

## Benefit Coverage

<b>Covered Benefit for lines of business including:</b>
Medicare-Medicaid Plan (MMP) Integrity, Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE)
<b>Excluded from Coverage:</b>
Extended Family Planning (EFP)

## Description

Neighborhood Health Plan of Rhode Island (Neighborhood) utilizes the following guidelines when authorizing home health care services. Coverage for most home care services requires prior authorization.

**Medicare Distinction:** Neighborhood uses criteria from Centers for Medicare and Medicaid Services (CMS) for coverage determinations. Neighborhood stays up to date on new and/or changing Medicare Part A and Part B coverage policies, including the National Coverage Determination process. When coverage criteria are not fully established in applicable Medicare statutes, regulation, NCD or LCD, Neighborhood will use internal Clinical Medical Policies that reference widely used treatment guidelines or clinical literature.

Neighborhood will use the following criteria for organization determinations for INTEGRITY members:

- CMS general coverage guidelines included in original Medicare regulations, manuals, and instructions (unless superseded by written CMS instructions or regulations regarding Part C coverage).
- CMSs National Coverage Determinations (NCDs)
- Local Medicare Administrative Contractors (MACs) with jurisdiction for claims in the geographic area in which services are covered, Local Coverage Determinations (LCD), and Local Coverage Articles (LCA)
- In the absence of an applicable, or incomplete, NCD, LCD, or other CMS published guidance, Neighborhood will apply determinations developed using peer-reviewed scientific evidence, such as InterQual® and internal Clinical Medical Policies (CMPs)
- Coverage guidelines by Rhode Island Executive Office of Health and Human Services (EOHHS) contracts, coverage guidelines, and benefit coverage summaries

CMS payment policies, NCDs, and LCDs are subject to change. Neighborhood applies the most current versions of the payment policies, NCDs, and LCDs in making coverage determinations. Providers are responsible for reviewing CMS payment policies and other available CMS guidance.

Neighborhood Health Plan of Rhode Island (Neighborhood) uses InterQual® to review certain services for medical necessity as listed in this guideline. InterQual® is evidence-based clinical decision support that offers guidance in clinically appropriate medical-utilization decisions. The criteria are updated continually and released annually.

Neighborhood's internally developed policies are based on published guideline statements, physician specialty society recommendations, and other forms of credible scientific evidence published in peer reviewed medical literature, supporting a relationship between the health service and improved patient outcomes.

Definitions:

1. **National Coverage Determinations (NCD):** Coverage determinations made by CMS that outline the extent to which specific services, procedures, or technologies are within the scope of a Medicare benefit category: being considered "reasonable and necessary" for the diagnosis or treatment of an illness or injury, and which Medicare will cover on a national basis.

[Click here to review the NCDs index.](#)

2. **Local Coverage Determinations:** A Local Coverage Determination is a decision by a Medicare Administrative Contractor whether to cover a particular service on a MAC-wide, basis. Codes describing what is covered and what is not covered can be part of the LCD. This includes, for example, lists of CPTs or HCPCs codes that spell out which services the LCD applies to, lists of ICD-10-CM codes for which the service is covered and even lists of ICD-10-CM codes for which the service is not considered reasonable and necessary.

[Click here to review the LCDs index](#)

3. **Medicare Administrative Contractor (MAC):** a network of private organizations contracted with CMS that carry out the administrative responsibilities of traditional Medicare (Parts A and B). The network is awarded a geographic jurisdiction to provide administrative functions for Medicare Part A and Part B beneficiaries. MACs are multi-state, regional contractors.

Rhode Island's current MACs are:

- National Government Services (NGS) for A/B services: <https://www.ngsmedicare.com>
- Noridian for durable medical equipment: <https://med.noridianmedicare.com>
- Rhode Island is part of Jurisdiction K for A/B services and Jurisdiction A for durable medical equipment.

4. **Intermittent and Part-Time Skilled Service:**

- A. Services are intermittent if up to eight hours per day of medically necessary nursing visits and home health aide services, combined, are provided seven days per calendar week for temporary periods of up to 21 days.
- B. Services are part-time if the combination of medically necessary nursing visits and home health aide services does not exceed 35 hours per calendar week, and those services are provided on a less-than daily basis.
- C. To receive intermittent or part-time nursing care, the member must have a medically predictable recurring need for skilled nursing services at least once every 60 days, or the member must meet the conditions listed under letter D.

