

Home Health Aide, Medical 144

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Effective Date 1/1/2026

Next Review Date 9/2026

Coverage Policy Medical 144

Version 5

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

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.

Document History:

Revised Dates:

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

Reviewed Dates:

- 2025: September – Implementation date of January 1, 2026. No changes to criteria. Updated to new format.
- 2024: September – no changes references updated
- 2023: September
- 2022: September
- 2021: December
- 2020: December
- 2019: November
- 2018: January, November
- 2012: March

Origination Date: March 2009

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

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Policy Approach and Special Notes: *

- Coverage:
 - See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.
- Application to products:
 - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements:
 - Pre-certification by the Plan is required.
- 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.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

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