This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SOB/SB, the member’s EOC/SOB/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. LCDs are available at http://www.cms.hhs.gov/mcd/index_local_alpha.asp?from2=index_local_alpha.asp&from=alphalmp&letter=A&.

### I. COVERAGE

**Coverage Statement:** Home health services are covered when Medicare coverage criteria are met.

**Guidelines/Notes:**

1. Home health services are covered when all of the following criteria are met:
   a. Member must be homebound or confined to an institution that is not a hospital or is not primarily engaged in providing skilled nursing or rehabilitation services. *(See Section II for definition of homebound)*
   b. The member must be in need of part time or intermittent skilled nursing services on an intermittent basis or in need of part time or intermittent physical therapy (PT), occupational therapy (OT) or speech language pathology services.

   **Note:** Home health aide and/or skilled nursing care in excess of the amounts of care that meet these definitions of part-time or intermittent may be provided to a home care patient or purchased by other payers without bearing on whether the home health aide and skilled nursing care meets the definitions of part-time or intermittent.
   c. Member must be under the care of a physician in accordance with 42 CFR 424.22 and the home health care services must be furnished under a plan of care that is established, periodically reviewed and ordered by a physician.

   **Note:** The plan of care must be reviewed, in consultation with HHA professional personnel, and signed by the physician who established the plan. Medicare does not limit the number of continuous episode recertifications for beneficiaries who continue to be eligible for the home health benefit. The physician certification may cover a period less than but not greater than 60 days.
   d. The home health care services must be furnished on a per visit basis in the member’s place of residence. Services may be furnished on an outpatient basis in a hospital, SNF, or rehabilitation center if it is necessary to use equipment that is not available in the member’s place of residence.

   **Note:** Face-to-face Home Health Certification Requirement - As a condition for payment,
the Affordable Care Act mandates that prior to certifying a patient’s eligibility for the home health benefit, the certifying physician must document that he or she, or an allowed non-physician practitioner (NPP) has had a face-to-face encounter with the patient. Documentation regarding these encounters must be present on certifications for patients with starts of care on and after January 1, 2011.


Questions and answers regarding this requirement are available at the Medicare’s home health agency website, http://www.cms.gov/center/hha.asp on the CMS website.

- Local Coverage Determinations (LCDs) for Home Health Services exist and compliance with these policies is required where applicable. These LCDs are available at http://www.cms.gov/mcd/index_local_alpha.asp?from=alphalmrp&letter=H.

2. **Covered** home health services may include:

   a. **Administration of medications**
      1) **Vitamin B-12 Injections**
         Vitamin B-12 injections are considered specific therapy only for the following conditions:
         - Specified anemias: pernicious anemia, megaloblastic anemias, macrocytic anemias, fish tapeworm anemia;
         - Specified gastrointestinal disorders: gastrectomy, malabsorption syndromes such as sprue and idiopathic steatorrhea, surgical and mechanical disorders such as resection of the small intestine, strictures, anastomosis and blind loop syndrome, and
         - Certain neuropathies: posterolateral sclerosis, other neuropathies associated with pernicious anemia, during the acute phase or acute exacerbation of a neuropathy due to malnutrition and alcoholism.

         **Note:** For a patient with pernicious anemia caused by a B-12 deficiency, intramuscular or subcutaneous injection of vitamin B-12 at a dose of from 100 to 1000 micrograms no more frequently than once monthly is the accepted reasonable and necessary dosage schedule for maintenance treatment. More frequent injections would be appropriate in the initial or acute phase of the disease until it has been determined through laboratory tests that the patient can be sustained on a maintenance dose.

      2) **Insulin Injections**
         Insulin is customarily self-injected by patients or is injected by their families. However, where a patient is either physically or mentally unable to self-inject insulin and there is no other person who is able and willing to inject the patient, the
injections would be considered a reasonable and necessary skilled nursing service.

**Example:** A patient who requires an injection of insulin once per day for treatment of diabetes mellitus, also has multiple sclerosis with loss of muscle control in the arms and hands, occasional tremors, and vision loss that causes inability to fill syringes or self-inject insulin. If there weren't an able and willing caregiver to inject her insulin, skilled nursing care would be reasonable and necessary for the injection of the insulin.

3) **Oral Medications**
   The administration of oral medications by a nurse is not reasonable and necessary skilled nursing care except in the specific situation in which the complexity of the patient's condition, the nature of the drugs prescribed, and the number of drugs prescribed require the skills of a licensed nurse to detect and evaluate side effects or reactions. The medical record must document the specific circumstances that cause administration of an oral medication to require skilled observation and assessment.

