbursement policy.
- Private duty nursing, if a covered benefit, is not covered if the nurse is placed in the home solely for the convenience of the family member or caregiver, including placement of the nurse in the home to allow the family member or caregiver to go to work or school.
- This policy does not pertain to home infusion services. Home infusion services, including the related nursing service may be considered part of the Home Health Care or Skilled Home Health Care Nursing Services benefit and therefore may accumulate toward any associated Home or Skilled Nursing benefit limits. This varies by plan.
- Therapy for asymptomatic persons or in persons without an identifiable clinical condition is not covered.
- Therapy in persons whose condition is neither regressing nor improving, and where the skills of the therapist are not impacting member stability, is considered not covered.
- Once therapeutic benefit has been achieved, or a home exercise program could be used for further gains, continuing supervised therapy is not covered.
 - For Medicare members: Members who have chronic illness where the skills and interventions of the therapist are preventing a decline are covered to prevent or slow further deterioration.

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Preauthorization:

Applicable Plan referral, notification and authorization policies and procedures apply.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Membership Agreement or Evidence of Coverage for applicable coverage/benefits.

Billing Instructions

- Home health care services must be billed on a UB-04 claim form
- Each date of service must be its own line; no date ranges
- Both the HCPCS/CPT and the Revenue codes must match the services authorized.
- Visit definitions for billing purposes:
 - A visit is defined as up to 4 hours of care
 - Home health skilled nursing care is defined as: A consecutive 4-hour period of time (i.e., an 8-hour shift equals 2 visits)
 - Intermittent or part time skilled home care nursing: A visit of up to 4 hours in duration.
 - Visits that are split to maximize units will not be accepted.
- HCPCS coding where the description states “15-minute increments” must be billed as “Visit” units and not minutes in the HCPCS code descriptions.
 - Example: A patient needs a home health aid for 4 hours. The coding would be Revenue code 0571 with one unit of G0156.
 - Hourly revenue codes may only be billed when total time per day is less than 3 hours and only if specifically contracted.

Coding:

Revenue Code	Description	Applicable HCPCS
0420	Physical therapy-general	G0151, G0157, G0159, G2168, G2169, S9131

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Revenue Code	Description	Applicable HCPCS
0421	Physical therapy-visit charge	G0151, S9131
0422	Physical therapy-hourly charge (only if contracted)	G0151
0423	Physical therapy-group rate (only if contracted)	G0151
0424	Physical therapy-evaluation or reevaluation	G0151, S9131
0429	Physical therapy-other physical therapy	G0151, S9131
0430	Occupational therapy-general	G0152, G0158, G0160, S9129
0431	Occupational therapy-visit charge	G0152, S9129
0432	Occupational therapy-hourly charge (only if contracted)	G0152
0433	Occupational therapy-group rate (only if contracted)	G0152, S9129
0434	Occupational therapy-evaluation or reevaluation	G0152, S9129
0439	Occupational therapy-other occupational therapy	G0152, S9129
0440	Speech therapy-language pathology-general	G0153, G0161, S9128
0441	Speech therapy-language pathology-visit charge	G0153, S9128
0442	Speech therapy-language pathology-hourly charge (only if contracted)	G0153
0443	Speech therapy-language pathology-group rate (only if contracted)	G0153, S9128
0444	Speech therapy-language pathology-evaluation or reevaluation	G0153, G0161, S9128, S9152
0449	Speech therapy-language pathology-other speech-language pathology	G0153, G0161, S9128

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Revenue Code	Description	Applicable HCPCS
0550	Skilled nursing-general	G0299, G0300, G0493, G0494, G0495, G0496, G0162, 99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99511, S9097
0551	Skilled nursing-visit charge	G0299, G0300, 99500, S9097
0552	Skilled nursing-hourly charge (only if contracted)	G0299, G0300, 99500, S9123, S9124
0559	Skilled nursing-other skilled nursing	G0299, G0300, 99500, S9097
0560-0569	Medical Social Services	G0155, 99510
0561	Home Health (HH) Medical Social Services-Visit Charge	S9127
0570	Home Health (HH) Aide-General	G0156, 99509
0571	Home Health (HH) Aide-Visit Charge	G0156, 99509
0572	Home Health (HH) Aide-Hourly Charge (only if contracted)	G0156, S9122, 99509
0579	Home Health (HH) Aide-Other Home Health Aide	G0156, 99509
0580	Home Health (HH)-Other Visits-General	M0244, M0246, S5108, S5109, S5110, S5111, S5180, S5181, T1021, T1022, T1030, T1031, S5115, S5116
0581	Home Health (HH)-Other Visits-Visit Charge	S5108, S5109, S5110, S5111, S5180, S5181, T1021, T1022, T1030, T1031, S5115, S5116
0582	Home Health (HH)-Other Visits-Hourly Charge (only if contracted)	S5108, S5109, S5110, S5111, S5180, S5181, T1021, T1022, T1030, T1031, S5115, S5116, S9124
0583	Home Health (HH)-Other Visits-Assessment	S5108, S5181, T1021, T1022, T1030, T1031
0589	Home Health (HH)-Other Visits-Other Home Health Visits	M0244, M0246, S5108, S5109, S5110, S5111, S5180, S5181, T1021, T1022, T1030, T1031, S5115, S5116
0590	Home Health (HH)-Units of Service-General	S5108, S5109, S5110, S5111, S5180, S5181, S5115, S5116, 99600
0989	Private Duty Nursing	T1000, T1002

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Revision History

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	5/11/2023	<ul style="list-style-type: none"> Updated home infusion section under Exclusions to clarify home infusion services, including related nursing services may accumulate toward Home Health Care/Home Skilled Nursing Services benefit limits; varies by Plan
EmblemHealth ConnectiCare	2/22/2023	<ul style="list-style-type: none"> Added rev code 0561 with applicable code S9127
EmblemHealth ConnectiCare	2/16/2023	<ul style="list-style-type: none"> Added S9124 as applicable code for rev code 0552
EmblemHealth ConnectiCare	12/2022	<ul style="list-style-type: none"> Removed deleted code G0154
EmblemHealth ConnectiCare	8/2022	<ul style="list-style-type: none"> Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number