

## Home Health Aide, Medical 144

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| <u>Coverage Policy</u> | Medical 144 |
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| <u>Version</u> | 5 |
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**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*.**

### 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

A Home Health Aide is considered Not Medically Necessary for any indication other than those listed in the clinical indications section.

### 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.*

## Policy Approach and Special Notes: \*

- Coverage
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Virginia Medicaid Products
- Authorization requirements
  - Precertification required by Plan
- Special Notes:
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. 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.
- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. [EPSDT Supplement B \(updated 5.19.22\) Final.pdf](#)
  - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider within 60 days of the date of service requested.

## References:

Including but not limited to: 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