

University of Michigan Health Plan  
**BENEFIT COVERAGE POLICY**

**Title:** BCP-26 Home Health Care Services

**Effective Date:** 01/01/2024

**Important Information - Please Read Before Using This Policy**

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

**1.0 Policy:**

Please refer to the member's benefit plan coverage guidelines for Home Health Care Services. Benefit plans may include a maximum allowable benefit, either in duration of treatment or in number of visits. When the maximum allowable benefit is exhausted, coverage may no longer be provided, even if the medical necessity criteria are met.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Unlisted codes are subject to review.

This policy does not guarantee or approve Benefits. Coverage depends on the specific Benefit plan. Benefit Coverage Policies are not recommendations for treatment and should not be used as treatment guidelines.

**2.0 Background**

Home Health care services are short-term services, prescribed by a treating physician or specialists delivered within a member's residence, and are designed to help a member recover after an illness, injury, hospital stay, or surgery, or to help manage chronic conditions. Home Health care includes skilled nursing care, as well as other skilled care services; physical and occupational therapy, speech-language therapy, and medical social services. These services are given by a variety of skilled health care professionals in the home.

**3.0 Benefit Guidelines:**

A. Home Health Care services are covered when ALL the following are met:

1. Services are intermittent and for a limited amount of time until care can be transitioned to an outpatient setting, other than home; and
2. Provided in the home in lieu of hospitalization, a nursing care facility confinement, or going outside of the home for the service; and
3. Ordered by a physician; and
4. Services are necessary for treating an illness, injury or condition.
5. The member does not have to be considered homebound to receive services.

- B. Skilled nursing care is considered medically necessary when ALL the following are met:
1. Skilled Nursing services are provided by a licensed registered or practical nurse; and
  2. Services are directly related to an active treatment plan of care established by the physician; and
  3. 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
  4. Treatment provided is appropriate for the member's condition including the time (i.e., frequency and duration) spent providing the service.
  5. Examples of skilled nursing services include but are not limited to:
    - a. Observation and assessment where the physician expects a significant change in the patient's condition.
    - b. Management and evaluation of a care plan.
    - c. Teaching and training that requires the skills or knowledge of a nurse.
    - d. Administration of certain medications (e.g., intravenous, intramuscular, infusions)
    - e. Care and maintenance of catheter (e.g., urinary, chest tube, feeding tube)
    - f. Wound care, colostomy/urostomy care, tracheostomy care, central line care.
    - g. Rehabilitation nursing.
    - h. Venipuncture.
    - i. Psychiatric nursing.
- C. Physical, Occupational, and Speech Therapy services - See BCP-06 and BCP 57 for coverage guidelines and codes.
- D. Medical Social Worker (MSW) – services are covered when there is a qualifying skilled service in the home such as skilled nursing, PT, OT, or ST. The following services of an MSW are covered when this qualification is met:
1. Assessment of the social and emotional factors related to a member's illness, the need for care, their response to treatment, and adjustment to care.
  2. Assessment of the relationship of the medical and nursing requirements to the home situation, financial resources, and the community resources available.
  3. Services provided on a short-term basis (two to three visits) to a member's family member or caregiver when it is shown that a brief intervention is necessary to remove a clear and direct impediment to the effective treatment of the member's medical condition or to the rate of recovery.
  4. Appropriate action to obtain community resources to assist in resolving the member's problem.
  5. The following types of MSW services are not covered under the Home Health benefit:
    - a. Services are directed toward minimizing the problems an illness may create for the member and family.
    - b. Services are provided to someone other than the member.
    - c. Preventive counseling, such as financial planning.
    - d. The sole purpose of a visit is to assist in completing routine forms (e.g., advance directives).
    - e. Services for which there is no specific reason or problem identified in the physician's order.
    - f. Services that can be handled by a layperson or other disciplines (e.g., calling Meals on Wheels).

