

Home Health Care

Policy Number: BIP075.M
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[➔ Instructions for Use](#)

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Related Medical Management Guideline
<ul style="list-style-type: none"> Skilled Care and Custodial Care Services

Federal/State Mandated Regulations

California Health and Safety Code. Article 7. Standards § 1300.67 Scope of basic health care services (e) Home health services.

Note: Autism Services performed (OT, ST, PT or ABA) in the home setting are not “Home Health Services” and are not subject to visit or dollar limitations, if any (pursuant to California Health & Safety Code 1367.005).

California Health & Safety Code 1374.10; Effective January 1, 1979

1374.10

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1374.10&lawCode=HSC

a. Every health care service plan that covers hospital, medical or surgical expenses and which is not qualified as a health maintenance organization under Title XIII of the federal Public Health Service Act (42 U.S.C. Sec. 300e, et seq.) shall make available and offer to include in every group contract entered into on or after January 1, 1979, benefits for home health care as set forth in this section provided by a licensed home health agency subject to the right of the subscriber group to reject the benefits or to select any alternative level of benefits as may be offered by the health care service plan.

In rural areas where there are no licensed home health agencies or in which the supply of home health agency services does not meet the needs of the community, the services of visiting nurses, if available, shall be offered under the health care service plan subject to the terms and conditions set forth in subdivision (b).

b. As used in this section:

- 1) "Home health care" means the continued care and treatment of a covered person who is under the direct care and supervision of a physician but only if:
 - i. Continued hospitalization would have been required if home health care were not provided
 - ii. The home health treatment plan is established and approved by a physician within 14 days after an inpatient hospital confinement has ended and such treatment plan is for the same or related condition for which the covered person was hospitalized, and
 - iii. Home health care commences within 14 days after the hospital confinement has ended.
- "Home health services" consist of, but shall not be limited to, the following:
- i. Part-time or intermittent skilled nursing services provided by a registered nurse or licensed vocational nurse;

- ii. Part-time or intermittent home health aide services which provide supportive services in the home under the supervision of a registered nurse or a physical, speech or occupational therapist;
 - iii. Physical, occupational or speech therapy; and
 - iv. Medical supplies, drugs and medicines prescribed by a physician and related pharmaceutical services, and laboratory services to the extent such charges or costs would have been covered under the plan if the covered person had remained in the hospital.
- 2) "Home health agency" means a public or private agency or organization licensed by the State Department of Health Services in accordance with the provisions of Chapter 8 (commencing with Section 1725) of Division 2 of the Health and Safety Code.
- c. The plan may contain a limitation on the number of home health visits for which benefits are payable, but the number of such visits shall not be less than 100 in any calendar year or in any continuous 12-month period for each person covered under the plan. Except for a home health aide, each visit by a representative of a home health agency shall be considered as one home health care visit. A visit of four hours or less by a home health aide shall be considered as one home health visit.
 - d. Home health benefits in this section shall be subject to all other provisions of this chapter. In addition, such benefits may be subject to an annual deductible of not more than fifty dollars (\$50) for each person covered under a plan, and may be subject to a coinsurance provision which provides coverage of not less than 80 percent of the reasonable charges for such services.
 - e. Nothing in this section shall preclude a plan offering other health care benefits provided in the home.
 - f. Nothing in this section shall relieve any plan from providing all basic health care services as required by subdivision (i) of Section 1367 except that a plan subject to this section may fulfill that requirement with respect to home health services in connection with any particular group contract by providing benefits for home health care as set forth in this section if the subscriber group has not rejected such benefits.

State Market Plan Enhancements

The following benefit applies to group contracts that have not been issued, amended or renewed on or after January 1, 2003:

- Temporary private duty skilled nursing care to train family members willing and capable of providing care in the home up to sixty (60) consecutive days or (100) visits per calendar year. Unsuccessful training may result in placement in an alternative care setting.

Note: Autism services performed (OT, ST, PT or ABA) in the home setting are not "home health services" and are not subject to visit or dollar limitations, if any (pursuant to California Health & Safety Code 1367.005).

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Note: Autism services performed (OT, ST, PT or ABA) in the home setting are not "home health services" and are not subject to visit or dollar limitations, if any (pursuant to California Health & Safety Code 1367.005).

Refer to the Medical Management Guideline titled [Skilled Care and Custodial Care Services](#).

- Home health care visits provided directly by or under the direct supervision of licensed nursing personnel, including the supportive care of a home health aide, subject to the following criteria:
 - The member must be confined to home (home is wherever the member makes his or her home but does not include acute care, rehabilitation, or skilled nursing facility);
 - The member needs medically necessary skilled nursing visits or needs physical, speech, or occupational therapy; and
 - The home health care visits must be provided under a plan of care established, periodically reviewed, and ordered and authorized by a UnitedHealthcare network provider.

