

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 03/08/22
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 03/08/22
<b>Clinical Policy Document:</b> Home Health Services, Intermittent	<b>Replaces Effective Clinical Policy Dated:</b> 10/04/21
<b>Reference #:</b> MC/N007	<b>Page:</b> 1 of 6

**PURPOSE:**

The intent of this clinical policy is to define intermittent home health services, ensure services are medically necessary and are being provided in the right setting.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

**POLICY:**

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

**GUIDELINES:**

Medical Necessity Criteria – Must satisfy any of the following: I or II

- I. Admission to intermittent home health care (HHC) services for skilled care – must satisfy all of the following: A - G
  - A. Medical necessity indications are established using the most recent version of the Milliman Care Guidelines (MCG). Copy available upon request.
  - B. Other services that a person without medical or paramedical training could be trained to perform.
  - C. The services are ordered by a provider, as allowed, and are reasonable and necessary for the treatment of the member’s illness or injury; and
  - D. The care is provided directly by or under the supervision of and require the skills of qualified technical or professional health personnel such as a registered nurse, licensed practical nurse, physical, occupational, or speech therapist; and
  - E. The services are appropriate for the active treatment of a condition, illness, disease, or injury to avoid placing the member at risk for serious medical complications; and
  - F. The care is provided under a treatment plan that includes measurable goals, for which modalities and procedures are planned out specifically in terms of type, frequency and duration for meeting goals and discharge plans in a timely manner; and
  - G. The member must be *homebound* except for the following which the Plan has determined is medically appropriate and/or more cost effective than care in a facility or clinic
    - 1. Home infusion services - including lab draws, line care or site inspection up to 3 times per week, and discontinuation of line
    - 2. *Negative pressure wound therapy*
    - 3. Synagis administration coinciding with the five-month RSV season (Nov-March)

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 03/08/22
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 03/08/22
<b>Clinical Policy Document:</b> Home Health Services, Intermittent	<b>Replaces Effective Clinical Policy Dated:</b> 10/04/21
<b>Reference #:</b> MC/N007	<b>Page:</b> 2 of 6

4. One well-baby visit for the mother and newborn child following early discharge from hospital due to birth of newborn, when the visit occurs within 4 days after the date of well-baby's discharge from the hospital
5. Lab draws for newborns undergoing phototherapy for hyperbilirubinemia
6. For individuals with fragile medical conditions where community exposure would adversely affect health status, eg, preterm infants, individuals that are immunocompromised
7. Other services that are determined to be more cost effective if delivered in the home setting will be assessed on a case-by-case basis

[Note: Every effort should be made to coordinate timing of lab draws, line care, or site inspection, and discontinuation of line with other scheduled visits.]

[Note: Form CMS-485 "Home Health Certification and Plan of Care" may be requested.]

II. Additional home health care services that may be considered

A. Home Health Aide (HHA) services

1. HHA services are not considered *medically necessary*, as the services provided are *custodial* in nature
2. Requests for HHA services as an alternative benefit may be considered on a case-by-case basis – both of the following: a and b
  - a. If the home care episode is already open for *skilled* or *rehabilitative* care; and
  - b. If allowed by plan language and/or if approved by the Plan *and* is medically necessary – all of the following: 1) – 3)
    - 1) Member must have a skilled nursing or rehabilitative need that requires the skills of a medical professional to develop a care plan, provide skilled care, and assess the member's condition; and
    - 2) HHA services must be related to the medical condition under treatment in the home care plan of care; and
    - 3) The need for HHA services is finite and predictable.

B. Social Worker Services - 1 to 2 visits will be allowed when both of the following are met: 1 and 2

1. If the home care episode is already open for *skilled* or *rehabilitative* care; and
2. Social worker services are necessary to resolve social or emotional problems, that are related to the member's medical condition or rate of recovery such as, but not limited to, one or more of the following: a – b
  - a. Assessment of social and emotional factors related to the member's illness, need for care, response to treatment, and adjustment to care; or
  - b. Assessment of the relationship of the member's home situation, financial resources, and availability of community resources.

