



## Certified Home Health Services Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Certified Home Health Services</b>		
<b>MNG #:</b> 112	<input checked="" type="checkbox"/> <b>SCO</b> <input checked="" type="checkbox"/> <b>One Care</b> <input type="checkbox"/> <b>MA Medicare Premier</b> <input type="checkbox"/> <b>MA Medicare Value</b> <input type="checkbox"/> <b>MA Medicare Premier</b> <input type="checkbox"/> <b>RI Medicare Preferred</b> <input type="checkbox"/> <b>RI Medicare Value</b> <input type="checkbox"/> <b>RI Medicare Maximum</b>	<b>Prior Authorization Needed?</b> <input checked="" type="checkbox"/> <b>Yes (always required)</b> <input type="checkbox"/> <b>Yes (only in certain situations. See this MNG for details)</b> <input type="checkbox"/> <b>No</b>
<b>Clinical:</b> <input checked="" type="checkbox"/>	<b>Operational:</b> <input checked="" type="checkbox"/>	<b>Informational:</b> <input type="checkbox"/>
<b>Benefit Type:</b> <input checked="" type="checkbox"/> <b>Medicare</b> <input checked="" type="checkbox"/> <b>Medicaid</b>	<b>Approval Date:</b> 10/6/2022;	<b>Effective Date:</b> 12/24/2022;
<b>Last Revised Date:</b>	<b>Next Annual Review Date:</b> 10/6/2023;	<b>Retire Date:</b>

### OVERVIEW:

Certified Home Health Services are skilled and supportive care services provided in the Member’s home to meet skilled care needs and associated activities of daily living to allow the Member to safely stay in their home. Home Health Services incorporate a wide variety of skilled healthcare and supportive services provided by licensed and unlicensed professionals that assist members with health conditions or disabilities to carry out everyday activities. These services are designed to meet the needs of people with acute, chronic, and terminal illnesses or disabilities, who without this support might otherwise require services in an acute care or residential facility. The member does NOT need to be homebound.

### DEFINITIONS:

- **Activities of Daily Living (ADL)** – activities related to personal care, specifically bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating.
- **Home Health Agency** – a public or private organization that provides nursing and other therapeutic services to individuals whose place of residence conforms to the requirements of 42 CFR 440.70(c). Home health agency providers are governed by 130 CMR 403.000.
- **Home Health Aide** – a person who is employed or contracted by a home health agency and meets the qualifications of a Home Health Aide to perform certain personal-care and other health-related services as described in 130 CMR 403.416(B) and according to 42 CFR 484.80.



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- **Homemaker** – a person who performs light housekeeping duties (for example, cooking, cleaning, laundry) for the purpose of maintaining a household.
  
- **Intermittent Skilled Nursing Visits** – nursing services provided by a licensed nurse that are necessary to provide targeted skilled nursing assessment for a specific member medical need, and/or discrete procedures and/or treatments, typically for less than two consecutive hours, and limited to the time required to perform those duties.
  
- **Maintenance Program** – repetitive services, required to maintain or prevent the worsening of function, that do not require the judgment and skill of a licensed therapist for safety and effectiveness.
  
- **Medication Administration Visit** – a nursing visit for the sole purpose of administration of medications where the targeted nursing assessment is medication administration and patient response only, and when the member is unable to perform the task due to impaired physical, cognitive, behavioral, and/or emotional issues, no able caregiver is present, the member has a history of failed medication compliance resulting in a documented exacerbation of the member’s condition, and/or the task including the route of administration of medication requires a licensed nurse to provide the service. A medication administration visit may include administration of oral, intramuscular, and/or subcutaneous medication or administration of medications other than oral, intramuscular and/or subcutaneous medication, but does not include intravenous administration.
  
- **Nurse** – a person licensed as a registered nurse or a licensed practical nurse by a state’s board of registration in nursing of the state in which they practice.
  
