

<b>Department:</b>	Medical Management	<b>Original Approval:</b>	12/12/2018
<b>Policy #:</b>	MM172	<b>Last Approval:</b>	12/12/2018
<b>Title:</b>	Home Health Skilled Services		
<b>Approved By:</b>	UM Committee		

## REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

- Medical records documenting necessity of the proposed home health services
- If the patient was recently discharged from a hospital, the discharge summary is required.
- Details about the proposed home health services, time required, frequency and expected duration.
- Assessment for rehabilitation potential with specific goals of therapy and nursing services
- Documentation that the patient is homebound

## PURPOSE

This policy is to assist UM Nurse and Physician Reviewers of Community Health Plan of Washington in reviewing prior authorization requests for Home Health services.

## DEFINITIONS

*Custodial care* is care that assists members with activities of daily living such as walking, eating, or bathing. It may also include care that most members do themselves, like using eye drops, oxygen, and taking care of colostomy or bladder catheters. These are non-skilled care services which are safely and effectively performed by trained non-medical personnel.

*Homebound* means that the member is only able to leave home with considerable and taxing effort and absences from home are infrequent, or of short duration, or to receive medical care)

*Home Health* is skilled care services performed intermittently or hourly by a registered nurse or licensed practical nurse or licensed therapist, either in the member's home or the facility considered as the member's residence. Care given by non-professional staff is not considered skilled care. The goal of this care is to help improve or maintain the member's condition and prevent member's condition from getting worst.

*Place of residence* is wherever the member makes his or her home. This may include his or her dwelling, an apartment, a relative's home, home for the aged, or a Custodial Care facility.

*Skilled Care* includes skilled teaching and skilled rehabilitation (therapy) services. These are ordered by physicians, delivered or supervised by licensed technical or professional medical personnel in order to obtain the specified medical outcome, and provide for the safety of the member and require clinical training in order to be delivered safely and effectively.

## INDICATIONS/CRITERIA

<b>Medicaid Members</b>	<i>Continue to criteria for approval below.</i>
<b>Medicare Members</b>	

### A. Post discharge from inpatient setting

- Request may be approved up to 6 skilled visits (nursing or therapy) if requested within two weeks following discharge from any facility setting.
- Anything beyond 2 weeks post discharge or any additional visits will require clinical review.

### B. Initial request from the outpatient setting (or beyond 2 weeks post discharge from inpatient facility) or if member is confined in his/her place of residence. All of the following must be met:

- Ordered and prescribed by a practitioner (M.D., D.O., P.A or N.P) or are directly related to an active written treatment plan of care established by the practitioner, *and*
- Treatment plan includes the assessment for rehabilitation potential with specific goals of therapy and nursing services, *and*
- Member is *homebound* due to illness or injury; *and*
- Skilled care is appropriate for the active treatment of a condition, illness, disease, or injury to avoid placing the member at risk for serious medical complications *and*
- The skilled nursing care or skilled therapy is intermittent or hourly in nature; *and*
- The nursing services provided are not primarily for the comfort or convenience of the member or the member's family and are non-custodial in nature.

### C. Intermittent or Intravenous Infusion Treatments or Monitoring/Laboratory Testing Provided in the Home Setting

These are medically necessary *even if member is not homebound* either because of the complexity of the underlying condition or the toxicity of the medication, and member's response to treatment and monitoring is required for safe administration. Examples include but are not limited to:

- Intravenous gamma globulin; **or**
- Intravenous hydration for a variety of conditions; **or**
- Infusions for pain control; **or**
- Some chemotherapy regimens

- v. Intravenous antibiotics for infections requiring a prolonged treatment course; **or**
- vi. Coagulation disorders; **or**
- vii. Enzyme deficiency states; **or**
- viii. Monitoring for hyperbilirubinemia treatment

### Not Medically Necessary

- A. Home health care does not include custodial care, domiciliary care, private duty nursing, respite care, or rest cures.

Goals have already been achieved

### SPECIAL CONSIDERATIONS

None.

### IMITATIONS/EXCLUSIONS

Please refer to a product line’s certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	<a href="http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides">http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides</a>
WASHINGTON APPLE HEALTH	<a href="http://chpw.org/our-plans/apple-health/">http://chpw.org/our-plans/apple-health/</a>
INTEGRATED MANAGED CARE	<a href="http://chpw.org/our-plans/apple-health/">http://chpw.org/our-plans/apple-health/</a>

### Citations & References

Medicare Benefit Policy Manual Chapter 7 - Home Health Services, link:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf>

CFR	
WAC	
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH
	<input checked="" type="checkbox"/> IMC

	<input checked="" type="checkbox"/> MA	
<b>Other Requirements</b>		
<b>NCQA Elements</b>		

### Revision History

<b>Revision Date</b>	<b>Revision Description</b>	<b>Revision Made By</b>
12/03/2018	Policy created	Yves Houghton, RN BSN
12/07/2018	Approval	UM Medical Subcommittee
12/12/2018	Approval	UM Committee