Medical Necessity Guideline
Home Health Services Certified: Senior Care Options and One Care

Medical Necessity Guideline (MNG) Title: Home Health Services Certified: Senior Care Options and One Care		
MNG #: 112	☒ CCA Senior Care Options (HMO D-SNP) (MA) ☒ CCA One Care (Medicare-Medicaid) (MA)	**Prior Authorization Needed?** ☒ **Yes (always required)** ☐ **Yes (only in certain situations. See this MNG for details)** ☐ **No**
Benefit Type: ☒ **Medicare** ☒ **Medicaid**	**Approval Date:** 6/8/2023	**Effective Date:** 3/19/25; 10/1/25
Last Revised Date: 11/14/24; 1/1/25; 5/8/25	**Next Annual Review Date:** 6/8/2024; 11/14/25	**Retire Date:**

OVERVIEW:

Certified Home Health Services are skilled and supportive care services provided to Senior Care Options (SCO) and One Care members in their home or a non-institutional setting, which may include, without limitation, a homeless shelter or other temporary residence or a community setting. Home care services are provided 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 safely. 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.
- **Activity Time:** The actual amount of necessary one:one time spent by a home care staff cueing/supervising and/or physically assisting the member to complete each Activity of Daily Living [ADL(s)] and Instrumental Activities of Daily Living [IADL(s)]
- **Clinical Assessment:** The comprehensive screening process of documenting a member's need using the Minimum Data Set (MDS) tool to form the basis for prior authorization.
- **Functional Assessment Tool:** A set of questions about a member's health condition and functional needs used in development of member's individualized care plan. Time for each activity is based on guidelines for determining the amount of one:one Activity Time required to perform activities of daily living (ADLs), instrumental activities of

daily living (IADLS). These time periods are based on the standard of time it takes a staff person to provide individualized support to a member to perform a specific activity, depending on the level of assistance and behavioral support required by the member. It is recognized that some members may require additional time beyond the time estimates in the guidelines, while others may require less time.

- **Instrumental Activities of Daily Living (IADL):** Certain basic environmental tasks required for daily living, including the ability to prepare meals, do housework, laundry, shopping, , use transportation, manage money, and use the telephone.
- **Interdisciplinary Care Team (ICT):** A team consisting of Member, Care Coordinator, Clinical Care Manager (RN and/or BH), PCP, GSSC/LTSC, and other individuals at the Member's discretion. The care team is responsible for effective coordination and care delivery for the Member. The care team works with the Member to develop, implement, and maintain their Individualized Care Plan ("care plan").
- **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.
- **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. Maintenance Program. CCA pays for the establishment of a maintenance program and the training of the member, member's family, or other persons to carry it out, as part of a regular treatment visit, not as a separate service. CCA does not pay for performance of a maintenance program. In certain instances, the specialized knowledge and judgment of a licensed therapist may be required to perform services that are part of a 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 must be performed by a licensed therapist, all information that supports the medical necessity for performance of such services by a licensed therapist, rather than a non-therapist, must be documented in the medical record.
- **Member:** A person who is enrolled in the CCA One Care (ICO) or CCA Senior Care Options (SCO) plan.
- **Minimum Data Set (MDS):** A standardized primary screening and assessment tool that serves as the foundation of the comprehensive assessment. Also referred to as the Clinical Assessment.
- **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 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.
- **Personal Care Plan:** A plan that describes which health services member will receive and how member will receive these services. Also known as an Individualized Personal Care Plan (ICP).
- **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.
- **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.

- **Time To Task Tool:** An assessment based on the standard of time for determining the amount of one:one Activity Time required to perform activities of daily living (ADLs), instrumental activities of daily living (IADLS). These time periods are based on established guidelines for the standard of time it takes a staff person to provide individualized support to a member to perform a specific activity, depending on the level of assistance and behavioral support required by the member. It is recognized that some members may require additional time beyond the time estimates in the guidelines, while others may require less time.
- **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:

All Home Health Services, including skilled nursing and medication administration visits and physical therapy, occupational therapy, speech/language therapy, medical social services, and home health aide visits, require prior authorization.

