



## Home Health Care

### I. Policy

University Health Alliance (UHA) will reimburse for home health care when it is determined to be medically necessary and when it meets the medical criteria guidelines indicated below.

### II. Criteria/Guidelines

Home health care refers to intermittent skilled health care related services provided by a licensed home health agency to an individual in his or her place of residence. Skilled health care related services include skilled nursing care and physical, occupational, and speech therapies.

- A. Home health care services are covered (subject to Administrative Guidelines) when all of the following criteria are met:
  1. Services to treat an illness or injury are prescribed in writing by the treating physician.
    - a. The treating physician must review plan of care and certify every 60 days that continued visits are necessary.
  2. The patient is homebound due to an illness or an injury (i.e., patient's condition is such that there exists an inability to leave home or doing so requires a considerable and taxing effort and meets homebound standards defined by the federal Medicare program).
  3. The patient requires part-time skilled health services.
  4. The patient would require an inpatient hospital stay or skilled nursing facility care if not for home health care or would be at risk for early readmission to an acute facility.
  5. Visits are provided by a qualified licensed home health agency.
  6. Services are not more costly than other covered services that would be effective for the treatment of the patient's condition.
  7. The skilled services are reasonable and necessary to the treatment of the patient's illness or injury. To be considered reasonable and necessary:
    - a. The services must be consistent with the nature and severity of the illness or injury, the patient's particular medical needs, including the requirement that the amount, frequency, and duration of the services must be reasonable.
    - b. The services must be provided with the expectation that the condition of the patient will improve materially in a reasonable and generally predictable period of time.
    - c. The services are not custodial in nature, i.e., are not services and supplies to help with activities of daily life such as daily hygiene that would not require the technical skills of a health care provider.

#### **NOTE:**

*This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.*

*Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.*

*UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.*

### **III. Limitations/Exclusions**

- A. Home health care services are not covered in the following situations:
  - 1. The patient is no longer homebound.
  - 2. Goals of treatment have been achieved.
  - 3. The patient or willing caregiver is able to perform the necessary care.
  - 4. New home health services or continuation of existing services does not meet criteria for medical necessity for type of service, scope of care, duration of services, or frequency of services.

### **IV. Administrative Guidelines**

- A. Prior authorization is not required for the first 12 visits per calendar year provided that the above criteria are met. However, the following documentation must be available for review upon request:
  - 1. Documentation supporting that the ordering physician is also the treating physician for the condition resulting in the need for home health services; and
  - 2. A plan of care that includes the frequency, duration, and type of home health services requested (e.g., part-time skilled nursing services, physical, occupational, and/or speech therapy); and
  - 3. Clinical documentation supporting the homebound status of the patient; and
  - 4. For continuation of home health services, documentation must also include clinical notes, e.g., physician, nursing, and/or the therapist's notes, supporting the need for continuation.
- B. Prior authorization is required after the first 12 visits.
- C. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.
- D. The following documentation should be submitted for review with the prior authorization request form, beyond the first 12 visits per calendar year:
  - 1. Documentation supporting that the ordering physician is also the treating physician for the condition resulting in the need for home health services; and
  - 2. A plan of care that includes the frequency, duration, and type of home health services requested (e.g., part-time skilled nursing services, physical, occupational, and/or speech therapy); and
  - 3. Clinical documentation supporting the homebound status of the patient; and
  - 4. For continuation of home health services, documentation must also include clinical notes, e.g., physician, nursing, and/or the therapist's notes, supporting need for continuation.
- E. UHA plans cover home health care agency visits up to a maximum of 150 visits per calendar year.

## **V. Policy History**

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