E. Home physician visits do not count toward the home health care visit limit.

F. General exclusions from the Home Health benefit include:

1. Transportation of a patient.
2. Services that are provided primarily for the comfort or convenience of the member or custodial in nature (e.g., grooming, bathing, dressing, toileting, getting in or out of bed).
3. Housekeeping services (e.g., cooking, shopping, Meals on Wheels, cleaning, laundry)

**4.0 Coding:**

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO L0002193.

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	Y	Home Health Care Services
99501	Home visit for post-natal assessment and follow-up care	Y	Home Health Care Services
99502	Home visit for newborn care and assessment	Y	Home Health Care Services
99503	Home visit for respiratory therapy care (e.g., bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	Y	Home Health Care Services
99504	Home visit for mechanical ventilation care	Y	Home Health Care Services
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	Y	Home Health Care Services
99506	Home visit for intramuscular injections	Y	Home Health Care Services
99507	Home visit for care and maintenance of catheter(s) (e.g., urinary, drainage, and enteral)	Y	Home Health Care Services
99511	Home visit for fecal impaction management & enema administration	Y	Home Health Care Services
99512	Home visit for hemodialysis	Y	Home Health Care Services
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	Y	Home Health Care Services
G0162	Skilled services by a registered nurse (RN) in the delivery of management & evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieve its purpose in the home health or hospice setting)	Y	Home Health Care Services

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	Y	Home Health Care Services
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	Y	Home Health Care Services
G0490	Face-to-face home health nursing visit by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) in an area with a shortage of home health agencies (services limited to RN or LPN only)	Y	Home Health Care Services
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 evaluation the patient's need for possible modification of treatment in the home health or hospice setting)	Y	Home Health Care Services
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)	Y	Home Health Care Services
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	Y	Home Health Care Services
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	Y	Home Health Care Services
S5181	Home health respiratory therapy, NOS, per diem	Y	Home Health Care Services
S9097	Home visit for wound care	Y	Home Health Care Services
S9098	Home visit, phototherapy services (e.g., Bili-lite) including equipment rental, nursing services, blood draw, supplies, and other services, per diem	Y	Home Health Care Services
S9123	Nursing care, in the home; by registered nurse (RN), per hour (use for general nursing care only, not to be used when	Y	Home Health Care Services

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
	CPT codes 99500-99602 can be used)		
S9124	Nursing care, in the home; by licensed practical nurse (LPN), per hour	Y	Home Health Care Services
S9127	Social work visit, in the home, per diem	Y	Home Health Care Services
S9474	Enterostomal therapy by a registered nurse (RN) certified in enterostomal therapy, per diem	Y	Home Health Care Services

<b>NON-COVERED CODES</b>		
<b>Code</b>	<b>Description</b>	<b>Benefit Plan Reference/Reason</b>
99509	Home visit for assistance with activities of daily living and personal care	Home Health Care Services; exclusion for Custodial Care
99510	Home visit for individual, family, or marriage counseling	Behavioral Health Services: exclusion for marital counseling
G0156	Services of a home health aide in home health setting, each 15 minutes	Home Health Care Services; exclusion for Custodial Care
S0320	Telephone calls by a registered nurse (RN) to a disease management program member for monitoring purposes, per month	Included in per diem visit code.
S5100-S5105	Day care services	Home Health Care Services; exclusion for Custodial Care
S5108 – S5110, S5115	Home care training	Included in per diem visit code.
S5120-S5121	Chore services	Home Health Care Services; exclusion for Custodial Care
S5125-S5126	Attendant care services	Home Health Care Services; exclusion for Custodial Care
S5130-S5131	Homemaker service	Home Health Care Services; exclusion for Custodial Care
S5135-S5136	Companion care, adult	Home Health Care Services; exclusion for Custodial Care
S5140-S5141	Foster care, adult	Specific Exclusion; considered Custodial Care
S5145-S5146	Foster care, therapeutic, child	Specific Exclusion; considered Custodial Care
S5150-S5151	Unskilled respite care	Home Health Care Services; exclusion for Custodial Care