Initial start of care: Skilled services require prior authorization. All required documentation must be submitted within 7 days of start of care.

Reauthorization of Home Health Agency Services: Require prior authorization request be submitted at least 14 days before the authorization end date.

Changes to prior authorization: New authorization requests must be submitted when member's need for services has increased or decreased due to change in member's condition. The agency must submit a new prior authorization request which includes documentation to support medical necessity of adjusted service request.

Clinical Coverage Criteria:

1. Commonwealth Care Alliance (CCA) may cover Home Health Services when **all** the following criteria are met:
   - 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 behavioral health condition, a terminal illness, or a disability that requires **one** of the following:
     i. Skilled intervention or treatment from a licensed nurse, physical therapist (PT)/physical therapy assistant (PTA), occupational therapist (OT)/certified occupational therapy assistant (OTA), or speech/language therapist(SLT), or medical social services in the home; **or**
     ii. Home health aide services under the direction of nursing or rehabilitation (PT, OT, SLT) services for hands on assistance for the performance of activities of daily living (ADLs), specifically bathing, grooming, dressing, toileting/continence, transferring, ambulation, and/or eating, under the direction of nursing or rehabilitation services; **or**
     iii. Home health aide services for ADL supports **only** requires hands-on assistance throughout the task or until completion with **two or more** ADLs, specifically: bathing, grooming, dressing, toileting/continence, transferring/ambulation, and/or eating; **and**
   - B. Establishment of the designated provider's plan of care, in consultation with the home health clinician, following the evaluation and initial order of home health services for the member's medical and behavioral condition(s) for home health treatment and services; **and**
   - 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 requiring the need for specific home health services as designated under the criteria for each **specific** home health service as described in criteria 4.A-H below; **and**

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; **AND**

2. Home Health services may be covered when **all** the following criteria are met:
   A. The type of professional services requested are appropriate based on the degree of skill required for the tasks related to the Member's medical need; **and**

   B. The plan of care demonstrates that home health services will:
      i. Significantly improve/stabilize member's condition within a reasonable period of time; **and/or**
      ii. Maintain, prevent, or slow the worsening of function as a result of member's condition; **and**
   C. The amount, frequency, and duration of requested 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; **and**
   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); **AND**

3. A. 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; **and**
   B. If teaching was discontinued as a part of member's home health care plan, teaching must be resumed if the following occurs:
      i. There is a break in service of at least 60 days; or
      ii. A new service is added to the care plan; or
      iii. Requested by the member or member's caregiver when there is a change that requires new instructions.

4. In addition to criteria 1 and 2 above, all criteria specific to **each requested** Home Health Service(s) (4.A-4.H) must be met:

   <u>Intermittent Skilled Nursing Visits</u>
   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.

   A. Intermittent skilled nursing services may be covered when the Member's medical/mental health condition requires **one or more** of the following:
      i. Evaluation of nursing care needs; or

ii. Development and implementation of a nursing care plan and provision of services that require the following specialized skills of a nurse such as:

- Skilled assessment and observation of signs and symptoms
- Performing skilled nursing interventions including administering skilled treatments ordered by the prescribing practitioner
- Assessing member's response to treatment and medications
- Communicating changes in medical status to the prescribing practitioner
- Administering intravenous medications or other infusions due to the complexity of care and the time required to complete the infusion*
- Educating the Member and/or caregiver; **and**

iii. 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.

In addition to the regularly ordered skilled nursing services, as needed or **Pro re nata (PRN) visits** can be requested. PRN visits are approved, modified, or not authorized depending on the clinical documentation submitted.

Medication administration may occur as **part** of an intermittent skilled nursing visit for administration of medications ordered by the prescribing practitioner that generally requires the skills of a licensed nurse to perform or to teach a member or caregiver to perform administration of medication independently.
*Skilled nursing visits **solely** for intravenous medication and infusion administrations could be considered an appropriate intermittent skilled nursing visit due to the time required to complete these task(s) and the skilled nature of the task(s).

