Cohere Medical Policy - Home Health

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Guideline Information:

Specialty Area: Home Health
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Type: [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17 yo)

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***Service*: Home Health**

Recommended Clinical Approach

Home health aims to prevent the onset of illness or injury (i.e., nosocomial infection, etc.), ameliorate the physical, mental, and developmental consequences of an injury, illness, or disability, and support an individual in attaining maximum functional capacity. As a cost-saving measure, home health mitigates the need for expensive, long-term institutional or inpatient care - particularly for patients with chronic illness, permanent injuries, or end-of-life conditions. Patients are often more comfortable receiving care in a familiar, safe environment, and the home may already be optimized with any appropriate medical equipment and other modifications that the individual patient requires. Home health is a valuable service for transitioning patients from a hospital setting to the home. Common populations that benefit from home healthcare include unstable ventilator-dependent patients, medically complex children, patients who have suffered an acute injury, and other patients for whom independent living and self-care may not be safe or feasible.[1-4]

Medical Necessity Criteria

Indications

- ➔ **Home health services** are considered appropriate if **ALL** of the following are **TRUE**[1-11]:
  - ◆ **ANY** of the following:
    - In order to leave the home, the patient requires the help of another person or medical equipment such as crutches, a walker, or a wheelchair; **OR**
    - Receiving medical services outside the home would expose the patient to substantial medical risk; **AND**
  - ◆ It is difficult for the patient to leave the home and they typically cannot do so (e.g., the patient is considered homebound)*; **AND**

- In-home health service is ordered and directed by an attending physician or a health care provider practicing within the scope of their license as part of a written plan of care; **AND**
- After the patient begins receiving home healthcare, a physician evaluates and recertifies the plan of care (POC) every 30 days, including **ALL** of the following[12,13]:
    - Short- and long-term goals with documentation on how goals will be obtained; **AND**
    - An estimated time of when goals will be attained; **AND**
    - Measurable objectives; **AND**
    - The number of visits requested is appropriate for the diagnosis; **AND**
- The service is inherently complex such that it can only be safely and effectively performed by a qualified technical or professional health personnel such as a registered nurse, a licensed practical (vocational) nurse, a respiratory therapist, or other skilled staff; **AND**
- Services are not custodial in nature (i.e., they are not nonmedical services to assist with daily living and independence); **AND**
- **ANY** of the following:
    - Social work visit for a patient with **ALL** of the following[12,14-21]:
        - Another skilled service (intermittent skilled nursing, physical therapy, speech therapy, or occupational therapy) must be occurring in the home setting; **AND**
        - There is an impediment to the patient's recovery that requires the skills of an MSW (Master of Social Work) to remove; **AND**
        - **ANY** of the following:
            - Assessment of the social and emotional factors related to the patient's illness, need for care, response to treatment, and adjustment to care; **OR**
            - Assessment of the relationship of the patient's medical and nursing requirements to the patient's home situation, financial resources, and availability of community resources; **OR**
            - Short-term services (two to three visits) to a family member or caregiver when a brief

intervention is necessary to facilitate recovery; **OR**
        - Counseling services that are required by the patient; **OR**
        - Appropriate action to obtain the necessary community resources to support recovery; **OR**
- Remote patient monitoring with **ALL** of the following[22,23]:
    - The requesting provider has an established treating relationship with the patient; **AND**
    - Only one provider may request physiologic monitoring per condition in a 30-day period; **AND**
    - Remote physiologic monitoring and remote therapeutic monitoring may not be requested together; **AND**
    - Monitoring must be medically reasonable and necessary; **AND**
    - Documented shared decision-making between patient and provider; **AND**
    - Physiologic data must be electronically collected and automatically uploaded to a secure location where the data can be available for analysis and interpretation by the requesting provider; **AND**
    - The device used to collect and transmit the data must meet the definition of a medical device as defined by the FDA; **OR**
- Telehealthcare as an alternative or supplement to in-person care[24,25]; **OR**
- Other in-home care that is reasonable and necessary and is intended to meet clinical needs that are well established on medical documentation.

*NOTE: Even if a patient is homebound, they can still leave the home for medical treatment, religious services, or to attend an adult day care center without putting their homebound status at risk. Leaving home for short periods of time or for special non-medical events, such as a family reunion, funeral, or graduation, should also not affect homebound status. The patient may also take occasional trips to the barber or beauty parlor.

Non-Indications

- ➔ **Home health services** are not considered appropriate if **ANY** of the following is **TRUE**[1-11]:
  - The treatment plan does not demonstrate a continued need for skilled home care; **OR**
  - Services are custodial in nature (i.e., nonmedical services to assist with daily living and independence); **OR**
  - Services are solely requested for the comfort or convenience of the caregiver or family member versus the medical necessity of the patient.

Level of Care Criteria

Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
G0155	Services of clinical social worker in home health or hospice settings, 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 non-skilled care achieves its purpose in the home health or hospice setting)
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)
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
S9127	Social work visit, in the home, per diem
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
Q5001	Hospice or home health care provided in patient's home/residence
Q5002	Hospice or home health care provided in assisted living facility
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)

Medical Evidence

A 2022 *JAMA* unblinded randomized controlled trial (RCT) reviewed the outcomes of an intensive home health program on Medicaid-eligible patients. The study included 5,670 Medicaid-eligible nulliparous pregnant individuals under 28 weeks' gestation. Participants were randomized to the intensive home visiting program (n=3806) or usual care (n=1864). Home nursing visits began prenatally and continued for 2 years after birth. Nurses provided in-home assessments and education around prenatal health, child health, and maternal life planning. The primary outcome of adverse birth outcomes (a composite variable comprising preterm birth, low birth weight, small for gestational age, or perinatal mortality) displayed no significant improvement among home health recipients. However, the authors emphasize the fact that, at the time of publication, the remaining primary outcomes (interbirth intervals of less than 21 months and major injury or concern for abuse or neglect in the child's first 24 months), as well as many secondary outcomes relating to long-term maternal and childhood health, had not yet been completed. Hence, the true impact of home visiting services on this population cannot yet be articulated. Importantly, a secondary analysis of this RCT published in December 2024 found a reduction in emergency department utilization in the postpartum period.[26,27]

In 2021, *JAMA* published a study by Arsenault-Lapierre et al examining the role of home health in reducing the risk of inpatient readmission. This systematic review included 959 patients across 9 RCTs. Patients were community-dwelling, diagnosed with a chronic disease, and received in-home care as an alternative to inpatient treatment. Home health was associated with a 26% reduction, as well as a lower risk of admission to a long-term care (LTC) facility.[8]

A 2024 study evaluated patients discharged from Boston Children's Hospital's neonatal intensive care unit (NICU). The authors included 155 parents of infants discharged from the NICU to a home health setting who completed the "NICU to Nursery" pre-discharge and post-discharge assessment and training program. This qualitative study found that visiting nurses most often educated parents on the management of tubes and drains, growth and nutrition, and response to emergency situations.[28]

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