4) **Eye Drops and Topical Ointments**
   The administration of eye drops and topical ointments does not require the skills of a nurse. Therefore, even if the administration of eye drops or ointments is necessary to the treatment of an illness or injury and the patient cannot self-administer the drops, and there is no one available to administer them, the visits cannot be covered as a skilled nursing service. This section does not eliminate coverage for skilled nursing visits for observation and assessment of the patient's condition.

5) **Heparin injection**
   Home health nurse to teach the member or the caring person to give subcutaneous injections of low dose heparin if it is prescribed by a physician for a homebound member who:
   - Is pregnant and requires anticoagulant therapy, or
   - Requires treatment for deep venous thrombosis or pulmonary emboli or for another condition requiring anticoagulation and documentation justifies that the member cannot tolerate warfarin.

*Note:* If the member or caring person is unable to administer the injection, nursing visits to give the injections on a daily basis, 7 days a week, for a period of up to 6 months (in the case of pregnancy, visits may be made for a period beyond 6 months if reasonable and necessary) would be reimbursed by Medicare. Coverage for these services after 6 months of treatment would be provided only if the prescribing physician can justify and document the need for such an extended course of treatment. Documentation of need for heparin injections beyond 6 months would not be required for pregnant members who meet the homebound criteria.

See the [NCD for Home Health Nurse Visits to Patients Requiring Heparin Injection (290.2)](http://example.com).
6) **Intravenous Immune Globulin (IVIG)**

Intravenous Immune Globulin (IVIG) for the treatment of Primary Immune Deficiency Diseases in the home is covered when determined to be medically appropriate and ordered by a physician to be given in the member’s home.


- On July 30, 2009, the Noridian Administrative Services DME MAC issued an article with the following guidelines when billing IVIG, pump and supplies. The complete article is available at [https://www.noridianmedicare.com/cgi-bin/coranto/viewnews.cgi?id=EkulAlFZuZjkMUyzdq&tmpl=dme_viewnews&st yle=part_ab_viewnews](https://www.noridianmedicare.com/cgi-bin/coranto/viewnews.cgi?id=EkulAlFZuZjkMUyzdq&tmpl=dme_viewnews&style=part_ab_viewnews).
  - If the coverage criteria are not met, i.e. diagnosis is not one of the covered diagnoses, and intravenous immune globulin was administered through a pump, the IVIG will deny as not medically necessary. An Advance Notice of Noncoverage (ABN) should be obtained to transfer liability to the beneficiary.
  - If coverage criteria is not met and IVIG is not administered through a pump, the IVIG claim will deny as non-covered, no benefit category. An ABN is not needed.
  - When coverage criteria is not met for a patient receiving IVIG through a pump, if the pump is not being billed to Medicare, i.e., the beneficiary owns their pump, suppliers should include a narrative on their claim that IVIG is being administered through a pump so the appropriate denial can be applied.
  - If the IVIG is administered using an infusion pump, the infusion pump and related administration supplies are denied as not medically necessary.
  - When IVIG is not administered through a pump and supplies are billed, code A4223 should be used for the supplies. A4223 will deny as not covered.

7) Intramuscular injections (e.g., antibiotics)

8) Intravenous infusions and/or total parenteral nutrition (TPN) infusions

9) Subcutaneous injections other than self-administrable medications (e.g., insulin, Imitrex). See # 2 (a.1 & a.2) for additional benefit information on the administration of insulin and Vitamin B-12 injections.

b. **Insertion of catheters**

Insertion of catheters or extensive decubiti care (Stage III or Stage IV) aseptic or sterile dressing changes to open wound
c. **Home Health Aides**
   Home health aides who provide personal care such as bathing are only available when medically necessary and ordered in conjunction with skilled nursing or skilled therapy services such as PT, OT or ST (e.g., Foley catheter changes once a month).

d. **Initial visit in anticipation of home health services**

e. **Teaching and training activities**
   Teaching and training activities that require skilled nursing personnel to teach a patient, the patient's family, or caregivers how to manage the treatment regimen would constitute skilled nursing services. Where the teaching or training is reasonable and necessary to the treatment of the illness or injury, skilled nursing visits for teaching would be covered. The test of whether a nursing service is skilled relates to the skill required to teach and not to the nature of what is being taught. Therefore, where skilled nursing services are necessary to teach an unskilled service, the teaching may be covered. Skilled nursing visits for teaching and training activities are reasonable and necessary where the teaching or training is appropriate to the patient's functional loss, illness, or injury.

