

# Home Health, Skilled, and Custodial Care (for Ohio Only)

**Policy Number:** CS137OH.A  
**Effective Date:** November 1, 2023

[Instructions for Use](#)

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| Related Policies   |
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| <ul style="list-style-type: none"> <li><a href="#">Home Hemodialysis (for Ohio Only)</a></li> <li><a href="#">Private Duty Nursing (PDN) Services (for Ohio Only)</a></li> </ul> |

## Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

## Coverage Rationale

**Home health and skilled care services are considered medically necessary in certain circumstances.** For medical necessity clinical coverage criteria, refer to the InterQual® LOC: Home Care Q & A:

- Home Care Services, Adult
- Home Care Services, Pediatric

Click [here](#) to view the InterQual® criteria.

## Definitions

Check the definitions within the federal, state, and contractual requirements that supersede the definitions below.

**Place of Residence for Home Health Services:** Home health can occur in any non-institutionalized setting in which normal life activities take place. A Place of Residence for Home Health Services does not include a setting in which payment is or could be made under Medicaid for inpatient services that include room and board (e.g., hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities [with limited exceptions]). (CFR § 440.70).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may

require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| CPT Code | Description  |
|----------|--|
| 99500    | Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring  |
| 99501    | Home visit for postnatal assessment and follow-up care   |
| 99502    | Home visit for newborn care and assessment   |
| 99503    | Home visit for respiratory therapy care (e.g., bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)                                 |
| 99504    | Home visit for mechanical ventilation care   |
| 99505    | Home visit for stoma care and maintenance including colostomy and cystostomy   |
| 99506    | Home visit for intramuscular injections  |
| 99507    | Home visit for care and maintenance of catheter(s) (e.g., urinary, drainage, and enteral)  |
| 99511    | Home visit for fecal impaction management and enema administration   |
| 99512    | Home visit for hemodialysis  |
| 99601    | Home infusion/specialty drug administration, per visit (up to 2 hours)   |
| 99602    | Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure) |

*CPT® is a registered trademark of the American Medical Association*

| HCPCS Code | Description  |
|------------|--|
| G0068      | Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes                 |
| G0069      | Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes  |
| G0070      | Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes  |
| G0088      | Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes |
| G0089      | Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes  |
| G0090      | Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes  |
| G0151      | Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes  |
| G0152      | Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes  |
| G0153      | Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes   |
| G0155      | Services of clinical social worker in home health or hospice settings, each 15 minutes   |

| HCPCS Code | Description   |
|------------|---|
| G0156      | Services of home health/hospice aide in home health or hospice settings, each 15 minutes  |
| G0157      | Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes   |
| G0158      | Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes   |
| G0159      | Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes  |
| G0160      | Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes  |
| G0161      | Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes  |
| G0162      | Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)  |
| G0299      | Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes   |
| G0300      | Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes  |
| G0320      | Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system  |
| G0321      | Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system  |
| G0322      | The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)   |
| G0490      | Face-to-face home health nursing visit by a rural health clinic (RHC) or federally qualified health center (FQHC) in an area with a shortage of home health agencies; (services limited to RN or LPN only)  |
| G0493      | Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)          |
| G0494      | Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting) |
| G0495      | Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes   |
| G0496      | Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes  |
| G2168      | Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes   |
| G2169      | Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes  |
| H1004      | Prenatal care, at-risk enhanced service; follow-up home visit   |
| S5035      | Home infusion therapy, routine service of infusion device (e.g., pump maintenance)  |
| S5036      | Home infusion therapy, repair of infusion device (e.g., pump repair)  |
| S5108      | Home care training to home care client, per 15 minutes  |