- **Nursing Services** – the assessment, planning, intervention, and evaluation of goal-oriented nursing care that requires specialized knowledge and skills acquired under the established curriculum of a school of nursing approved by a board of registration in nursing. Such services include only those services that require the skills of a nurse. Occupational Therapist – a person who is currently licensed by and in good standing with the Massachusetts Division of Professional Licensure, Board of Allied Health Professionals, and is qualified in accordance with 42 CFR 484.4.
  
- **Occupational Therapy** – therapy services, including diagnostic evaluation and therapeutic intervention, designed to improve, develop, correct, rehabilitate, or prevent, maintain, or slow the worsening of functions that affect the activities of daily living that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Occupational therapy programs are designed to improve quality of



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life by recovering competence, preventing further injury or disability, and to improve the individual's ability to perform tasks required for independent functioning, so that the individual can engage in activities of daily living.

- **Occupational Therapy Assistant** – a person who is currently licensed and in good standing with the Massachusetts Division of Professional Licensure, Board of Allied Health Professionals, must work under the supervision of a licensed occupational therapist as described in 130 CMR 432.404(B), and is qualified in accordance with 42 CFR 484.4.
- **Ordering Non-physician Practitioner** – a nurse practitioner, physician's assistant, or clinical nurse specialist who is licensed in the state of Massachusetts to perform medical services according to their scope of practice. Ordering non-physician practitioners are also allowed to conduct face-to face encounters. Nurse midwives are not allowed to order home health services.
- **Physical Therapist** – a person who is currently licensed by and in good standing with the Massachusetts Division of Professional Licensure, Board of Allied Health Professionals, and is qualified in accordance with 42 CFR 484.4.
- **Physical Therapy** – therapy services, including diagnostic evaluation and therapeutic intervention, designed to improve, develop, correct, rehabilitate, or prevent, maintain, or slow the worsening of physical functions that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Physical therapy emphasizes a form of rehabilitation focused on treatment of dysfunctions involving neuromuscular, musculoskeletal, cardiovascular/pulmonary, or integumentary systems through the use of therapeutic interventions to optimize functioning levels.
- **Physical Therapy Assistant** – a person who is currently licensed by and in good standing with the Massachusetts Division of Professional Licensure, Board of Allied Health Professionals, and must work under the supervision of a licensed physical therapist as described in 130 CMR 432.404(A) and is qualified in accordance with 42 CFR 484.4.
- **Skilled Nursing Visit** – a nursing visit that is necessary to provide targeted skilled nursing assessment for a specific member medical need, and/or discrete procedures and/or treatments, typically for less than two consecutive hours, and limited to the time required to perform those duties.
- **Speech/Language Therapist (Speech/Language Pathologist)** – a person who is currently licensed by and in good standing with the Massachusetts Board of Registration in Speech-language Pathology and Audiology and is qualified in accordance with 42 CFR 484.4.



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- **Speech/Language Therapy** – therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent, maintain, or slow the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing, and those that impair comprehension, spoken, written, or other symbol systems used for communication.
  
- **Visit** – a personal contact in the member’s home or other non-institutional setting, for the purpose of providing a covered service by a registered or licensed nurse, home health aide, or physical, occupational, or speech/language therapist employed by, or contracting with, the home health agency.

### **DECISION GUIDELINES:**

#### **Clinical Coverage Criteria:**

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

Commonwealth Care Alliance (CCA) follows applicable Mass Health Medical Necessity Guideline to review for Home Health Services for Senior Care Option and Integrated Care Option members.

1. Any Home Health Service must meet all the following:
  - a. Determination by the Member’s physician, ordering non-physician practitioner, or podiatrist (“designated provider”) that the Member has a medical condition including, but not limited to, recovering from an acute illness, injury, or surgical procedure, a chronic health condition, a terminal illness, or a disability that requires skilled intervention or treatment from a licensed nurse, physical therapist/physical therapy assistant, occupational therapist/certified occupational therapy assistant, or speech/language therapist in the home.
  - b. Establishment of the designated provider’s plan of care or clinical notes setting forth the designated provider’s evaluation of the Member’s medical condition and proposed treatment and services related to the Member’s medical need for home health services. The physician or ordering non-physician practitioner must review, sign and date the plan of care and revise it, as applicable: (a) no less than every 60 days from the start of home health services; or (b) more frequently as the member’s condition or needs require.
  - c. Completion of a comprehensive evaluation of the Member by the home health agency’s relevant service professional through which the Member’s current medical status, disability, level of functioning, health, and psychosocial status is determined and confirms the presence of a condition

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requiring the need for specific services as designated under the criteria for the specific home health service as described in (3), below.

