Policy Key: Home Health Care

TriWest Clinical Operations – TRICARE West

SCOPE

This Policy Key provides criteria to use during medical necessity review for home health care (HHC) services subject to the Patient-Driven Groupings Model (PDGM) for 30-day periods of care under the basic TRICARE benefit, it does not include home health care for special programs such as Extended Care Health Option (ECHO).

Note: If infusion therapy is the only skilled service needed, refer to the Infusion Therapy policy key.

NOT COVERED

- HHC services for non-homebound beneficiaries
- HHC services that are not reasonable and necessary for the condition, illness or injury of the beneficiary
- HHC services for beneficiaries in an institution such as a hospital, Skilled Nursing Facility (SNF), or other nursing facility under Medicaid
- Respite Care
- Vocational or prevocational assessment and training related solely to specific employment opportunities, work skills or work settings, such services would not be covered because they would not be directed toward the treatment of an illness or injury

COVERAGE CRITERIA

HHC Services are to be provided by a Medicare Certified Home Health Agency (HHA) or Corporate Service Provider (CSP)

Homebound Criteria [1]

- A patient is considered homebound when his/her condition is such that there exists a normal inability to leave home and, consequently, would require a considerable and taxing effort by the patient.
- Patients will be considered to be homebound if they have a condition due to an illness or injury that restricts their ability to leave their place of residence except with the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; the assistance of another person; or if leaving home is medically contraindicated.
- Any absence of an individual from the home attributable to the need to receive health care treatment – including regular absences for the purpose of participating in therapeutic, psychosocial, or medical treatment in an adult day-care program that is licensed or certified by

a state or accredited to furnish adult day-care services in the state – **shall not disqualify** an individual from being considered home bound.

- Any other non-medical absence of an individual from the home **shall not disqualify** an individual from being considered homebound if the absence is infrequent or of relatively short duration. Examples include: a trip to the barber, a walk around the block, or a short drive.
- Beneficiaries under 18 years of age or those receiving maternity care:
    - The only homebound criteria are a written certification from a physician attesting to the fact that leaving the home would place the beneficiary at medical risk.
    - Regular or infrequent absences from the beneficiary's primary residence to attend an educational program in a public or private school that is licensed and/or certified by a state, **shall not negate** the beneficiary's homebound status.
    - Although patients must be confined to the home to be eligible for covered home health services, some services cannot be provided at the patient's residence because equipment is required that cannot be made available at home. Examples include Hemodialysis, Hyperbaric Oxygen Therapy, or Surgical wound debridement.
        1. If the services required by an individual involve the use of such equipment, the HHA may make arrangements with a hospital, Skilled Nursing Facility (SNF), or rehabilitation center to provide these services on an outpatient basis.

Examples of Homebound Status include but are not limited to the following conditions:

- Patients paralyzed from a stroke who are confined to a wheelchair or require the aid of crutches in order to walk
- Patients who are blind or senile and require the assistance of another person in leaving their place of residence
- Patients with a psychiatric problem if their illness is manifested in part by a refusal to leave home or is of such a nature that it would not be considered safe for them to leave home unattended, even if they have no physical limitations

Note: Aged persons who do not often travel from home because of feebleness and insecurity brought on by advanced age would not be considered confined to the home for purposes of receiving home health services unless they meet one of the above conditions.

Initial Level of Review may approve if meets **ALL** the following criteria: [1,2]

- Meets the homebound criteria above
- Under a physician's care
- Requires at least **ONE** of the following skilled services on an intermittent basis:
    - **Skilled Nursing** care provided by an RN or an LPN/LVN under the supervision of an RN for ANY of the following conditions:
        - Observation and assessment of the patient's condition when the likelihood of change in a patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment or initiation of

additional medical procedures until the patient's treatment regimen is essentially stabilized.

- Plan of care (POC) management and evaluation where underlying conditions or complications require that only an RN can ensure that essential nonskilled care is achieving its purpose.
- Teaching and training activities which require skilled nursing personnel to teach the patient, the patient's family, or caregivers how to manage his or her treatment regimen constitute nursing services.
    1. Examples include:
        - Self-administration of medications, medical gases, tube feeding
        - Wound or ostomy care, self-catheterization
        - Oral or nasopharyngeal suctioning
- Psychiatric Evaluation, Therapy, and Teaching
    1. For a patient suffering from a diagnosed psychiatric disorder that requires active treatment by a psychiatrically trained nurse

- **Physical Therapy** (PT) for **ANY** of the following conditions:
    - Assessment and reassessment of rehabilitation needs and potential
    - PT program development and implementation
    - Therapeutic Exercises
    - Gain Training and Evaluation
    - Range of motion testing
    - Range of motion exercises that are part of an active treatment plan for the specific condition, illness or injury requiring the home health care
    - Ultrasound, Shortwave, and Microwave Diathermy Treatments
- **Occupational Therapy (OT)** for **ANY** of the following conditions:
    - Assess and reassess a patient's rehabilitation needs and potential
    - Develop and/or implement an OT program,
    - Planning, implementing and supervision of Therapeutic Programs including but not limited to the following:
        1. Selecting and teaching task oriented therapeutic activities designed to restore physical function
        2. Planning, implementing and supervising therapeutic tasks and activities designed to restore sensory-integrative function
        3. Planning, implementing and supervising of individual therapeutic activity programs as part of an overall "active treatment" program for a patient with a diagnosed psychiatric illness
        4. Teaching compensatory techniques to improve the level of independence in the activities of daily living (ADLs)
        5. The designing, fabricating and fitting of orthotic and self-help devices

- **Speech Therapy**
    - Assessment of a patient's rehabilitation needs and rehabilitation potential by a Speech Language Pathologist (SLP) where it is reasonably expected that the

service will materially improve the patient's ability to independently carry out any one or combination of communicative ADL in a manner that is measurable at a higher level of attainment than that attained before the initiation of the services
- Re-evaluation only when there is a change in functional speech or motivation, clearing of confusion, or remission of medical condition that previously contraindicated speech therapy
- Establish a hierarchy of speech-voice-language communication tasks and cueing that directs a patient toward speech-language communication goals
- Train the patient, family, or other caregivers to augment the speech-language communication or treatment, or to establish an effective maintenance program
- Assist patients with aphasia in rehabilitation of speech and language skills
- Assist patients with voice disorders to develop proper control of the vocal and respiratory systems for correct voice production

DEFINITIONS

Place of Residence – A patient's residence is wherever he or she makes his or her home. This may be his or her own dwelling, an apartment, a relative's home, a home for the aged, or some other type of institution. However, an institution may not be considered a patient's residence if the institution is a hospital, SNF, or other nursing facility under Medicaid.[1]

CODES

CPT-99500-99600

REFERENCES

[1] TRICARE Reimbursement Manual 6010.64-M, April 2021, Change 9 (September 13, 2024), Chapter 12, Section 2, Home Health Care (HHC) - Benefits and Conditions for Coverage. https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-13/AsOf/TRT5/C12S2.html

[2] TRICARE Reimbursement Manual 6010.64-M, April 2021, Change 9 (September 13, 2024), Chapter 12, Section 6, Home Health Benefit Coverage and Reimbursement - Under the Patient-Driven Groupings Model (PDGM). https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-13/AsOf/TRT5/C12S6.html

[3] TRICARE Reimbursement Manual 6010.64-M, April 2021, Change 9 (September 13, 2024), Chapter 12, Section1, Home Health Benefit Coverage and Reimbursement-General Overview. https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-13/AsOf/TRT5/C12S1.html

On a Mission to Serve®