| HCPCS Code | Description   |
|------------|---|
| S5109      | Home care training to home care client, per session   |
| S5110      | Home care training, family; per 15 minutes  |
| S5111      | Home care training, family; per session   |
| S5115      | Home care training, nonfamily; per 15 minutes   |
| S5116      | Home care training, nonfamily; per session  |
| S5180      | Home health respiratory therapy, initial evaluation   |
| S5181      | Home health respiratory therapy, NOS, per diem  |
| S5497      | Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S5498      | Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem  |
| S5501      | Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem  |
| S5502      | Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (Use this code for interim maintenance of vascular access not currently in use) |
| S5517      | Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting   |
| S5518      | Home infusion therapy, all supplies necessary for catheter repair   |
| S5520      | Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion  |
| S5521      | Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion   |
| S5522      | Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)  |
| S5523      | Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)   |
| S9061      | Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9097      | Home visit for wound care   |
| S9098      | Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem   |
| S9122      | Home health aide or certified nurse assistant, providing care in the home; per hour   |
| S9123      | Nursing care, in the home; by registered nurse, per hour (Use for general nursing care only, not to be used when CPT codes 99500–99602 can be used)   |
| S9124      | Nursing care, in the home; by licensed practical nurse, per hour  |
| S9127      | Social work visit, in the home, per diem  |
| S9128      | Speech therapy, in the home, per diem   |
| S9129      | Occupational therapy, in the home, per diem   |
| S9131      | Physical therapy; in the home, per diem   |
| S9208      | Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)   |

| HCPCS Code | Description  |
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| S9209      | Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code) |
| S9211      | Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)                        |
| S9212      | Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)                        |
| S9213      | Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)                                 |
| S9214      | Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)                           |
| S9325      | Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)                                     |
| S9326      | Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem  |
| S9327      | Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem  |
| S9328      | Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9329      | Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (Do not use this code with S9330 or S9331)  |
| S9330      | Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9331      | Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9335      | Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem   |
| S9336      | Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem  |
| S9338      | Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9339      | Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |

| HCPCS Code | Description  |
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| S9340      | Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem  |
| S9341      | Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem  |
| S9342      | Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem   |
| S9343      | Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem  |
| S9345      | Home infusion therapy, antihemophilic agent infusion therapy (e.g., factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9346      | Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem  |
| S9347      | Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9348      | Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9351      | Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem  |
| S9353      | Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9355      | Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9357      | Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem  |
| S9359      | Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9361      | Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem  |
| S9363      | Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9364      | Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales) |



| HCPCS Code | Description  |
|------------|--|
| S9365      | Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem  |
| S9366      | Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem    |
| S9367      | Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem |
| S9368      | Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem                             |
| S9370      | Home therapy, intermittent antiemetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem  |
| S9372      | Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with Heparin to maintain patency)  |
| S9373      | Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)   |
| S9374      | Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem  |
| S9375      | Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem  |
| S9376      | Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9377      | Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem   |
| S9379      | Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem  |
| S9474      | Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem   |
| S9490      | Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   |
| S9494      | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (Do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)  |

| HCPCS Code | Description  |
|------------|--|
| S9497      | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem                |
| S9500      | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem               |
| S9501      | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem               |
| S9502      | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem                |
| S9503      | Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem                        |
| S9504      | Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem                        |
| S9537      | Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem            |
| S9538      | Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem  |
| S9542      | Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem  |
| S9559      | Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem  |
| S9560      | Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem                      |
| S9562      | Home injectable therapy, palivizumab or other monoclonal antibody for RSV, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem                    |
| S9590      | Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| T1001      | Nursing assessment/evaluation  |
| T1002      | RN services, up to 15 minutes  |
| T1003      | LPN/LVN services, up to 15 minutes   |
| T1004      | Services of a qualified nursing aide, up to 15 minutes   |
| T1021      | Home health aide or certified nurse assistant, per visit   |
| T1022      | Contracted home health agency services, all services provided under contract, per day  |
| T1028      | Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs  |
| T1030      | Nursing care, in the home, by registered nurse, per diem   |



| HCPCS Code | Description  |
|------------|--|
| T1031      | Nursing care, in the home, by licensed practical nurse, per diem   |
| T1502      | Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit |

## Description of Services

Home health care services are short-term services, prescribed by treating practitioner or specialist (M.D., D.O., P.A. or N.P) delivered within a health plan member's residence and are designed to help a member recover after an illness, injury, hospital stay, or surgery, or to help manage a chronic condition with the goal of preventing an unplanned hospitalization or prolonging a current hospitalization. Home health care services are provided intermittently to restore or maintain a member's maximal level of function and health in lieu of receiving the services in an outpatient setting or in an acute or sub-acute health care setting.