- d. Confirmation that the designated provider for the service is certified by the state in which they provide the service and enrolled with the state as a provider of home health services.

### 2. Coverage of services will be based on the following:

- a. The type of professional services covered will be based on the degree of skill required for the tasks related to the Member's medical need.
- b. The plan of care demonstrates that it will significantly improve/stabilize the Member's condition within a reasonable period of time, and/or maintain, prevent, or slow the worsening of function as a result of the condition in (1).
- c. The amount, frequency, and duration of services are appropriate based upon professionally recognized standards of practice and the length of time required to perform the needed tasks related to the Member's condition in (1).
- d. Demonstration that services are provided under the care of a licensed practitioner with a written treatment plan that has been developed in consultation with the relevant professional(s).

### 3. Home Health Service Criteria:

#### a. **Teaching requirements for all Home Health Services**

Teaching must be provided to the Member, member's family, or caregiver at every visit by the nurse or therapist to foster independence. Teaching may include how to manage the Member's treatment regimen, any ongoing teaching required due to a change in the procedure or the Member's condition, and the response to the teaching. If continued teaching is not reasonable, that assertion must be supported by sufficient documentation indicating that teaching was unsuccessful or unnecessary and why further teaching is not reasonable.

#### b. **Intermittent Skilled Nursing Visits**

Intermittent skilled nursing refers to direct skilled nursing services that are needed to provide a targeted skilled nursing assessment for a specific medical need, and/or discrete procedures and/or treatments to treat the medical need. Intermittent skilled nursing visits are typically less than two consecutive hours, are limited to the time required to perform the designated procedures/ treatments, and are based on the Member's needs, whether the illness or injury is acute, chronic, terminal, or expected to extend over a period of time.

Intermittent skilled nursing services may be considered medically necessary when the Member's medical condition requires one or more of the following:

- a. evaluation of nursing care needs.
- b. development and implementation of a nursing care plan and provision of services that require the following specialized skills of a nurse:

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- a. skilled assessment and observation of signs and symptoms.
- b. performing skilled nursing interventions including administering skilled treatments ordered by the prescribing practitioner.
- c. assessing member's response to treatment and medications.
- d. communicating changes in medical status to the prescribing practitioner; and
- e. educating the Member and caregiver.

Intermittent skilled nursing services can be provided when the Member requires treatment that falls within the scope of nursing practice and is required in Massachusetts to be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse; or when the Member requires treatment at a level of complexity and sophistication that can only be safely and effectively performed by a Licensed Registered Nurse or a Licensed Practical Nurse working under the supervision of a Registered Nurse.

Medication administration may occur as part of an intermittent skilled nursing visit for the purpose of the administration of medications ordered by the prescribing practitioner that generally requires the skills of a licensed nurse to perform or teach a member or caregiver to perform independently.

Intravenous medication and infusion administrations will be treated as an intermittent skilled nursing visit due to the time required to complete these tasks.

### **c. Medication Administration are authorized under Skilled Nursing Visits**

A medication administration visit is a skilled nursing visit solely for the purpose of administering medications (other than intravenous medication or infusion administrations, which would be considered an intermittent skilled nursing visit) ordered by the prescribing practitioner.