Medication Administration Nursing Visits

A medication administration visit (MAV) is a nursing visit primarily for the purpose of administrating medications (other than intravenous medication or infusion administrations, which are properly categorized as an intermittent skilled nursing visit), assessing the member's response to those administered medications, **and** are ordered by the prescribing practitioner.

B. Medication administration visits may be covered when **all** the following criteria are met:

i. Medication administration is prescribed to treat a medical or behavioral health condition; **and**

a) No able caregiver is present; and

b) The task requires the skills of a licensed nurse; and

c) At least **one** of the following conditions applies:

1) The Member is unable to perform the task due to impaired physical or cognitive issues, or behavioral and/or emotional issues; **or**

2) The Member has a history of failed medication compliance resulting in a documented exacerbation of the Member's condition; **and**

ii. 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 and soliciting and addressing whatever questions or concerns the member may have; **and**

iii. Intramuscular, subcutaneous, and other injectable medication administrations are considered skilled nursing tasks and will be treated as medication administration visits, except for anti-psychotic injectables, that require an intermittent skilled visit due to the complexity of the members diagnosis and effects of these types of medications; **and**

iv. Medication administration routes other than intravenous, intramuscular and/or subcutaneous, including enteral, intranasal, or topical will be considered as a medication administration visit **only** when the conditions in criterion 4.B.v(below) are met; **and**

v. Certain medication administration tasks do not require skilled nursing unless the complexity of the Member's condition or medication regiment requires the observation and assessment of a licensed nurse to safely perform. Such conditions include:

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; or

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 or; **and**

vi. Members receiving medication administration visits must be provided, at a minimum, one skilled nursing visit (separate from the MAV) every 60 days to assess the plan of care and the member's ongoing need for medication administration visits. Home health providers must request any additional skilled nursing visits along with their request for medication administration visits. The authorized number of skilled nursing visits will be determined based on medical necessity and submitted supporting documentation; **and**

vii. Documentation requirements of Medication Administration includes **all** of the following, **at minimum:**

a) The time of the visit; and

b) Drug identification, dose, and route/ or reference to the Member's medication profile as ordered by the prescribing practitioner; and

c) Teaching as applicable; and

d) The Member's response to the medication/s; and

e) The signature of the licensed nurse administering the medication along with printed name, date and time.

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.

C. Physical therapy services may be covered when **all** the following criteria are met:

i. 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; **and**

ii. The Member's condition requires treatment of a level of complexity and skill 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.

iii. Establishment of a maintenance program and the training of the member, member's family, or other persons to carry it out may be covered as **part of** a regular treatment visit, not as a separate service. In certain instances, the specialized knowledge and judgment of a licensed therapist may be required to perform services that are part of a 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 must be performed by a licensed therapist, all information that supports the medical necessity for performance of such services by a licensed therapist, rather than a non-therapist, must be documented in the 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.

Occupational Therapy

Occupational therapy programs are designed to improve quality of life by recovering competence and preventing further injury or disability, and to improve or maintain the member's ability to perform tasks required for independent functioning, so the member can engage in activities of daily living.

D. Occupational therapy services may be covered when **all** the following criteria are met:

i. The Member presents signs and symptoms of functional impairment/injury and requires treatment from an occupational therapist including evaluation, therapeutic intervention, member and caregiver training in a home program, and communicating changes in functional status to the prescribing physician; **and**

ii. The Member's condition requires treatment of a level of complexity and skill 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.

iii. Establishment of a maintenance program and the training of the member, member's family, or other persons to carry it out may be covered as **part of** a regular treatment visit, not as a separate service. In certain instances, the specialized knowledge and judgment of a licensed therapist may be required to perform services that are part of a 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 must be performed by a licensed therapist, all information that supports the medical necessity for performance of such services by a licensed therapist, rather than a non-therapist, must be documented in the 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.

Speech-Language Therapy

Speech-language therapy programs are designed to treat disorders that affect articulation of speech, impaired comprehension, communication and/or swallowing. Speech-language therapy may be considered medically

necessary when the following occurs.

