



## Review Criteria Georgia Region

Title:	<b>HOME HEALTH SERVICES/HOME HEALTH AIDES</b>		
Department:	QUALITY RESOURCE MANAGEMENT	Page:	1 of 3
Section:	UTILIZATION MANAGEMENT	Policy Number:	01-38
Type:	( ) New	Effective Date:	6/21/2006
	(X) Reviewed / Revised	Date:	2/27/2017 2/14/2018 2/4/2019 1/3/2020 2/21/2021 1/10/2022 2/21/2023

### Purpose

This policy provides the indications and contraindications necessary for the Quality Resource Management staff to make the most appropriate decision related to the medical necessity of the procedure listed.

### DIAGNOSIS/CONDITION:

**CPT-4/ HCPCS CODE AND DESCRIPTION: INDICATORS: 99500-99507; 99509; 99601-2; S9123-24; S9128, S9152; S9131**

## 1.0 INDICATIONS

- Home Health Skilled Services are covered when all of the following criteria are met:
  - The patient is confined to the home
    - There is an inability to leave the home without considerable and taxing effort
    - Absences from the home are infrequent
    - Absences from the home are for relatively short periods of time
    - Absences from the home are to receive health care treatment
    - Patient does not have to be bedridden
    - The service is medically necessary
  - The patient is under the care of a physician
  - The physician has created a plan of care and periodically reviews that plan **(must have had a virtual or in person visit with a physician/AP within 90 days of starting home health care)**.
  - The patient is in need of skilled nursing care on an intermittent basis, or physical therapy or speech therapy or has a continuing need for occupational therapy.
  - - \*Intermittent is defined as skilled nursing care provided or needed on fewer than 7 days per week, less than 8 hours per day and 35 hours or less per week and for periods of 21 days or less
  - The Home Health Vendor has supplied us with the Oasis score

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- Home Health Aide Services are covered if:
  - Patient meets all of the above criteria
  - The services are intermittent as defined above and do not exceed the number of skilled visits
  - The services must be reasonable and necessary to the treatment of the patient's illness or injury
  - There is no one else who is able and willing to act as the patient's caregiver
  - The services must be of a type that the patient cannot perform themselves
- Home health aide services may include but are not limited to:
  - Personal care: bathing dressing, grooming etc to facilitate treatment or to prevent deterioration of the patient's health
  - Feeding, assistance with elimination, ambulation, changing position in bed, transfer assists, routine maintenance exercises, ST exercises, care of prosthetics and orthotics
  - All in direct support of overall treatment

**2.0 VIEWS OF THE SOUTHEAST PERMANENTE MEDICAL GROUP**

- The Medicare guidelines are followed as above for determination of approval for skilled services and aide services in the home.

**3.0 CLINICAL SUMMARY:**

- Skill services and Home Aide services are provided based on the needs and medical condition of the patient and must be authorized by a TSPMG Home Health Review Nurse

**4.0 REVIEW OF THE LITERATURE:**

- None

**5.0 REFERENCES:**

- Medicare rules and regulations, CMS website
- Medicare explained 2006
- Medicare Benefit Policy, Chapter 7; April 2011, January 2014
- Aetna Home Health Aid Policy- CPB 5/2013, 5/2014, 1/2017, 2/2018, 6/2019

**Approval**

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**Physician Program Director, Quality Resource**  
**Management**

2/11/10 \_\_\_\_\_

**Date**

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