1. Medication administration services may be considered medically necessary when medication administration is prescribed to treat a medical condition; no able caregiver is present; the task requires the skills of a licensed nurse; and at least one of the following conditions applies:
  - a. The Member is unable to perform the task due to impaired physical or cognitive issues, or behavioral and/or emotional issues.
  - b. The Member has a history of failed medication compliance resulting in a documented exacerbation of the Member's condition
2. Medication administration visits include administration of the medication, documentation of that administration, observing for medication effects both therapeutic and adverse, and reporting adverse effects to the ordering practitioner. Intramuscular, subcutaneous, and other injectable medication administrations are considered skilled nursing tasks and will be treated as medication administration visits.
3. Certain medication administration tasks are not considered skilled nursing tasks unless the complexity of the Member's condition or medication regimen requires the observation and assessment of a licensed nurse to safely perform. Such conditions include:

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- a. administration of oral, aerosolized, eye, ear and topical medication, which requires the skills of a licensed nurse only when the complexity of the condition(s) and/or nature of the medication(s) require the skilled observation and assessment of a licensed nurse and/or the Member/caregiver is unable to perform the task.
  - b. filling of weekly/monthly medication box organizers, which requires the skills of a licensed nurse only when the Member/caregiver is unable to perform the task.
4. Members receiving medication administration visits will be authorized under skilled nursing visits, Provider should submit documentation and medical necessity to support the need.
  5. Documentation of Medication Administration for Intermittent Skilled Nursing Visits and Medication Administration visits: Documentation requirements include the time of the visit; drug identification, dose, and route/ or reference to the Member's medication profile as ordered by the physician; teaching as applicable; documentation indicating that teaching was unsuccessful or unnecessary and why further teaching is not reasonable; the Member's response to the medication/s and the signature of the licensed nurse administering the medication. Documentation of skilled procedures performed in addition to medication administration during an intermittent skilled nursing visit should also occur.

### **d. Physical Therapy**

Physical therapy emphasizes a form of rehabilitation focused on treatment of dysfunctions involving neuromuscular, musculoskeletal, cardiovascular/pulmonary, or integumentary systems through the use of therapeutic interventions to optimize functional levels.

Physical therapy services may be considered medically necessary when:

1. The Member presents signs and symptoms of physical deterioration, impairment, or illness and requires treatment from a physical therapist including diagnostic evaluation, therapeutic intervention, member, and caregiver training in a home program and communicating changes in functional status to the prescribing practitioner.
2. The Member's condition requires treatment of a level of complexity and sophistication that can only be safely and effectively performed by a licensed physical therapist (PT) or a physical therapy assistant (PTA) under the supervision of a PT.

Services are not covered that are related to activities for the general good and welfare of member such as general exercise to promote overall fitness and flexibility and activities to provide diversion or general motivation.

Note: While CCA may pay for the establishment of a physical therapy maintenance program, CCA does not pay for the performance of a maintenance program for physical therapy, except in the limited circumstance when the specialized knowledge and judgment of a licensed therapist is required to perform services that are part of the maintenance program, to ensure

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safety or effectiveness that may otherwise be compromised due to the Member's medical condition. At the time the decision is made that the services in a maintenance program must be performed by a licensed physical therapist, all information that supports the medical necessity for performance of such services by a licensed physical therapist, rather than a non-therapist, must be documented in the Member's medical record.

A PT may also supervise the work of home-health aides (HHA) following an established plan of care providing the Member has a skilled PT need.

### **e. Occupational Therapy**

Therapy services, including diagnostic evaluation and therapeutic intervention, designed to improve, develop, correct, rehabilitate, prevent, maintain, or slow the worsening of functions that affect the activities of daily living that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Occupational therapy programs are designed to improve quality of life by recovering competence and preventing further injury or disability, and to improve the individual's ability to perform tasks required for independent functioning, so that the individual can engage in activities of daily living.

Occupational therapy services may be considered medically necessary when:

1. The Member presents signs and symptoms of functional impairment/injury and requires treatment from an occupational therapist including diagnostic evaluation, therapeutic intervention, member, and caregiver training in a home program, and communicating changes in functional status to the prescribing physician.
2. The Member's condition requires treatment of a level of complexity and sophistication that can only be safely and effectively performed by a licensed occupational therapist (OT) or a licensed occupational therapy assistant (OTA) supervised by an OT.