E. Speech-language therapy may be covered when **all** the following criteria are met:

i. The member presents with a communication disorder with functional difficulty and/or swallowing disorder 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; **and**
ii. The Member's condition requires treatment of a level of complexity and skill that can only be safely and effectively performed by a licensed speech-language pathologist (SLP).
iii. Establishment of a maintenance program and the training of the member, member's family, or other persons to carry it out may be covered as **part of** a regular treatment visit, not as a separate service. In certain instances, the specialized knowledge and judgment of a licensed therapist may be required to perform services that are part of a 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 must be performed by a licensed therapist, all information that supports the medical necessity for performance of such services by a licensed therapist, rather than a non-therapist, must be documented in the medical record.

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.

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, and member-specific home health aide care instructions created by the RN or therapist supervising the HHA.

HHA Services Provided Concurrently with Skilled Nursing Services or Home Health Therapy Services

F. Home health aide services, **when concurrent with skilled nursing and/or skilled therapy home health services**, may be covered when **all** the following criteria are met:
   i. Member's medical condition, cognitive and/or psychological limitations prevent them from performing **one or more** of the following:
      a) Activities of daily living (ADLs) and/or personal care services; or
      b) Activities that are directly supportive of skilled nursing, physical, occupational or speech/language therapy as identified in the plan of care; or
      c) Verbal medication reminders for medications that are ordinarily self-administered and do not require the skills of a registered or licensed nurse; or
      d) Simple dressing changes that do not require the skills of a nurse; or
      e) Routine care of prosthetic and orthotic devices; or
      f) Independent activities of daily living (IADLs) support services provided incidental to hands-on ADL assistance; **and**

   ii. The tasks performed by a home health aide for the member must not require treatment of a level of complexity and skill that can only be safely and effectively performed by a licensed

professional.

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

HHA services provided **for ADL support only**, require a skilled nursing/therapy visit for assessment of the member and assessment and supervision of the home health aide care plan **once every 60 days**.

G. **Initial** request for HHA services for **ADL support only** may be covered when **all** the following criteria are met:

i. Member's medical or behavioral health condition requires any form of hands-on assistance for successful task completion, with **at least two** listed qualifying ADLs a)-e):
   a) Grooming
   b) Dressing
   c) Toileting/continence
   d) Transferring/ambulation
   e) Eating.

ii. Requests for authorization for **additional** HHA services provided for ADL support only may be covered when the following criteria are met:
   a) HHA services are provided for ADL support only; **and**
   b) HHA services are medically necessary to maintain the member's health, or to facilitate treatment of the member's injury or illness; or the services are provided incidental to the member's ADL supports.

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. When covered, these services may include, but are not limited to:

- Assessment of the social and emotional factors related to the patient's illness, need for care, response to treatment and adjustment to care.
- 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.
- Appropriate action to obtain available community resources to assist in resolving the patient's problem.
- Counseling services that are required by the patient; and

H. Medical Social Services may be covered when all the following criteria are met:

i. 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

ii. 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; and

iii. Services are not duplicate of the services provided by the CCA Care Partnership team

LIMITATIONS/EXCLUSIONS:

CCA does not cover Home Health Services when:

1. The service is for a disorder not associated with a medical or behavioral health condition.
2. The service is primarily educational, emotional, or psychological in nature **and** provided in a school or behavioral health setting.
3. The service replicates concurrent services provided in a different setting with similar treatment goals, plans, and therapeutic modalities.
4. The service replicates concurrent services provided by a different provider in the same setting with similar treatment goals, plans, and therapeutic modalities.
5. 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.
6. The Member's condition(s) does not require the level of professional service requested or the need can be met with a lower level of service.
7. The treatment is for a dysfunction that is self-correcting in nature and could reasonably be expected to improve without treatment.
8. The services of a licensed nurse to fill or assist the member in filling daily medication box organizers are on a daily basis, except as covered under Section 4.B.
9. The services of a licensed nurse to fill or assist the member in filling daily medication box organizers when prefill services (e.g., Bubble Pack, Blister Pack) are available to member through member's pharmacy
10. Services for the maintenance of functional skills that do not require the level of skill and training of a licensed PT, OT, or SLT, or certified home health aide. CCA does not cover visits solely for the performance of a maintenance program.
11. The treatment is for educational, vocational, or recreational purposes.
12. There is no clinical documentation or treatment plan to support the need for the service or continuing the service.
13. Services are considered research or experimental in nature.
14. Home health aide services are non-payable for monitoring of anticipatory and unpredictable services.
15. 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.
16. Rehabilitation services 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.