Skilled care services are medically necessary services provided in the member's Place Of Residence for Home Health Service by licensed health care professionals and may include services such as medical or psychological evaluation, wound care, medication teaching, pain management, disease education and management, physical therapy, speech therapy, or occupational therapy.

Custodial care services are non-medical services that provide assistance with personal care such as activities of daily living, housekeeping, cooking, laundry, or supervision of self-administered medication that can reasonably and safely be provided by non-licensed caregivers.

## Benefit Considerations

Refer to the [Ohio Administrative Code Rule 5160-12-01 Home health services: provision requirements, coverage and service specification](#) for state or contractual requirements for benefit plan coverage and any applicable visit limitations.

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Home health care, including skilled care are services rendered by licensed health care professionals and, therefore, not subject to regulation by the FDA.

## References

Code of Federal Regulations (CFR). Home health services. 42 CFR 440.70. Available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-A/section-440.70>. Accessed February 23, 2023.

Ohio Administrative Code/5160/Chapter 5160-1-01. Medicaid medical necessity: definitions and principles. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01>. Accessed March 10, 2023.

Ohio Administrative Code/5160-12-01. Home health services: provision requirements, coverage and service specification. Medicaid medical necessity: definitions and principles. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-12-01>. Accessed March 10, 2023.

## Policy History/Revision Information

| Date       | Summary of Changes  |
|------------|---|
| 11/01/2023 | <p><b>Title Change/Template Update</b></p> <ul style="list-style-type: none"> <li>Reorganized and renamed policy; combined content previously included in the Coverage Determination Guidelines titled: <ul style="list-style-type: none"> <li><i>Home Health Care (for Ohio Only)</i></li> </ul> </li> </ul> |

| Date | Summary of Changes   |
|------|--|
|      | <ul style="list-style-type: none"> <li>○ <i>Skilled Care and Custodial Care Services (for Ohio Only)</i></li> <li>● Changed policy type classification from “Coverage Determination Guideline” to “Medical Policy”</li> </ul> <p><b>Application</b></p> <ul style="list-style-type: none"> <li>● Added language to indicate any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code, Rule 5160-1-01</li> </ul> <p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>● Revised language to indicate home health and skilled care services are considered medically necessary in certain circumstances; for medical necessity clinical coverage criteria, refer to the InterQual® LOC: Home Care Q &amp; A: <ul style="list-style-type: none"> <li>○ Home Care Services, Adult</li> <li>○ Home Care Services, Pediatric</li> </ul> </li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>● Removed definition of: <ul style="list-style-type: none"> <li>○ Custodial Care</li> <li>○ Home Health Agency</li> <li>○ Intermittent Care</li> <li>○ Skilled Care</li> </ul> </li> <li>● Updated definition of “Place of Residence for Home Health Services”</li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>● Added HCPCS codes G0320, G0321, and G0322</li> <li>● Removed CPT/HCPCS codes 99509, S5100, S5101, S5102, S5105, S5120, S5121, S5125, S5126, S5130, S5131, S5135, S5136, S5140, S5141, S5150, S5151, S5175, S9125, T1005, T1019, and T1020</li> <li>● Revised description for HCPCS code S9562</li> <li>● Removed list of applicable revenue codes: 0420, 0421, 0422, 0423, 0424, 0429, 0430, 0431, 0432, 0433, 0434, 0439, 0440, 0441, 0442, 0443, 0444, 0449, 0550, 0551, 0552, 0559, 0570, 0571, 0572, 0579, 0580, 0581, 0582, 0583, 0589, 0590, 0600, 0601, 0602, 0603, 0604, 0609, 0640, 0641, 0642, 0643, 0644, 0645, 0646, 0647, 0648, and 0649</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Added <i>Description of Services, Benefit Considerations, and FDA</i> sections</li> <li>● Updated <i>References</i> section to reflect the most current information</li> <li>● Archived previous policy versions CS137OH.Q – P and CS028OH.K – P</li> </ul> |

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC) or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Ohio Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.