Services are not covered that are related to activities for the general good and welfare of member such as general exercise to promote overall fitness and flexibility and activities to provide diversion or general motivation.

While CCA may pay for the establishment of an occupational therapy maintenance program, CCA agency does not pay for the performance of a maintenance program for occupational therapy, except in the limited circumstance when the specialized knowledge and judgment of a licensed therapist is required to perform services that are part of the maintenance program, to ensure safety or effectiveness that may otherwise be compromised due to the Member's medical condition. At the time the decision is made that the services in a maintenance program must be performed by a licensed occupational therapist, all information that supports the



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medical necessity for performance of such services by a licensed therapist, rather than a non-therapist, must be documented in the Member's medical record.

An OT may also supervise the work of home-health aides (HHA) following an established plan of care providing the Member has a skilled OT need.

f. **Speech-language Therapy**

Speech-language therapy programs are designed to treat disorders that affect articulation of speech, language, cognitive communication and/or swallowing abilities that have been lost, impaired, or reduced because of acute or chronic medical conditions, congenital anomalies, or injuries.

Speech-language therapy may be considered medically necessary when:

1. The Member presents with a condition described above and requires treatment from a speech-language therapist, including diagnostic evaluation, therapeutic intervention, member, and caregiver training in a home program, and communicating changes in functional status to the prescribing physician.
2. The Member's condition requires treatment of a level of complexity and sophistication that can only be safely and effectively performed by a licensed speech-language pathologist (SLP).

A Speech Language Pathologist may also supervise the work of home-health aides (HHA) following an established plan of care providing the Member has a skilled speech-language need.

g. **Home Health Aide Services**

Home-health aides (HHAs) are trained personnel who provide health-related personal care and/or assist members following an established plan of care ordered by the prescribing practitioner.

Medically necessary home health aide services may be authorized when the following conditions are met:

1. Home health aide services are medically necessary to:
  - a. directly support curative, rehabilitative, or preventative aspects of nursing or therapy services provided by the home health agency; and/or
  - b. provide hands-on assistance throughout the task or until completion, with at least two activities of daily living (ADLs) defined as: bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating.
2. The frequency and duration of the home health aide services must be ordered by the physician or ordering non-physician practitioner and must be included in the plan of care for the member.
3. The services are medically necessary to provide personal care to the member, to maintain the member's health, or to facilitate treatment of the member's injury or illness.

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4. The home health aide is supervised by a registered nurse or therapist, as applicable.
  - a. For members receiving home health aide services pursuant to a skilled nursing or therapy need, the home health aide is supervised by a registered nurse or therapist for skilled nursing services or therapy services, respectively.
  - b. For members who are receiving home health aide services for ADL support only (i.e., not pursuant to a skilled nursing or therapy need), a non-skilled nursing visit for assessment of the member and assessment and supervision of the home health aide care plan once every 60 days is required.
5. Prior authorization has been obtained, where applicable, as outlined under the Authorization section

### **Requirements for Home Health Aide Services Provided Pursuant to Nursing or Therapy Services:**

Home health aide services are provided pursuant to nursing or therapy services and include, but are not limited to:

1. Personal care services, such as bathing, dressing, grooming, caring for hair, nail, and oral hygiene, which are needed to facilitate treatment or to prevent deterioration of the member's health, changing the bed linen, shaving, deodorant application, skin care with lotions and/or powder, foot care, ear care, feeding, assistance with elimination, routine catheter care, and routine colostomy care.
2. Simple dressing changes that do not require the skills of a registered or licensed nurse.
3. Medication reminders for medications that are ordinarily self-administered and that do not require the skills of a registered or licensed nurse.
4. Assistance with activities that are directly supportive of skilled nursing, physical, occupational, or speech-language therapy.
5. Routine care of prosthetic and orthotic devices.

