

Home Health Aide, Medical 144

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<u>Coverage Policy</u>	Medical 144
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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

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

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

Reviewed Dates:

- 2024: September – no changes references updated
- 2023: September
- 2022: September
- 2021: December
- 2020: December
- 2019: November
- 2018: January, November
- 2012: March
- 2010: March

Effective Date:

- March 2009

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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Special Notes: *

This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

Keywords:

Medical 144

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