Cohere Medicare Advantage Policy - Home Health

Clinical Guidelines for Medical Necessity Review

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Important Notices

Notices & Disclaimers:

GUIDELINES ARE SOLELY FOR COHERE'S USE IN PERFORMING MEDICAL NECESSITY REVIEWS AND ARE NOT INTENDED TO INFORM OR ALTER CLINICAL DECISION-MAKING OF END USERS.

Cohere Health, Inc. ("**Cohere**") has published these clinical guidelines to determine the medical necessity of services (the "**Guidelines**") for informational purposes only, and solely for use by Cohere's authorized "**End Users**". These Guidelines (and any attachments or linked third-party content) are not intended to be a substitute for medical advice, diagnosis, or treatment directed by an appropriately licensed healthcare professional. These Guidelines are not in any way intended to support clinical decision-making of any kind; their sole purpose and intended use is to summarize certain criteria Cohere may use when reviewing the medical necessity of any service requests submitted to Cohere by End Users. Always seek the advice of a qualified healthcare professional regarding any medical questions, treatment decisions, or other clinical guidance. The Guidelines, including any attachments or linked content, are subject to change at any time without notice. This policy may be superseded by existing and applicable Centers for Medicare & Medicaid Services (CMS) statutes.

Other Notices:

Guideline Information:

Specialty Area: Home Health
Guideline Name: Cohere Medicare Advantage Policy - Home Health

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

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Medical Necessity Criteria

Service: Home Health

Benefit Category

Extended Care Services
Home Health Services
Inpatient Hospital Services
Outpatient Hospital Services Incident to a Physician's Service
Outpatient Occupational Therapy Services
Outpatient Physical Therapy Services

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.[1-9]

Related CMS Documents

Please refer to the CMS Medicare Coverage Database for the most current applicable CMS National Coverage.[1-9]

- National Coverage Determination (NCD). Home health nurses' visits to patients requiring heparin injection (290.2)
- National Coverage Determination (NCD). Home health visits to a blind diabetic (290.1)
- National Coverage Determination (NCD). Institutional and home care patient education programs (170.1)
- Local Coverage Determination (LCD). Home health - psychiatric care (L34561)
- Local Coverage Determination (LCD). Home health plans of care: monitoring glucose control in the Medicare home health population with type II diabetes mellitus (L35132)
- Local Coverage Determination (LCD). Home health skilled nursing care-teaching and training: Alzheimer's disease and behavioral disturbances (L34562)
- Billing and Coding: Home health skilled nursing care-teaching and training: Alzheimer's disease and behavioral disturbances (A56641)

- Billing and Coding: Home health plans of care: monitoring glucose control in the Medicare home health population with type II diabetes mellitus (A56674)
- Billing and Coding: Home health - psychiatric care (A57756)

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.[1-10]

Evaluation of Clinical Harms and Benefits

Cohere Health uses the criteria below to ensure consistency in reviewing the conditions to be met for coverage of home health. This process helps to prevent both incorrect denials and inappropriate approvals of medically necessary services. Specifically, limiting incorrect approvals reduces the risks associated with unnecessary procedures, such as complications from surgery, infections, and prolonged recovery times.

The potential clinical harms of using these criteria may include:

- Reduced supervision. In the home setting, inappropriately selected patients who are medically unstable and would benefit more from inpatient care may be inadequately monitored, conferring a potential risk for clinical decompensation or incomplete care. This highlights the importance of careful patient selection for those who require some level of skilled home care but are stable enough not to require formalized inpatient treatment.[10]

- Dependence on family members or caregivers. As home health is limited in nature and requires participation from caregivers (often family members) to be successful, the patient must rely on their caregiver to be educated and trained in providing their care. This may result in relationship challenges between patient and caregiver.[10]
- Increased healthcare costs and complications from the inappropriate use of emergency services and additional treatments.