### **Requirements for Home Health Aide Services for ADL Supports Only (i.e., not pursuant to Nursing or Therapy Services):**

Home health aide services for ADL supports are only reimbursable if the member has two or more ADL needs that require hands-on assistance. Home health aide services for ADL supports only include:

1. Hands-on assistance with ADLs.
2. IADL support services provided incidental to hands-on ADL assistance.
3. Monitoring or supervision provided incidental to or concurrently with hands-on ADL support.
4. Personal care services as described below if provided in addition to hands-on ADLs:
  - a. Personal care services, such as bathing, dressing, grooming, caring for hair, nail, and oral hygiene, which are needed to facilitate treatment or to prevent deterioration of the member's health, changing the bed linen, shaving, deodorant application, skin care with lotions and/or powder, foot care, ear care, feeding, assistance with elimination, routine catheter care, and routine colostomy care.



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**h. Medical Social Services**

Medical social services that are provided by a qualified medical social worker or a social work assistant under the supervision of a qualified medical social worker may be covered as home health services where the member meets the qualifying criteria specified

1. The services of these professionals are necessary to resolve social or emotional problems that are or are expected to be an impediment to the effective treatment of the patient's medical condition or rate of recovery; and
2. The plan of care indicates how the services which are required necessitate the skills of a qualified social worker or a social work assistant under the supervision of a qualified medical social worker to be performed safely and effectively.

Where both requirements for coverage are met, services of these professionals which may be covered include, but are not limited to:

1. Assessment of the social and emotional factors related to the patient's illness, need for care, response to treatment and adjustment to care.
2. Assessment of the relationship of the patient's medical and nursing requirements to the patient's home situation, financial resources, and availability of community resources.
3. Appropriate action to obtain available community resources to assist in resolving the patient's problem.
4. Counseling services that are required by the patient; and
5. Medical social services furnished to the patient's family member or caregiver on a short-term basis when the home health aide can demonstrate that a brief intervention (that is, two or three visits) by a medical social worker is necessary to remove a clear and direct impediment to the effective treatment of the patient's medical condition or to the patient's rate of recovery.
  - a). To be considered "clear and direct," the behavior or actions of the family member or caregiver must plainly obstruct, contravene, or prevent the patient's medical treatment or rate of recovery. Medical social services to address general problems that do not clearly and directly impede treatment or recovery as well as long-term social services furnished to family members, such as ongoing alcohol counseling, are not covered.
  - b). Services should not be a duplicate of the services provided by the CCA Care Partnership team

### **LIMITATIONS/EXCLUSIONS:**

CCA does not consider Home Health Services to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following:

1. The service is for a disorder not associated with a medical or behavioral health condition.



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2. The service replicates concurrent services provided in a different setting with similar treatment goals, plans, and therapeutic modalities.
3. The service replicates concurrent services provided by a different provider in the same setting with similar treatment goals, plans, and therapeutic modalities.
4. The services are more appropriately provided in a setting other than the member's home or the member's need is such that home-based services will not meet the need.
5. The condition(s) does not require the level of professional requested or the need can be met with a lower level of service.
6. The treatment is for a dysfunction that is self-correcting in nature and could reasonably be expected to improve without treatment.
7. Maintenance of functional skills that do not require the level of sophistication and training of a licensed PT, OT, or Speech Language Pathologist, or certified home health aide.
8. The treatment is for educational, vocational, or recreational purposes.
9. There is no clinical documentation or treatment plan to support the need for the service or continuing the service.
10. Services are considered research or experimental in nature.
11. Home health aide services are non-payable for monitoring of anticipatory and unpredictable services.
12. Homemaker, respite, and/or chore services are NOT considered home health aide services. When a home health aide (HHA) visits a member to provide health-related services, the HHA may also perform some incidental services that do NOT meet the definition of HHA services, such as light cleaning, preparing a meal, and/or removing trash. However, the purpose of the HHA visit must NOT be to provide these incidental services.

### **AUTHORIZATION:**

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

### **Initial Authorization:**

CCA Transitions of Care sends initial authorizations to providers for Home Health Services after an inpatient stay. These authorizations include up to 3 Skilled Nursing visits, and 1 evaluation visit for all recommended therapy services, for



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instance: Physical Therapy, Occupational Therapy and Speech Therapy. After completing the initial evaluations, the home health Agency should submit a Prior Authorization request for additional visits with the plan of care.