- D. In certain circumstances, the member needs infrequent, yet intermittent, nursing services. The following are nonexclusive examples of such services:
- i. The member has an indwelling silicone catheter and generally needs a catheter change only at 90- day intervals.
  - ii. The member experiences a fecal impaction due to the normal aging process (that is, loss of bowel tone, restrictive mobility, and a breakdown in good health habits) and must be manually dis-impacted. Although these impactions are likely to recur, it is not possible to predict a specific time frame.
  - iii. The member is diabetic and visually impaired. He or she self-injects insulin and has a medically predictable recurring need for a nursing visit at least every 90 days. These nursing visits, which supplement the physician's contacts with the member, are necessary to observe and determine the need for changes in the level and type of care that have been prescribed.
5. **Skilled Care:** A skilled service is a service that must be provided by a registered nurse, licensed practical nurse (under the supervision of a registered nurse), licensed physical therapist, occupational therapist, speech language pathologist or a licensed physical therapy assistant and licensed occupational therapy assistant (under the supervision of a licensed therapist) in order to be safe and effective. In determining whether a service meets the requirement of skilled care, the inherent complexity of the service, the condition of the patient, and generally accepted standards of clinical practice must be considered. Some services may be considered skilled on the basis of complexity alone. In other cases, a service that is ordinarily considered unskilled may be considered skilled on the basis of the patient's condition. A service is not considered skilled merely because it is performed by or under the direct supervision of a licensed nurse or therapist. When the service could be safely and effectively performed by the average non-medical person without direct supervision, the service would not be considered skilled.
6. **Homebound:** The member has the inability to leave the home setting or consequently leaving the home setting would require a considerable and taxing effort (i.e. when medical conditions or symptoms like dyspnea, weakness, frailty, confusion, pain, use of crutches, a wheelchair or the need for assistance from another person make leaving home difficult) or the member has a condition such that leaving the home is medically contraindicated. The member does not have to be bedridden. If the member does leave the home, the absences must be infrequent and for short periods of time (i.e., attending a religious service, funeral, or other unique event) or are for health care treatments. Neighborhood members do NOT need to be confined to the home setting or be home bound to be eligible for home health care services if other criteria are met. Services may be authorized in the community if it meets the criteria in this policy. This excludes hospitals, skilled nursing facilities, intermediate care facilities for the developmentally disabled, or any other institutional facility providing medical, nursing, rehabilitative or related care.
7. **Home Setting:** Any place where the member has established his/her place of residence for the time period when home care services are being provided. This may include his/her own dwelling, an apartment, the home of a friend or family member, a group home, a homeless shelter or other

temporary place of residency or a community setting. Hospitals, skilled nursing facilities intermediate care facility for the developmentally disabled, or any other institutional facility providing medical, nursing, rehabilitative, or related care, will not be considered “home setting.” A day care setting, adult day care, or adult medical care does not meet the definition of a home setting.

### Coverage Determination

Neighborhood covers home health care for medically necessary care for homebound members or for members who are not homebound when Neighborhood determines that the member’s home setting, or another location other than a medical office is the most appropriate setting to carry out the plan of care in order to minimize the risk of deterioration in the member’s health status or to prevent placement in a more costly and restrictive setting.

Neighborhood utilizes Change Health Care InterQual® criteria in reviewing medical necessity for Home Health care. This criteria aligns with [CMS Medicare Benefit Policy Manual Chapter 7- Home Health Services](#). InterQual® includes medical necessity criteria for the following home health services:

InterQual® Subsets
Home Care Services, Adult
Home Care Services, Pediatric

Neighborhood also recognizes that the criteria can never address all the issues; criteria cannot apply to every patient in every situation. Use of the criteria never replaces clinical judgment.

When medically necessary, Neighborhood covers the following home health care services:

1. Part-time or intermittent skilled nursing.
2. Short-term skilled rehabilitative therapy including physical therapy, occupational therapy, and speech therapy.
3. Qualified home health aide services, when determined to be an essential part of an authorized skilled home care program directly related to the skilled plan of care that includes the skilled need for nursing or therapy services.
4. Medical social services only when determined to be an essential part of an authorized skilled home care program directly related to the skilled plan of care that includes the skilled need for nursing or therapy services.
5. Durable medical equipment.
6. Disposable medical supplies used in the course of an authorized home health care visit.
7. Nutritional counseling, only when determined to be an essential part of an authorized skilled home care program directly related to the skilled plan of care that includes the skilled need for nursing or therapy services.

### Home Health Conditions of Coverage

1. Member’s benefit package includes coverage of home health care services.
2. The member is under the care of a physician. The physician must certify the medically necessity for such services and establish an individual plan of care.

3. A plan of care with defined goals has been established by the treating physician in collaboration with the home health care provider.
4. The services are skilled, and reasonable and medically necessary to the treatment of the member's covered illness or injury.
5. Services must be provided to the member who is eligible to receive such services and for whom such services have been approved; and
6. The services are provided in the member's home setting.

### **Physician Plan of Care Requirements:**

All home health services must be provided under a plan of care established individually for the member.

