

Home Health Aide

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<u>Effective Date</u>	3/2009
<u>Next Review Date</u>	9/15/2024
<u>Coverage Policy</u>	Medical 144
<u>Version</u>	3

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Purpose:

This policy addresses the medical necessity of Home Health Aide.

Description & Definitions:

Home Health Aides are responsible for providing patient care of a paraprofessional nature to chronically ill, disabled, and elderly persons at home. Services may include bathing, feeding, monitoring vital signs, ambulation, mobility, range of motion exercises and turning and positioning as needed.

Home health aides must meet the qualifications specified by 42 CFR § 484.36. The home health agency must maintain written documentation which demonstrates that the home health aides employed or contracted by the agency meet these required qualifications.

Criteria:

A home health aide is considered medically necessary with **ALL** of the following:

- The individual has received a physician order for a home health aide
- The individual must require skilled nursing or rehabilitation therapy that is medically necessary.
- The individual's home health aide plan of care is designed to meet the patient's needs and is developed by the Registered Nurse or therapist assigned
- The Home health aide services must be incorporated into an outcome-specific nursing/therapy care plan
- The home health aide services are to assist the individual or caregiver during a specific time period and/or are to assist in carrying out a nursing or rehabilitative care plan
- The home health aide services must be provided on an intermittent (not daily) basis
- The individual must be homebound
- The individual has not yet met his/her treatment goals
- The home health aide services are not for member convenience

Home health aide is considered **not medically necessary** for uses other than those listed in the clinical criteria.

Coding:

Medically necessary with criteria:

Coding	Description
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour

Considered Not Medically Necessary:

Coding	Description
	None

Document History:

Revised Dates:

- 2020: February
- 2016: January
- 2015: April, September
- 2014: January, April
- 2013: March
- 2011: March
- 2010: May

Reviewed Dates:

- 2023: September
- 2022: September
- 2021: December
- 2020: December
- 2019: November
- 2018: January, November
- 2012: March
- 2010: March

Effective Date:

- March 2009

References:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT - AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY and MEDICALLY NEEDY. (n.d.). Retrieved Aug 16, 2023, from DMAS: <https://www.dmas.virginia.gov/media/3355/31a-b-s1-amount-duration-and-scope-categorically-and-medically-needy.pdf>

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

Home health aide, shp medical 144, home health, aide, commercial