



Companion Services Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Companion Services		
MNG #: 082	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Clinical: <input type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 9/2/2021;	Effective Date: 2/06/2022;
Last Revised Date: 5/30/2022	Next Annual Review Date: 9/2/2022; 5/30/2023;	Retire Date:

OVERVIEW

Adult Companion (COMP) services are non-medical care, supervision and socialization services provided to an adult. Companions may assist or supervise with such light household tasks as meal preparation, laundry and shopping. This service is provided in accordance with a therapeutic goal in the service plan. The adult companion enables the member to function with greater independence within the member’s home or community.

Companion does not include assistance with ADLs or medication reminders and is not covered where the services are purely recreational or diversionary in nature.

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.

Clinical Eligibility: in order to be eligible to receive Companion, the member must have a physical, cognitive or behavioral-related disability such that the member requires supervision or assistance to travel safely to medical appointments.

The care team must identify the condition or syndrome that underlies the disability, as well as the nature of the functional impairment.

Determination of need: In order to receive Companion, the authorizing clinician must determine that it is required



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for assistance in or supervision of such tasks such as meal preparation, laundry and shopping to increase independence of the member.

LIMITATIONS/EXCLUSIONS:

Limitations:

- Companion does not include assistance with ADLs or medication reminders.
- Companion may be provided for the purposes of supervision or assistance only.

Exclusions:

- CCA does not pay for Companion services provided in a hospital, nursing facility, intermediate care facility for persons with intellectual disabilities, or any other institutional facility setting providing medical, nursing, rehabilitative, or related care.
- Companion may not be provided in Adult Day Health centers, Day Habilitation centers, or in combination with any other service or setting that includes supervision.
- Companion may not be combined with Group Adult Foster Care of Assisted Living Services (except as medical escort)
- Adult companion services are not covered where the services are purely recreational or diversionary in nature.

Assessment Criteria

SCO and One Care: If member meets for medical necessity for Companion services based on a recent (within 90 days of the request) MDS or GSSC/ LTSC Assessment, documentation must be provided as to the tasks that will be completed by the Companion based on that assessment. If request for Companion is made after 90 days of the last MDS or GSSC/ LTSC assessment, an in-home assessment is required to determine the appropriateness of Companion services.

Documentation should support the hours requested. This assessment can be completed by an LTSC/GSSC, Registered Nurse or Licensed Practical Nurse (LPN) under the supervision of an RN.

KEY CARE PLANNING CONSIDERATIONS

- To distinguish Companion from Homemaker (HM), if the member is able to perform certain tasks but requires supervision when completing these tasks, Companion would be the appropriate service. However, if the member requires help with the task but not the supervision, HM would be the more appropriate service.
- Documentation must include a description of what the Companion is doing for the member.
- SCO members on the Frail Elder Waiver (FEW) may require this service in their care plan to remain eligible for the waiver. This service may be approved as an exception to existing limitations/exclusions in those instances. Consult with the GSSC for additional information.



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- If a member requires constant supervision, Companion would not be the appropriate service. Other services such as Adult Foster Care or Assisted Living should be considered.

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).

Companion requires prior authorization. Authorization decisions must be made on the basis of an in-person, in-home assessment of the member, as well as any other relevant information, e.g., medical diagnoses. (Assessments conducted by contract RNs may contribute information to the decision process, but do not meet the requirement for an in-person assessment.) Unlicensed care team members, such as GSSCs, Health Outreach Workers and Long Term Supports

Coordinators should evaluate clinical eligibility and need for Companion and may propose a service plan to the authorizing clinician.

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 not infrequently both supporting science and a description of the member's unique clinical circumstances will be required.

S5135 Companion services per 15 minutes

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



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references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

Mass Health 130 CMR 630
Mass Health 130 CMR 630.410

Disclaimer

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RELATED REFERENCES:

N/A

ATTACHMENTS:

EXHIBIT A:	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION
5/30/2022	Template changed to include PA requirements and benefit type.



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