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 03/08/22
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 03/08/22
<b>Clinical Policy Document:</b> Home Health Services, Intermittent	<b>Replaces Effective Clinical Policy Dated:</b> 10/04/21
<b>Reference #:</b> MC/N007	<b>Page:</b> 3 of 6

**NOT ROUTINELY COVERED:**

*Custodial* care includes but is not limited to the following:

- Routine care (eg, dressing change, periodic turning and positioning in bed, administration of medication, other than intravenously).
- Care of stable tracheostomy (eg, intermittent [every 4 hours] or simple suctioning).
- Suctioning of the oropharynx, nasopharynx or nasotrachea.
- Care of stable colostomy, gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings.
- Continuous or bolus nasogastric (NG) or gastrostomy tube (GT) feedings and do not have other skilled needs.
- Care of stable indwelling urinary or intermittent bladder catheter (eg, emptying/changing containers and clamping tubing).
- Watching or protecting a member.
- Respite care, adult (or child) day care, or convalescent care.
- Institutional care (eg, room and board for rest cares, adult day care, and convalescent care).
- Assistance with *activities of daily living* (ADLs).
- Other services that a person without medical or paramedical training could be trained to perform.

**EXCLUSIONS (not limited to):**

Refer to member's Certificate of Coverage or Summary Plan Description

**DEFINITIONS:**

Activities of Daily Living (ADL):

Activities related to personal self-care and independent living, which include eating, bathing, dressing, transferring, walking/mobility, and toileting/continence

Custodial Care:

Services to assist in activities of daily living and personal care that do not seek to cure or do not need to be provided or directed by a skilled medical professional, such as assistance in walking, bathing and feeding.

Extended hours/private duty nursing care:

It refers to continuous skilled 1-on-1 nursing care in the home from registered nurses (RNs) or licensed practical nurses (LPNs). Typically, it is prescribed on an hourly basis for tasks requiring continuous nursing care. It differs from skilled nursing care provided by home care agencies, which is typically prescribed on an *intermittent* basis.

Habilitative Therapy:

Therapy provided to develop initial functional levels of movement, strength, daily activity or speech.

Home:

A place the member makes his or her residence, other than a skilled nursing facility or a hospital. This may include a licensed residential care facility where skilled services are not included.

Homebound:

A member is considered homebound if they are unable to leave home without a considerable and taxing effort due to a medical condition. A person may leave home for episodic medical treatment or short,

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 03/08/22
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 03/08/22
<b>Clinical Policy Document:</b> Home Health Services, Intermittent	<b>Replaces Effective Clinical Policy Dated:</b> 10/04/21
<b>Reference #:</b> MC/N007	<b>Page:</b> 4 of 6

infrequent absences for non-medical reasons, to attend a funeral, religious service, or graduation; an occasional trip to the barber, a walk around the block; or other infrequent or unique event (eg, a family reunion or other such occurrence). A member's inability to drive or lack of transportation does not qualify the member for homebound status.

Intermittent:

An episode of part time skilled home nursing care that is finite and predictable.

Maintenance Care:

Care that is not habilitative or rehabilitative therapy and there is a lack of documented significant progress in functional status over a reasonable period of time.

Negative Pressure Wound Therapy (NPWT):

A technique of wound closure used to promote healing in large or chronic wounds, fight infection and enhance healing of burns. A vacuum is used to reduce pressure around the wound, drawing out excess fluids and cellular wastes. NPWT seals the wound with gauze or foam dressing and applies negative pressure to the wound bed with a tube threaded through the dressing. The vacuum may be applied continuously or intermittently, depending on the type of wound being treated and the clinical objectives. Intermittent removal of used instillation fluid supports the cleaning and drainage of the wound bed and the removal of infectious material. Also known as vacuum-assisted closure (VAC) or wound VAC.

Rehabilitative Care:

Skilled restorative service that is rendered for the purpose of maintaining and improving functional abilities, within a predictable period of time, (generally within a period of six months) to meet a member's maximum potential ability to perform functional daily living activities.

Skilled Services:

Nursing or *rehabilitative* services requiring the skills of professional medical personnel to provide care or to assess the patient's changing condition. Long term dependence on respiratory support equipment does not in and of itself define a need for skilled care.

Suctioning:

Removal of secretions from the respiratory passages that the patient cannot remove by coughing. Suctioning of the nose and mouth is a relatively simple procedure, requiring only cleanliness and sensible care in the removal of liquids from the nasal and oral passages. Suctioning of the deeper respiratory structures (deep or endotracheal suctioning) demands special skill and meticulous care to avoid traumatizing the delicate mucous membranes and introducing infection into the respiratory tree.