<b>NON-COVERED CODES</b>		
<b>Code</b>	<b>Description</b>	<b>Benefit Plan Reference/Reason</b>
S5170	Home delivered meals, including preparation; per meal	Home Health Care Services; exclusion for Custodial Care
S5175	Laundry service, external, professional; per order	Home Health Care Services; exclusion for Custodial Care
S5190	Wellness assessment performed by non-physician	Specific Exclusion; not medically necessary
S5199	Personal care item, NOS, each	General Limitations and Exclusions; specific Exclusion
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	Home Health Care Services; exclusion for Custodial Care

### **5.0 Unique Configuration/Prior Approval/Coverage Details:**

None

### **6.0 Terms & Definitions:**

Custodial care - non-covered services that:

- Are non-health related services.
- Do not seek to cure.
- Are provided when the medical condition of the patient is not changing.
- Do not require trained medical personnel.
- Are provided after stated clinical goals have been achieved.

Home health visit – an episode of personal contact with a member by home health agency staff, or by those under contract or arrangement with the home health agency, for the purpose of providing a covered home health service. Telehealth services are outside the scope of the Home Health benefit.

Intermittent skilled home care nursing – a visit of up to 4 hours in duration and prescribed on an intermittent (per visit) basis.

Private duty skilled nursing – services of a registered nurse (RN) or licensed practical nurse (LPN) that provide continuous 1-on-1 skilled nursing care. Typically prescribed on an hourly basis for tasks that require continuous nursing care.

Skilled care - skilled nursing, skilled teaching, skilled rehabilitation, and home infusion services when all the following are true:

- It must be delivered or supervised by licensed technical or professional medical personnel to obtain the specified medical outcome, and provide for the safety of the patient; and
- It is ordered by a physician; and
- It is not delivered to assist with activities of daily living, including but not limited to dressing, feeding, bathing or transferring from a bed to a chair; and
- It requires clinical training to be delivered safely and effectively; and
- It is not Custodial Care.

Determination of available benefits is based on whether or not skilled care is required by reviewing both the skilled nature of the service and the need for physician-directed medical management. A service shall not be determined to be "skilled" simply because there is not an available caregiver.

**7.0 References, Citations, Resources:**

Medicare Benefit Policy Manual Chapter 7 – Home Health Services, Rev. 11447 10/11/2022.  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>.

**8.0 Associated Documents [For internal use only]:**

Policy and Procedure (P&P)

[BCP-06 Outpatient Rehabilitation-Habilitation Services-Physical and Occupational Therapy](#)

[BCP-57 Outpatient Rehabilitation/Habilitation Services: Speech Therapy](#)

[MMP-02 Transition and Continuity of Care](#)

[MMP-09 Benefit Determinations](#)

Standard Operating Procedure (SOP)

[MMS-03 Algorithm for Use of Criteria for Benefit Determinations](#)

[MMS-45 UM Nurse Review](#)

[MMS-52 Inpatient Case Process in CCA](#)

[MMS-53 Outpatient Case Process in CCA](#)

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Specific Exclusion Letter; Lack of Information Letter

Form – Request Form: Out of Network/ Prior Authorization

**9.0 Revision History:**

Original Effective Date: 10/01/2019

Next Review Date: 01/01/2025

Revision Date	Reason for Revision
2/2019	Policy created
7/2020	Annual review; references updated. Reference to MCG removed.
7/21	Annual review; references updated, codes added
10/22	Annual review; references updated. Added ASO group L0002237.
10/23	Annual review, added section 2.0 background, updated Section 3.0 title to "Benefit Guidelines", removed Q5001 from policy, updated associated documents in section 8.0, Non-covered codes listed with Denial reason "Does not meet the definition of a covered health service" were changed to "Specific Exclusion".