

Home Health Aide

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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.*.

Purpose:

This policy addresses 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

The following limits on home health aide coverage:

- 32 home health aide visits are allowed per year.
- Home Health Aide Services Home Health aide services are intended to assist the participant/caregiver during activities of daily living or can appropriately be utilized to assist in carrying out nursing or rehabilitative care plans.
- A referral for UAI screening must be initiated if services are expected to continue.

Home Health Aides 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:

- 2023: September
- 2020: February
- 2016: January
- 2015: April, September
- 2014: January, April
- 2013: March
- 2011: March
- 2010: May

Reviewed Dates:

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

Effective Date:

- March 2009

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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DME Manual - Home Health. (2023, July 5). Retrieved Aug 16, 2023, from DMAS Provider Manual:

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Aug 16, 2023, from CMS - NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=209&ncdver=2&keyword=Home%20Health&keywordType=all&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

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: *

This medical policy express Sentara Health Plan's determination of medical 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. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

Home health aide, shp medical 144