- Examples of covered benefits include, but are not limited to:
 - Infusion therapy medications and supplies and laboratory services as prescribed by a network provider to the extent such services would be covered by UnitedHealthcare had the member remained in the hospital, rehabilitation, or skilled nursing facility
 - Intramuscular injections (e.g., antibiotics)
 - Subcutaneous injections other than self-administered medications (e.g., insulin)
 - Insertion of catheters
 - Extensive decubiti care (stage III or stage IV) aseptic or sterile dressing changes to open wound
 - Home health aide services when medically necessary to the member's illness or injury, when provided by trained individuals and ordered along with skilled nursing and/or therapy visits
 - Pre-assessment visit in anticipation of home health care visits
 - Phototherapy for neonatal hyperbilirubinemia
 - Physical, occupational, or speech therapy that is provided on a per visit basis
 - Medical supplies, and durable medical equipment when authorized in conjunction with the home health care visits
 - Drugs, medications and related pharmaceutical services are covered for those members enrolled in UnitedHealthcare's outpatient prescription drug benefit
 - Skilled nursing visits

Note: We will determine if benefits are available by reviewing both the skilled nature of the service and the need for physician-directed medical management. A service will not be determined to be "skilled" simply because there is not an available caregiver.

Not Covered

- **Custodial care** including all homemaker services, respite care, convalescent care or extended care not requiring skilled nursing.
- **Private Duty Nursing Care:** Private duty nursing services include nursing services for recipients who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or skilled nursing facility.
- **Homemaker services** unrelated to member care
- Home meal delivery services (e.g., Meals on Wheels) or
- Transportation services (e.g., Dial-a-Ride).
- **Oral prescription drugs** provided by a home health provider, unless the member has a supplemental pharmacy benefit and the oral medications are obtained through a contracted UnitedHealthcare pharmacy provider.
- **Home Health Care Visit** for a blood draw, unless the member has a need for another qualified skilled service and meets all home health eligibility criteria.
- **Services in the home** provided by relatives or other household members.

Definitions

Homebound: A person, because of illness or injury, needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence or has a condition such that leaving his or her home is medically contraindicated AND the is a normal inability to leave the home and Leaving home must require considerable taxing effort .

Place of Residence: Wherever the member makes their home. This may be their own dwelling, an apartment, a relative's home, home for the aged, or some other type of institution.

References

Medicare Benefit Policy Manual, Chapter 7 Home Health Services at:
<http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf> (Accessed August 8, 2023)

Policy History/Revision Information

Date	Summary of Changes
11/01/2023	<p>Federal/State Mandated Regulations and State Market Plan Enhancements</p> <ul style="list-style-type: none">Updated notation to indicate autism services [physical therapy (PT), occupational therapy (OT), speech therapy (ST), or applied behavioral analysis (ABA)] performed in the home setting are not “Home Health Services” and are not subject to visit or dollar limitations, if any (<i>pursuant to California Health & Safety Code 1367.005</i>) <p>Covered Benefits</p> <ul style="list-style-type: none">Updated notation to indicate autism services (OT, ST, PT, or ABA) performed in the home setting are not “Home Health Services” and are not subject to visit or dollar limitations, if any (<i>pursuant to California Health & Safety Code 1367.005</i>)Replaced language indicating “home health care visits under the direct <i>care or</i> supervision of a <i>registered nurse or licensed vocational/practical nurse</i>, subject to the [listed] criteria; [are covered]” with “home health care visits <i>provided directly by or</i> under the direct supervision of <i>licensed nursing personnel, including the supportive care of a home health aide</i>, subject to the [listed] criteria [are covered]”Revised coverage criteria for home health care visits:<ul style="list-style-type: none">Replaced criterion requiring “the member must be confined to home (home is wherever the member makes his or her home) <i>or confined to an institution that is not a hospital or is not primarily engaged in providing skilled nursing or rehabilitation/ habilitation services</i>” with “the member must be confined to home (home is wherever the member makes his or her home <i>but does not include an acute care, rehabilitation, or skilled nursing facility</i>)”Removed criterion requiring:<ul style="list-style-type: none">[Service] must be delivered or supervised by licensed technical or professional medical personnel in order to obtain the specific medical outcome, and provide for the safety of the member[Service] requires clinical training in order to be delivered safely and effectivelyRevised list of examples of covered benefits:<ul style="list-style-type: none">Replaced “home health aides who provide supportive care in the home such as bathing are only available when medically necessary and ordered in conjunction with skilled nursing or skilled therapy services such as PT, OT, or ST (wherever possible the home health aides should be provided by the same agency providing the skilled nurse or skilled therapist)” with “home health aide services when medically necessary to the member’s illness or injury, when provided by trained individuals, and ordered along with skilled nursing and/or therapy visits”Removed “Imitrex” from the list of examples of subcutaneous injections other than self-administered medications <p>Not Covered</p> <ul style="list-style-type: none">Removed language indicating:<ul style="list-style-type: none">Routine/custodial/convalescent care assisting with activities of daily living (examples: walking, getting in and out of bed, bathing, dressing, feeding, and using the toilet, transferring from a bed to a chair, preparation of special diets) and supervision of medication that usually can be self-administered [are not covered]The mere provision of custodial care by a medical professional, such as a physician, licensed nurse, or registered therapist does not mean the services are not custodial in nature; if the nature of the services can be safely and effectively performed by a non-health care professional, the services will be considered custodial care <p>Definitions</p> <ul style="list-style-type: none">Removed definition of:<ul style="list-style-type: none">Custodial CareHome Health Aide ServicesHome Health AidesHome Health Care Visit

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Private Duty Nursing Services ○ Skilled Nursing Care ○ Skilled Services ● Updated definition of: <ul style="list-style-type: none"> ○ Homebound ○ Place of Residence <p>Supporting Information</p> <ul style="list-style-type: none"> ● Archived previous policy version BIP075.L

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.