

Department of Origin: Integrated Healthcare Services	Effective Date: 03/08/22
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 03/08/22
Clinical Policy Document: Home Health Services, Private Duty/Extended Hours	Replaces Effective Clinical Policy Dated: 03/10/21
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PURPOSE:

The intent of this clinical policy is to define private duty/extended hours 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 - III

- I. Admission to private duty/extended hours home health care (HHC) services – must satisfy all of the following: A - J

[Note: Form CMS-485 “Home Health Certification and Plan of Care” is required.]

- A. There is a *skilled* need; and
- B. Private duty/extended hours nursing is ordered by a provider, as allowed, and are reasonable and necessary for the treatment of the member’s illness or injury; and
- C. The care is provided directly by and requires the skills of a registered nurse or licensed practical nurse; and
- D. 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
- E. 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, family/caregiver training, regression of nursing hours and discharge plans in a timely manner; and
- F. The member must be *homebound*; and
- G. The member is unstable or medically complex as such that their condition changes frequently or rapidly, so that constant nursing assessments and/or frequent skilled intervention(s) and related adjustments to the treatment regimen are required, such as but not limited to one or more of the following: 1 - 9
 - 1. Dependence on *mechanical ventilation* (see Guideline II below)
 - 2. Tracheostomy care requiring deep suctioning at least every 4 hours

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3. Unstable airway, with tracheostomy, where decannulation would lead to airway collapse (eg, tracheomalacia)
 4. Unstable airway, without tracheostomy, but due to neuro/muscular condition, (eg, central hypoventilation syndrome, spinal muscular atrophy, muscular dystrophy, or spina bifida) is at risk for airway collapse
 5. Respiratory assessment requiring frequent monitoring for aspiration, respiratory distress, choking or recurring infection and there is a recent history of recurring related hospitalizations and/or medication changes within the last 60 days
 6. Complex medication regimen where there is high risk of adverse reaction or requires skilled assessment to perform/change medication regimen and there is a recent history of recurring related hospitalizations and/or medication changes within the last 60 days
 7. Seizure disorder manifested by daily and/or prolonged seizures, requiring skilled intervention an emergent administration of anticonvulsant medication and there is a recent history of recurring related hospitalizations and/or medication changes within the last 60 days
 8. Unstable cardiac condition with recent history of or potential for life-threatening episodes (eg, immediate post-operative period for surgical repair of congenital heart disease, dysrhythmias, pediatric post-heart transplantation) and there is a recent history of recurring related hospitalizations and/or medication changes within the last 60 days
 9. Complex feeding regimen such as gastrostomy, jejunostomy, nasogastric or oral gastric feeding complicated by but not limited to, frequent regurgitation, with or without aspiration, feeding intolerance that requires frequent adjustments to feeding regimen and there is a recent history of recurring related hospitalizations and/or medication changes within the last 60 days
- H. The constant nursing assessments and/or frequent skilled intervention(s) and related adjustments to the treatment regimen are documented in the progress notes
- I. 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)
- J. Care is more cost effective than a hospital confinement and/or skilled nursing facility – must satisfy any of the following: 1 - 3
1. The member is being transitioned to home from an inpatient setting and requires greater than 4 hours per day of nursing services; or
 2. The member becomes acutely ill and greater than 4 hours per day of skilled nursing home health care will prevent a hospital admission; or
 3. The member meets the clinical criteria for a skilled nursing facility (SNF) confinement, but a SNF bed is not available.

[Note: Skilled private duty/extended hours nursing home health care may be provided until a SNF bed becomes available.]

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- II. *Ventilator dependent/ventilator assistance* related private duty/extended hours home health nursing – must satisfy all of the following: A - D
 - A. The member is dependent on a pressure and/or volume *ventilator* for respiratory insufficiency; and
 - B. *Mechanical ventilation* for life support is needed at least 6 continuous hours per day; and
 - C. The member is expected to be *ventilator dependent* for at least 30 consecutive days; and
 - D. The member meets the clinical criteria for skilled nursing facility (SNF).

- III. Ongoing private duty/extended hours HHC services – must satisfy all of the following: A - C
 - A. All of the indications in I and II, continue to be met, when applicable
 - B. At least each 60 days, documentation that the home care nurse, in consultation with the provider, have completed follow-up and outcome reassessments, that include all of the following: 1 - 6
 - 1. A statement of goals and need for continuing medically complex home care; and
 - 2. The nursing therapy progress notes indicating that necessary interventions or adjustments have been made; and
 - 3. A review of developmental progress for neonates and pediatric patients; and
 - 4. Reassessment of caregiver education/training and review of the family living environment and functionality with the goals of making the member and the family/caregiver as independent as possible and gradually decreasing nursing care hours as the member's medical condition improves and/or the family/caregiver have been taught and demonstrate the skills and ability necessary to carry out the plan of care; and
 - 5. Expected course of the underlying disease and rehabilitation potential; and
 - 6. Identification of current and potential ongoing medically complex home care needs.
 - C. The member is still homebound

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

Bilevel positive airway pressure (BiPAP):

Delivers both expiratory positive airway pressure (EPAP) and inspiratory positive airway pressure (IPAP) with respirations triggered by the patient.

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Continuous Positive Airway Pressure (CPAP):

Constant pressure is maintained throughout the respiratory cycle with no additional inspiratory support.

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.

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, 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 (e.g., 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.

Skilled Services:

Nursing or *rehabilitative* services requiring the skill 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.

Ventilator, mechanical ventilation:

Mechanical ventilation can be noninvasive, involving various types of face masks, or invasive, involving tracheal intubation. Mechanical ventilators are set to deliver a constant volume (volume cycled), a constant pressure (pressure cycled), or a combination of both. Mechanical ventilation can be delivered using volume-cycled ventilation, pressure-cycled ventilation or by means of noninvasive positive pressure

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ventilation (NIPPV). NIPPV is delivered via a tight-fitting mask that covers the nose or both the nose and mouth can be given as continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BiPAP).

Ventilator dependent/ventilator assistance:

Member receives mechanical ventilation for life support at least six hours per day and is expected to be or has been dependent on a ventilator at least 30 consecutive days.

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 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.

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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/H002 Hospice Care
4. Clinical Policy: MC/N002 Skilled Nursing Facility Services
5. Clinical Policy: MC/N007 Home Health Services, Intermittent
6. Minnesota Statute 62Q.545 Coverage of Home Care Nursing
7. American Academy of Pediatrics Committee on Children with Disabilities Guidelines for home care of infants, children, and adolescents with chronic disease. *Pediatrics*. 1995; 96 (1 Pt 1):161-164. Reaffirmed 01/2006.
8. 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.
9. Council for Pediatric Home Care. Minnesota Home Care Association. <https://www.mnhomecare.org/page/360/Peds-Council-Page.htm>. Accessed 12-09-21.
10. 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.

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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.

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

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).