1. The member's physician must establish a written plan of care. The physician must recertify and sign the plan of care every 60 days, or more frequently as the severity of the patient's condition requires. Reviews must be dated and signed by the physician.
2. Content of the Plan of Care: The orders on the plan of care must specify the nature and frequency of the services to be provided to the member, and the type of professional who must provide them. The physician must sign the plan of care. Increase in the frequency of services or any addition of new services during a certification period must be authorized in advance by a physician with verbal or written orders. The plan of care must contain:
  - A. The services necessary to meet the patient-specific needs identified in the comprehensive assessment.
  - B. All pertinent diagnoses, including the member's mental status.
  - C. The types of services, supplies, and equipment ordered.
  - D. The identification of the responsible discipline(s) and the frequency and duration of all visits
  - E. The prognosis, rehabilitation potential, functional limitations, permitted activities, nutritional requirements, medications, and treatments.
  - F. Any safety measures to prevent injury.
  - G. Measurable treatment goals which pertain directly to the patient's illness or injury, and the patient's resultant impairments; - All relevant outcomes to be measured. For continued services for goals not met, the plan of care should include progress made toward the goal, any barriers that have or will impact the member's ability to meet the goal, the plan to address those barriers and the anticipated number of visits that are needed to meet the goals.
  - H. The discharge plans; and
  - I. Any additional items the home health agency or physician chooses to include.

### **Nursing Services**

1. **Nursing services must meet all the following conditions:**
  - A. There is a clearly identifiable, specific medical need for nursing services.
  - B. The services are ordered by a physician for the member and are included in the physician's plan of care.
  - C. The services require the skills of a registered nurse, or of a licensed practical nurse or licensed vocational nurse under the supervision of a registered nurse.
  - D. The services are medically necessary to treat an illness or injury.

- E. Services must be considered skilled.
2. **Clinical Guidelines:**
- A. A nursing service is a service that must be provided by a registered nurse, or by a licensed practical nurse or licensed vocational nurse under the supervision of a registered nurse, to be safe and effective, considering the inherent complexity of the service, the condition of the patient, and accepted standards of medical and nursing practice.
  - B. Some services are nursing services on the basis of complexity alone (for example, intravenous and intramuscular injections, or insertion of catheters). However, in some cases, a service that is ordinarily considered unskilled may be considered a nursing service because of the patient's condition. This situation occurs when only a registered or licensed nurse can safely and effectively provide the service.
  - C. Nursing services for the management and evaluation of a plan of care are medically necessary when only a registered or licensed nurse can ensure that essential care is effectively promoting the member's recovery, promoting medical safety. Nursing services solely for satisfying oversight regulations without the presence of a skilled nursing service may not constitute management and evaluation of a plan of care.
  - D. Medical necessity of services is based on the condition of the patient at the time the services were ordered and what was, at that time, expected to be appropriate treatment throughout the certification period.
  - E. A member's need for nursing care is based solely on his or her unique condition and individual needs, whether the illness or injury is acute, chronic, terminal, stable, or expected to extend over a long period.

### Home Health Aide Services (Nursing/Therapy Need)

1. Home health aide services must meet all of the following conditions:
  - A. The member has a medically predictable recurring need for skilled nursing services or skilled therapy services.
  - B. Determined to be an essential part of an authorized skilled home care program directly related to the skilled plan of care that includes the need for skilled nursing or therapy services; and
  - C. The services are medically necessary to provide personal care to the member, to promote the member's health, or to facilitate treatment of the member's injury or illness under the skilled plan of care.
2. **Guidelines:** Home health aide services include, but are not limited to:
  - A. Personal care services.
  - B. Simple dressing changes that do not require the skills of a registered or licensed nurse.
  - C. Assistance with medications that are ordinarily self-administered and that do not require the skills of a registered or licensed nurse.
  - D. Assistance with activities that are directly supportive of skilled therapy services; and
  - E. Routine care of prosthetic and orthotic devices.

**Incidental Services:** When a home health aide visits a member to provide a health-related service, the home health aide may also perform some incidental services that do not meet the definition of a home health aide service (for example, light cleaning, preparing a meal, removing

trash, or shopping). However, the purpose of a home health aide visit must not be to provide these incidental services, since they are not health related services, and these services must remain a minimal proportion of assigned time.

### Physical Therapy

1. **Services must meet all of the following conditions:**
  - A. Directly and specifically related to an active treatment regimen.
  - B. Of such a level of complexity and sophistication that the judgment, knowledge, and skills of a licensed physical therapist are required.
  - C. Performed by a licensed physical therapist, or by a licensed physical therapy assistant under the supervision of a licensed physical therapist.
  - D. Considered under accepted standards of medical practice to be a specific and effective treatment for the member's condition.
  - E. Medically necessary for treatment of the member's condition; and
  - F. Must be considered skilled.

