



## Home Health Care

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P&P # C.09.01

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### Policy

The Medical Management Department reviews referral requests for authorization of skilled Home Health services.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

### Procedure

#### Documentation Required:

In order to facilitate the authorization process referral requests must include the following:

1. Physician orders for Home Health Care services;
2. Documentation of patient's prior level of functioning and treatment plan to demonstrate progress in skilled care goals;
3. Documentation to support why the patient is in need of part time or intermittent skilled nursing, physical therapy (PT) or occupational therapy (OT) services.

#### B. Criteria for Medical Necessity:

Quartz considers Home Health Care medically necessary when **ALL** of the following criteria are met:

1. The patient is homebound because of illness or injury; **AND**
2. Services provided are intermittent, not full time; **AND**
3. The nursing services provided are not primarily for the comfort or convenience of the patient or custodial in nature; **AND**
4. The services are ordered by a physician and are directly related to an active treatment plan of care established by the physician; **AND**
5. The services provided are appropriate for the home setting; **AND**
6. The skilled nursing care is appropriate for the active treatment of a condition, illness, disease, or injury to avoid placing the patient at risk for serious medical complications; **AND**
7. The treatment provided is appropriate for the patient's condition including the amount of time spent providing the service as well as the frequency and duration of the services; **AND**
8. The patient is able to demonstrate participation and significant progression with the active treatment plan of care; **AND**
9. Home health care services are being provided by a certified/licensed home health agency.

**REFERENCES:**

CMS Pub 100-02 Medicare Benefit Policy Manual; Chapter 7 Home Health Services. Accessed August 12, 2020.

US Department of Health and Human Services, Office of Disability, Aging and Long-Term Care Policy; Clarifying the Definition of Homebound and Medical Necessity Using OASIS Data, Final Report; March 2001. Accessed August 12, 2020.

WI Statutes 50.49-chapter 150 Regulation of Health Services. Accessed August 12, 2020.

WI Department of Health Services Administration Code: Chapter DHS 133; Home Health Agencies. Accessed August 12, 2020.