The clinical benefits of using these criteria include:

- Reduced risk of nosocomial infection. Receiving care in the home setting inherently removes the risk of nosocomial infections, including line-associated sepsis, hospital-acquired pneumonia, or viral infections.[10]
- Safe, familiar, comfortable environment. Home care allows skilled services to be conducted in an environment that is already familiar to the patient, potentially improving patient participation in care and reducing overall stress levels - particularly among children.[10-13]
- Reduced risk of long-term institutionalization. With the intermittent involvement of skilled professionals in the home setting, primary caregivers may be less likely to institutionalize the patient as they receive tangible support from home health professionals.[10]
- Less expensive and burdensome to families and caregivers. As compared to traditional inpatient or outpatient care, home care is generally more affordable and less burdensome to the family, allowing the patient to receive skilled care without requiring transportation beyond the home. This also reduces barriers to accessing care.[10-13]
- Enhanced overall patient satisfaction and healthcare experience.

This policy includes provisions for expedited reviews and flexibility in urgent cases to mitigate risks of delayed access. Evidence-based criteria are employed to prevent inappropriate denials, ensuring that patients receive medically necessary care. The criteria aim to balance the need for effective treatment with the minimization of potential harms, providing numerous clinical benefits in helping avoid unnecessary complications from inappropriate care.

In addition, the use of these criteria is likely to decrease inappropriate denials by creating a consistent set of review criteria, thereby supporting optimal patient outcomes and efficient healthcare utilization.

Medical Necessity Criteria

Indications

- ➔ **Home health** is considered appropriate if **ALL** of the following are **TRUE**[1-9,14,15]:
  - ◆ **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[16,17]:
    - 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., nonmedical services to assist with daily living and independence); **AND**
  - ◆ **ANY** of the following:
    - Social work services with **ALL** of the following[4,16]:

    - The social work services are necessary to resolve social or emotional problems which are, or are expected to be, an impediment to the effective treatment of the patient's psychiatric condition or their rate of recovery; **AND**
    - The skills of a qualified MSW (Master of Social Work, or a social worker assistant under the supervision of a qualified MSW) are required to safely and effectively provide the needed care; **AND**
    - Social work visit for a patient requiring **ANY** of the following:
        - In-home assessment; **OR**
        - Care coordination; **OR**
        - Case management; **OR**
        - Ongoing emotional or psychosocial support; **OR**
        - Connection to resources; **OR**
        - Brief counseling (2 or 3 visits) of the patient's family or caregiver(s) when they are reasonable and necessary[4]; **OR**
- Remote patient monitoring with **ALL** of the following[18,19]:
    - 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**

- Patient or caregiver education for self-administration of subcutaneous low-dose injectable heparin (or administration if patient or caregiver is unable) for **ANY** of the following reasons[1]:
    - The patient is pregnant and requires anticoagulant therapy; **OR**
    - The patient requires treatment for deep venous thrombosis or pulmonary emboli or for another condition requiring anticoagulation and documentation justifies that the patient cannot tolerate warfarin; **OR**
- Administration of daily insulin injections for patients who have a documented physical or mental inability to self-inject insulin provided that there is no other person who is able and willing to inject the patient[5]; **OR**
- Telehealthcare as an alternative or supplement to in-person care[16,19]; **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.[4]

Non-Indications

➔ **Home health** is not considered appropriate if **ANY** of the following is **TRUE**[1-6]:

- ◆ 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; **OR**

- If the sole purpose of a nurse's visit is to prefill insulin syringes for a blind diabetic[2]; **OR**
- Educational activities that are not closely related to the care and treatment of the patient (e.g., a program instructing patients generally in preventive health activities, a program designed to prevent illness by instructing the general public in the importance of good nutritional habits, exercise regimens, and good hygiene, etc.)[3]; **OR**
- The services of a social worker are requested to assist in applying for Medicaid or to follow up on the application. Federal regulation requires the state to provide assistance in completing the application to anyone who chooses to apply for Medicaid.[4]

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)

Disclaimer: S Codes are non-covered per CMS guidelines due to their experimental or investigational nature.

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.[20,21]

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.[22]

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.[23]

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Policy Revision History/Information

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Review History		
Version 1.1	08/18/2025	Updated links and references for L35121, L34562, and A56674 per CMS notifications for 04/17/2025 and 08/07/2025