   Teaching and training activities that require the skills of a licensed nurse include, but are not limited to, the following:

1. Teaching the self-administration of injectable medications, or a complex range of medications;
2. Teaching a newly diagnosed diabetic or caregiver all aspects of diabetes management, including how to prepare and to administer insulin injections, to prepare and follow a diabetic diet, to observe foot-care precautions, and to observe for and understand signs of hyperglycemia and hypoglycemia;
3. Teaching self-administration of medical gases;
4. Teaching wound care where the complexity of the wound, the overall condition of the patient or the ability of the caregiver makes teaching necessary;
5. Teaching care for a recent ostomy or where reinforcement of ostomy care is needed;
6. Teaching self-catheterization;
7. Teaching self-administration of gastrostomy or enteral feedings;
8. Teaching care for and maintenance of peripheral and central venous lines and administration of intravenous medications through such lines;
9. Teaching bowel or bladder training when bowel or bladder dysfunction exists;
10. Teaching how to perform the activities of daily living when the patient or caregiver must use special techniques and adaptive devices due to a loss of function;
11. Teaching transfer techniques, e.g., from bed to chair, that are needed for safe transfer;
12. Teaching proper body alignment and positioning, and timing techniques of a bed-bound patient;
13. Teaching ambulation with prescribed assistive devices (such as crutches, walker, cane, etc.) that are needed due to a recent functional loss;
14. Teaching prosthesis care and gait training;
15. Teaching the use and care of braces, splints and orthotics and associated skin care;
16. Teaching the preparation and maintenance of a therapeutic diet; and
17. Teaching proper administration of oral medication, including signs of side-effects and avoidance of interaction with other medications and food.
18. Teaching the proper care and application of any special dressings or skin treatments, (for example, dressings or treatments needed by patients with severe or widespread
f. Wound Care

Care of wounds, (including, but not limited to, ulcers, burns, pressure sores, open surgical sites, fistulas, tube sites, and tumor erosion sites) when the skills of a licensed nurse are needed to provide safely and effectively the services necessary to treat the illness or injury, is considered to be a skilled nursing service. For skilled nursing care to be reasonable and necessary to treat a wound, the size, depth, nature of drainage (color, odor, consistency, and quantity), and condition and appearance of the skin surrounding the wound must be documented in the clinical findings so that an assessment of the need for skilled nursing care can be made. Coverage or denial of skilled nursing visits for wound care may not be based solely on the stage classification of the wound, but rather must be based on all of the documented clinical findings. Moreover, the plan of care must contain the specific instructions for the treatment of the wound. Where the physician has ordered appropriate active treatment (e.g. sterile or complex dressings, administration of prescription medications, etc.) of wounds with the following characteristics, the skills of a licensed nurse are usually reasonable and necessary:

- Open wounds which are draining purulent or colored exudate or have a foul odor present or for which the patient is receiving antibiotic therapy;
- Wounds with a drain or T-tube with requires shortening or movement of such drains;
- Wounds which require irrigation or instillation of a sterile cleansing or medicated solution into several layers of tissue and skin and/or packing with sterile gauze;
- Recently debrided ulcers;
- Pressure sores (decubitus ulcers) with the following characteristics:
  - There is partial tissue loss with signs of infection such as foul odor or purulent drainage;
  - There is full thickness tissue loss that involves exposure of fat or invasion of other tissue such as muscle or bone.

**NOTE:** Wounds or ulcers that show redness, edema, and induration, at times with epidermal blistering or desquamation do not ordinarily require skilled nursing care.

- Wounds with exposed internal vessels or a mass that may have a proclivity for hemorrhage when a dressing is changed (e.g., post radical neck surgery, cancer of the vulva);
- Open wounds or widespread skin complications following radiation therapy, or which result from immune deficiencies or vascular insufficiencies;
- Post-operative wounds where there are complications such as infection or allergic reaction or where there is an underlying disease that has a reasonable potential to adversely affect healing (e.g., diabetes);
• Third degree burns, and second degree burns where the size of the burn or presence of complications causes skilled nursing care to be needed;
• Skin conditions that require application of nitrogen mustard or other chemotherapeutic medication that present a significant risk to the patient;
• Other open or complex wounds that require treatment that can only be provided safely and effectively by a licensed nurse.