DOCUMENTATION REQUIREMENTS:

Medical Necessity Guideline
Home Health Services Certified: Senior Care Options and One Care

Initial start of care: Skilled services require prior authorization. All required documentation must be submitted within 7 days of start of care.

Reauthorization of Home Health Agency Services: Require prior authorization request be submitted at least 14 days before the authorization end date.

Changes to prior authorization: New authorization requests must be submitted when member's need for services has increased or decreased due to change in member's condition. The agency must submit a new prior authorization request which includes documentation to support medical necessity of adjusted service request.

A. **To obtain prior authorization for <u>skilled nursing visits, MAVs, medical social services, therapy services, and home health aide services provided concurrently to any skilled nursing or therapy services or Home Health Aide Services for ADL support ONLY</u>, the home health agency must submit:**

1. Signed Plan of Care/CMS 485 or unsigned Plan of Care/CMS 485 with documentation of the verbal order.
   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.
2. For **initial** PA requests, initial assessment note
   For **subsequent** prior authorization requests, at least 3 visit notes per home health service being requested. Submitted visits notes may not be older than 30 calendar days from the requested start date for the PA.

3. CCA Time-for-Task Tool or Functional Assessment within one year of the request, which documents time required to complete each ADL and IADL.

4. Any other documentation to support the medical necessity review such as, but not limited to, clinical documentation, evaluations or assessments that support the signs and symptoms pertinent to the chronic or post-acute medical, cognitive, or behavioral health condition.

CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

CPT/HCPCS CODE	Code Definition
G0299	Skilled Nursing per visit
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes
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 evaluate the patient's need for possible modification of treatment in the home health or hospice setting)

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
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)
T1030	Nursing care, in the home, by registered nurse, per diem
T1031	Nursing care, in the home, by licensed practical nurse, per diem
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit
T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit

Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual© criteria, 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. 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.

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. 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).

This Medical Necessity Guideline is not a rigid rule. As with all 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.

REFERENCES:

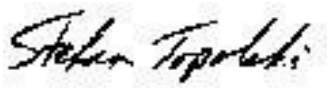
1. Commonwealth of Massachusetts. Division of Medical Assistance; 130 CMR 403.00: Home Health Agency. Accessed October 25, 2024. https://www.mass.gov/doc/130-cmr-403-home-health-agency/download
2. Commonwealth of Massachusetts, Executive Office of Health and Human Services. MassHealth Guidelines for Medical Necessity Determination for Home Health Services. Accessed October 24, 2024. https://www.mass.gov/doc/home-health-services-3/download

3. 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
4. Center for Medicare & Medicaid Services. Benefit Policy Manual; Chapter 7:Home Health Services. Accessed October 25, 2024. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c07.pdf

REVISION LOG:

REVISION DATE	DESCRIPTION
9/12/24	MNG title change
9/14/24	Updated criteria. Updated coding, added HCPCS G0300, G0493, T1030, T1031, T1502, T1503
1/1/25	CCA product grid updated
5/8/25	CPT codes added: G0157, G0158, G0159, G0160, G0161, G0162

APPROVALS:

Stefan Topolski	Senior Medical Director
CCA Clinical Lead	**Title**
	5/8/25
Signature	**Date**
CCA Senior Operational Lead	**Title**
Signature	**Date**
Nazlim Hagmann	Chief Medical Officer
CCA CMO or Designee	**Title**
	5/8/25
Signature	**Date**