### **Reauthorization:**

Reauthorization of Home Health Agency services require prior authorization submitted at least 14 days before the start of care date but not greater than 21 days prior to start of care.

### **Documentation requirements:**

#### **A. To obtain prior authorization for skilled home health services, the home health agency must submit:**

1. CCA Standardized Prior Authorization Request Form
2. Signed Form CMS-485, unsigned Form CMS-485 with documentation of verbal order or signed physician Plan of Care. For verbal orders:
  - a. The clinical record must contain a documented verbal order from the ordering physician or ordering non-physician practitioner for the care before the services are provided; and
  - b. The physician or ordering non-physician practitioner written signature must be on the 60-day plan of care either before the claim is submitted or within 45 days after submitting a claim for that period.
3. Admission Note (Start of Care), if applicable
4. One week of current skilled nursing notes

#### **B. To obtain prior authorization for home health aide services, the home health agency must submit the following:**

1. For initial requests of home health aide services for hands-on assistance with ADLs, the following documentation is required:
  - a. Documentation of the physician's verbal order
  - b. The initial assessment visit note conducted by a RN or therapist including a list of home health aide tasks that the member needs
  - c. Member-specific discharge plans (may be included in the initial assessment visit note)
2. For members requiring a renewal to the authorization of home health aide services for hands-on assistance with ADLs, the following will be required:
  - a. Signed Plan of Care
  - b. Member-specific discharge plans reviewed and updated as applicable
  - c. One week of home health aide notes



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- d. The most recent RN visit note
  - e. Home health aide services plan of care created by the aide’s supervising RN
3. After initial 60 day of home health aide:
- a. The service hours MUST be determined using CCA’s Integrated functional assessment tool.
  - b. An RN visit for the purpose of evaluating the Activities of Daily Living needs of a member and the creation of a Home Health Aide (HHA) plan of care is a reimbursable visit (unlike RN visits solely for the purpose of supervision of HHA services).

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

HCPCS Codes	Description
G0299	Skilled Nursing per visit
G0151	Physical Therapy per visit
G0152	Occupational Therapy per visit
G0153	Speech Therapy per visit
G0155	Clinical Social Worker per visit
G0156	Home Health Aide per unit; 15 minutes per unit

**REGULATORY NOTES:**

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

- Commonwealth of Massachusetts. Division of Medical Assistance; 130 CMR 403.00: Home health agency. Available at: <https://www.mass.gov/doc/home-health-services-3/download>



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- Commonwealth of Massachusetts, Executive Office of Health and Human Services. MassHealth Guidelines for Medical Necessity Determination for Home Health Services. Available at: <https://www.mass.gov/doc/home-health-services-3/download>
- Commonwealth of Massachusetts, Executive Office of Health and Human Services. MassHealth Home Health Agency Bulletin 54. Available at <https://www.mass.gov/doc/home-health-agency-bulletin-54-revisions-to-masshealth-coverage-of-home-health-aide-services-0/download>
- Medicare Benefit Policy Manual Chapter 7 – Home Health Services. Available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>

**RELATED REFERENCES:**

N/A

**Disclaimer**

This Medical Necessity Guideline is not a rigid rule. As with all of CCA’s criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member’s unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member’s unique clinical circumstances will generally be required.

**ATTACHMENTS:**

EXHIBIT A:	
EXHIBIT B	

**REVISION LOG:**

REVISION DATE	DESCRIPTION



### Certified Home Health Services Medical Necessity Guideline

**APPROVALS:**

Avideep Chawla

Director, Utilization Management

\_\_\_\_\_  
CCA Senior Clinical Lead [Print]

\_\_\_\_\_  
Title [Print]

10/6/2022

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
CCA Senior Operational Lead [Print]

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Title [Print]

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Date

Lori Tishler, MD, MPH

Senior Vice President, Medical Services

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CCA CMO or Designee [Print]

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10/6/2022

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Signature

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Date