Also see the Coverage Summary for Wound Care.

g. Observation and assessment of the patient’s condition when only the specialized skills of a medical professional can determine the patient’s status
Observation and assessment of the patient's condition by a nurse are reasonable and necessary skilled services when the likelihood of change in a patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment or initiation of additional medical procedures until the patient's treatment regimen is essentially stabilized. Where a patient was admitted to home health care for skilled observation because there was a reasonable potential of a complication or further acute episode. However, observation and assessment by a nurse are not reasonable and necessary to the treatment of the illness or injury where these indications are part of a longstanding pattern of the patient's condition, and there is no attempt to change the treatment to resolve them.

h. Management of Care Plan
Skilled nursing visits for management and evaluation of the patient's care plan are also reasonable and necessary where underlying conditions or complications require that only a registered nurse can ensure that essential nonskilled care is achieving its purpose. For skilled nursing care to be reasonable and necessary for management and evaluation of the patient's plan of care, the complexity of the necessary unskilled services that are a necessary part of the medical treatment must require the involvement of skilled nursing personnel to promote the patient's recovery and medical safety in view of the patient's overall condition. The management of this plan of care requires skilled nursing personnel until the patient's treatment regimen is essentially stabilized.

i. Religious Nonmedical Health Care Institution Services
Religious Nonmedical Health Care Institution Services Furnished in the home are covered.

Notes:
• The term ‘home health agency’ also includes a religious nonmedical health care institution, but only with respect to items and services ordinarily furnished by such an institution to individuals in their homes, and that are comparable to items and services furnished to individuals by a home health agency that is not a religious nonmedical health care institution.
• See the Medicare Benefit Policy Manual (Pub.100-2), Chapter 1 Section 130.4 Coverage of Religious Nonmedical and Services Furnished in the Home at http://www.cms.hhs.gov/manuals/Downloads/bp102c01.pdf.

j. Home Prothrombin Time INR monitoring
Home Prothrombin Time INR monitoring for anticoagulation management is covered.
k. **Home health visits to a member who is a blind diabetic**

To qualify for home health benefits, a blind diabetic member must be confined to his home, under the care of a physician, and in need of either skilled nursing services on an intermittent basis or physical therapy or speech-language pathology services.

**Notes:**

- If a nurse makes a visit to provide skilled services, and also pre-fills syringes, the purpose of the visit, which was to provide skilled services, does not change. However, if the sole purpose of the nurse’s visit is to pre-fill insulin syringes for a blind diabetic, it is not a skilled nursing visit although it may be reimbursed as such as indicated below.

- Filling a syringe can be safely and effectively performed by the average nonmedical person without the direct supervision of a licensed nurse. Consequently, it would not constitute a skilled nursing service even if it is performed by a nurse.

- If State law, however, precludes a home health aide from pre-filling insulin syringes, payment may be made for this service as part of the cost of skilled nursing services when performed by a nurse for a blind diabetic who is otherwise unable to pre-fill his or her syringes. There are no adverse consequences with respect to reimbursement to the home health agency for providing the service in this manner.

- If State law does not preclude a home health aide from pre-filling insulin syringes, but the home health agency chooses to send a nurse to perform only this task, the visit is reimbursed as if made by a home health aide.

See **NCD: Home Health Visits to a Blind Diabetic (290.1).**


3. The following services in the home are not covered:

a. Home health services furnished when the member is not needing any other skilled service (e.g. physical therapy, speech language pathology services or continued occupational therapy)

b. Part time or intermittent skilled nursing or home health aid services (when combined) greater than 8 hours a day or more than 28 hours per week except when authorized on a case by case basis to be more than 8 hours a day and 35 hours or fewer hours per week.

c. Skilled nursing care solely for the purpose of drawing a member’s blood for testing

d. Routine/custodial/convalescent care, long term physical therapy and rehabilitation

e. Homemaker services unrelated to member’s care or home meal delivery services (e.g., Meals-on-Wheels) or transportation services (e.g., Dial-a-Ride)
f. Private duty nursing care (refer to Definitions Section II)
g. Oral prescription drugs provided by a home health provider unless the member has a supplemental pharmacy benefit and the oral medications are obtained through a contracted UnitedHealthcare Medicare pharmacy provider.

Note: Refer to #2.a.3 above for the home health coverage for the administration of oral medications.

h. Home health services for a blood draw unless the member has a need for another qualified skilled service and meets all home health eligibility criteria.