Visit:

Unless otherwise defined, a visit is considered to be up to 2 hours of service

**BACKGROUND:**

Coverage of HHC services is subject to the benefits, limitations, and exclusions in the member's benefit plan and the guidelines listed above. *Habilitative* and *rehabilitative* therapy is usually eligible for coverage if medically necessary. *Maintenance* and *custodial* care are typically excluded in the plan document. Refer to member's benefit plan.

A service which, by its nature, requires the skills of a nurse to be provided safely and effectively continues to be a skilled service even if it is taught to the patient, the patient's family, or other caregivers. Where the

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 03/08/22
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 03/08/22
<b>Clinical Policy Document:</b> Home Health Services, Intermittent	<b>Replaces Effective Clinical Policy Dated:</b> 10/04/21
<b>Reference #:</b> MC/N007	<b>Page:</b> 5 of 6

patient needs the skilled nursing care and there is no one trained, able and willing to provide it, the services of a nurse would be reasonable and necessary to the treatment of the illness or injury.

The intent of home health care is to assist the member with direct skilled care, to develop member and caregiver competencies through training and education, and to optimize the member's health status and outcomes. The duration of home health care services is temporary in nature and is not intended to be provided on a permanent ongoing basis.

The Plan expects the rendering of the HHC services be transitioned to the member and/or caregiver in a reasonable amount of time when appropriate and therefore, transitioning the role of the skilled professional to assessment of individual's clinical status and progress. Unwillingness to render care that a reasonable person could accomplish will not be accepted as rationale that care cannot be provided by the caregiver.

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 03/08/22
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 03/08/22
<b>Clinical Policy Document:</b> Home Health Services, Intermittent	<b>Replaces Effective Clinical Policy Dated:</b> 10/04/21
<b>Reference #:</b> MC/N007	<b>Page:</b> 6 of 6

Prior Authorization: Yes, per network provider agreement.

**REFERENCES:**

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: MP/C009 Coverage Determination Guidelines
3. Clinical Policy: MP/H007 Hospice Services
4. Clinical Policy: MC/N002 Skilled Nursing Facility Services
5. Clinical Policy: MC/N003 Occupational Therapy and Physical Therapy
6. Clinical Policy: MC/N004 Speech Therapy: Outpatient Setting
7. Clinical Policy: MC/N008 Home Health Services, Private-Duty/Extended Hours
8. Minnesota Statute 62A.0411 Maternity Care
9. Minnesota Statute 62Q.545 Coverage of Home Care Nursing
10. Band JD, & Gaynes R. Intravascular Catheter Related Infection: Prevention. (Topic 3811, Version 49.0; last updated: 05-17-21) In: Saperia GM, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2019. [www.uptodate.com](http://www.uptodate.com). Accessed 12-09-21.
11. Centers for Medicare & Medicaid Services. MLN Matters. Home Health – Clarification to Benefit Policy Manual Language on “Confined to the Home” Definition. MNL Matters Number: MM8444. Effective Date: November 19, 2013. Retrieved from <https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r172bp.pdf>. Accessed 12-09-21.
12. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual, Chapter 7 – Home Health Services. Rev. 10738, 05-07-21. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending>. Accessed 12-09-21.

**DOCUMENT HISTORY:**

<b>Created Date:</b> 01/07/13 (previously MP/H005 Home Health Care)
<b>Reviewed Date:</b> 12/31/13, 12/26/14, 12/24/15, 12/16/16, 12/15/17, 12/14/18, 12/13/19, 12/11/20, 12/09/21
<b>Revised Date:</b> 07/26/13, 10/25/13, 01/23/15, 12/30/15, 06/28/21

## Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

*We* will:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *COC*, *your* id card, or [aspirushealthplan.com](http://aspirushealthplan.com).

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1062  
Minneapolis, MN 55440  
Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)  
Fax: 763.847.4010  
Email: [customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)

*You* can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help *you*.

*You* can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597) متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف  
**Arabic**

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

**Hindi:** \_यान द\_ : य\_द आप िहंदी बोलते ह\_ तो आपके िलए मु\_त म\_ भाषा सहायता सेवाएं उपल\_ध ह\_। 1-800-332-650 (TTY: 1.866.631.8597) पर कॉल कर\_।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 1.866.631.8597).

**Traditional Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY : 1.866.631.8597)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 1.866.631.8597).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 1.866.631.8597).

**Lao:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1.866.631.5404 (TTY: 1.866.631.8597).