### Occupational Therapy

1. **Services must meet all of the following conditions:**
  - A. Directly and specifically related to an active treatment regimen.
  - B. Of such a level of complexity and sophistication that the judgment, knowledge, and skills of a licensed occupational therapist are required.
  - C. Performed by a licensed occupational therapist, or by a licensed occupational therapy assistant under the supervision of a licensed occupational therapist.
  - D. Considered under accepted standards of medical practice to be a specific and effective treatment for the member's condition.
  - E. Medically necessary for treatment of the member's condition; and
  - F. Must be considered skilled.

### Speech and Language Therapy

1. **Services must meet all of the following conditions:**
  - A. Directly and specifically related to an active treatment regimen.
  - B. Of such a level of complexity and sophistication that the judgment, knowledge, and skills of a licensed speech and language pathologist are required.
  - C. Performed by a licensed speech and language pathologist.
  - D. Considered under accepted standards of medical practice to be a specific and effective treatment for the member's condition.
  - E. Medically necessary for treatment of the member's condition; and
  - F. Must be considered skilled.

### Medical Social Worker

1. **Services must meet all of the following conditions:**
  - A. Directly and specifically related to an active treatment regimen.
  - B. Determined to be an essential part of an authorized skilled home care program directly related to the skilled plan of care that includes need for skilled nursing or therapy services.
  - C. Of such a level of complexity and sophistication that the judgment, knowledge, and skills of a licensed Social Worker are required.
  - D. Performed by a licensed Medical Social Worker.
  - E. Considered under accepted standards of medical practice to be a specific and effective treatment for the member's condition; and
  - F. Medically necessary for treatment of the member's illness or injury.

### Related Policies:

1. [Home Health Payment Policy](#)
2. [Private Duty Nursing Services Clinical Medical Policy](#)
3. [Home Care Services Clinical Medical Policy](#)

#### Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at [www.nhpri.org](http://www.nhpri.org)

1. Go to the section for Providers.
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060. Fax authorization forms to 401-459-6023.

**Covered Codes:** For information on Coding please reference the [Authorization Quick Reference](#)

### Exclusions

1. Home health care services provided in a hospital, nursing facility, intermediate care facility for the developmentally disabled, or any other institutional facility providing medical, nursing, rehabilitative, or related care.
2. Home Health services used for homemaking, heavy cleaning, or household repair.
3. Home Health services used for respite.
4. When a family member or other caregiver is providing services that adequately meet the member's needs, it is not medically necessary for the home health agency to provide such services.
5. Personal care attendants.



6. Home health aide services in the absence of a need for medically necessary skilled nursing services or skilled therapy services, such as but not limited to ADL and routine and age-appropriate infant and childcare for the sole purposes of providing extra assistance to the caretaker.
7. Home health aide services that are not an essential part of the skilled home care program. When a member is receiving intermittent skilled nursing services solely for purpose of medication administration, home-health aide services may not be considered medically necessary.
8. Services that can be safely and effectively performed or self-administered by the average nonmedical person without the direct supervision of a registered or licensed nurse are not considered nursing services and are excluded, unless there is no one able (for reasons other than convenience) to provide the services and the services are necessary to avoid institutionalization.
9. Services related to activities for the general good and welfare of patients (for example, general exercises to promote overall fitness and flexibility, and activities to provide diversion or general motivation).
10. Performance of a maintenance/custodian care program.
11. Venipuncture as the only purpose of the home care visit when there is comparable care available in the community.
12. Domestic housekeeping.
13. Meal services.
14. Services that are provided for companionship.
15. Infant and child sitting services.
16. Long term services and supports offered in the home including adult day health, adult foster care, day habilitation, group adult foster care, personal care attendants, private duty nursing, and respite care.

<b>CMP Cross Reference:</b>	
<b>Created:</b>	2/14/24
<b>Annual Review Month:</b>	February
<b>Review Dates:</b>	
<b>Revision Dates:</b>	
<b>CMC Review Date:</b>	2/14/24
<b>Medical Director Approval Dates:</b>	2/14/24
<b>Effective Dates:</b>	2/14/24

Neighborhood reviews clinical medical policies on an annual base.

**Disclaimer:**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are

determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

**References:**

1. Centers for Medicare and Medicaid Services. Medicare Managed Care Manual. Chapter 4, Sections 90.1, 90.4.1, 90.4.2, 90.5
2. Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-02. Medicare Benefit Policy Manual, Chapter 7 – Home Health Services.
3. Executive Office of Health and Human Services (EOHHS) Home Health Provider Manual
4. InterQual®