Note: For coverage of home blood draws (venipunctures) by an independent laboratory technician, refer to the Laboratory Services Coverage Summary.


II. DEFINITIONS

1. **Custodial Care**: Non-medically necessary personal health care for the purposes of assisting the patient in meeting the requirements of daily living. Does not require the continuing attention of trained medical or paramedical personnel.

2. **Home Health Aides**: Trained individuals who provide, when medically necessary, personal care such as bathing, exercise assistance and light meal preparation. This service is only available when ordered along with skilled nursing and/or therapy services.

3. **Home Health Services**: Part-time or periodic skilled nursing care provided by or under the supervision of a registered professional nurse; physical therapy, occupational therapy, and/or speech-language pathology services medical social services under the direction of a physician; part time or intermittent services of a qualified home health aide; medical supplies and durable medical equipment.

4. **Homebound**: The restricted ability of a patient, due to an illness or injury, to leave home without the assistance of another or the aid of a supportive device (such as crutches, a cane, a wheelchair, or a walker), or if leaving the home is medically contraindicated. A person does not need to be bedridden to be confined to the home. However, the physical condition must be such that there exists a normal inability to leave home and leaving requires a considerable and taxing effort.

   If the patient does in fact leave the home, the patient may nevertheless be considered homebound if the absences from the home are infrequent or for periods of relatively short duration, or are attributable to the need to receive health care treatment. Absences attributable to the need to receive health care treatment include, but are not limited to:
   - Attendance at adult day centers to receive medical care;
   - Ongoing receipt of outpatient kidney dialysis; or
   - The receipt of outpatient chemotherapy or radiation therapy.

Any absence of an individual from the home attributable to the need to receive health care treatment, including regular absences for the purpose of participating in therapeutic,
psychosocial, or medical treatment in an adult day-care program that is licensed or certified by a State, or accredited, to furnish adult day-care services in the State shall not disqualify an individual from being considered to be 'confined to his home'.

Any other absence of an individual from the home shall not so disqualify an individual if the absence is of infrequent or of relatively short duration. For purposes of the preceding sentence, any absence for the purpose of attending a religious service shall be deemed to be an absence of infrequent or short duration.

Generally speaking, a patient will be considered to be homebound if they have a condition due to an illness or injury that restricts their ability to leave their place of residence except with the aid of: supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person; or if leaving home is medically contraindicated.

5. **International Normalized Ratio (INR):** Allows physicians to determine the level of anticoagulation in a patient independent of the laboratory reagents used. The INR is the ratio of the patient's prothrombin time compared to the mean prothrombin time for a group of normal individuals. Maintaining patients within the therapeutic range minimizes adverse events associated with inadequate or excessive anticoagulation such as serious bleeding or thromboembolic events. Patient self-testing and self-management through the use of a home INR monitor may be used to improve the time in therapeutic rate (TTR) for select groups of patients. Increased TTR leads to improved clinical outcomes and reductions in thromboembolic and hemorrhagic events.

6. **Intermittent Visit:** Skilled care that is either provided or needed fewer than 7 days each week / 8 hours each day for periods of 21 days or less.

7. **Part Time or Intermittent Services:** Skilled nursing and home health aide services furnished any number of days per week as long as they are furnished (combined) less than 8 hours each day and 28 or fewer hours each week (or subject to review on a case by case basis as to the need of care, less than 8 hours each day and 35 hours or fewer per week).

8. **Place of Residence:** Wherever the patient makes his/her home. This may be his/her dwelling, an apartment, a relative's home, home for the aged, a custodial care facility, or some other type of institution.

9. **Private Duty Nursing Services:** Private duty nursing services encompass nursing services for recipients who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or skilled nursing facility.

10. **Skilled Services:** Services that must be provided by a licensed nurse (either RN or a LVN) under the supervision of a registered nurse and/or the provision of a physical, occupational, and/or speech-language pathology services therapist for those patient in need.

11. **Social Services:** Physician prescribed services provided by a medical social worker that assist the patient and family to better cope with the stresses of illness and/or disability and provide information, assistance, and support in accessing and obtaining other community services.

### III. REFERENCES
IV. REVISION HISTORY

02/21/2011 Updated Guidelines #1 to include the note pertaining to the new CMS Face-to-face Home Health Certification Requirement (effective January 1, 2011) based on MLN Matters Article #SE1038.

09/07/2010 Policy updated to include more examples of covered benefits, e.g., teaching and training activities, wound care, etc.; criteria for coverage were also updated in based on Medicare language.