Home Health Care

Policy Number: BIP076.L
Effective Date: October 1, 2024

➲ Instructions for Use

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Related Medical Policy

- Home Health, Skilled, and Custodial Care Services (for Commercial Only)

Federal/State Mandated Regulations

Oklahoma

Oklahoma Administrative Code Section 365:40-5-20, Basic Health Care Services

https://www.oid.ok.gov/wp-content/uploads/2019/10/091517_C40S5.pdf

Basic health care services shall include:
(9) Home health services provided at an enrollee's home by health care personnel, as prescribed or directed by the responsible physician or their authority designated by the HMO.

Texas

Title 28 Rule Section 11.508, Basic Health Care Services and Mandatory Benefit Standards: Group, Individual, and Conversion Agreements

https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=28&pt=1&ch=11&rl=508

(a) Each evidence of coverage providing basic health care services must provide the following basic health care services when they are provided by network physicians or providers, or by non-network physicians and providers as set out in §11.506(b)(9) or §11.506(b)(14) of this title (relating to Mandatory Contractual Provisions: Group, Individual, and Conversion Agreement and Group Certificate):
  (1) Outpatient services, including the following:
    (G) Home health services, as prescribed or directed by the responsible physician or other authority designated by the HMO.

Washington

Washington Administrative Code (WAC) Section 284-44-500, Alternative Care-General Rules as to Minimum Standards

https://apps.leg.wa.gov/wac/default.aspx?cite=284-44-500

(1) As an alternative to hospitalization or institutionalization of an insured and with the intent to cover placement of the insured patient in the most appropriate and cost-effective setting, every individual or group contract of a health care service contractor issued, amended, or renewed on or after January 1, 1995, which provides coverage for hospitalization or other institutional expenses to a resident of this state shall include substitution of home health care, provided in lieu of hospitalization or other institutional care, furnished by home health, hospice and home care agencies licensed under chapter 70.127 RCW, at equal or lesser cost.
(2) In addition, such expenses may include coverage for durable medical equipment which permits the insured to stay at home, care provided in Alzheimer's centers, adult family homes, assisted living facilities, congregate care facilities,

adult day health care, home health, hospice and home care, or similar alternative care arrangements which provide necessary care in less restrictive or less expensive environments.

(3) Substitution of less expensive or less intensive services shall be made only with the consent of the insured and upon the recommendation of the insured's attending physician or licensed health care provider that such services will adequately meet the insured patient's needs. The decision to substitute less expensive or less intensive services shall be determined based on the medical needs of the individual insured patient.

(4) A health care service contractor may require that home health agencies or similar alternative care providers have written treatment plans which are approved by the insured patient's attending physician or other licensed health care provider.

(5) Coverage may be limited to no less than the maximum benefits which would be payable for hospital or other institutional expenses under the contract, and may include all deductibles and coinsurances which would be payable by the insured under the hospital or other institutional expense coverage of the insured's contract.

Revised Code of Washington (RCW) Section 70.126.020, Home Health Care

https://app.leg.wa.gov/Rcw/default.aspx?cite=70.126.020

Services and supplies included, not included:

(1) Home health care shall be provided by a home health agency and shall:
- (a) Be delivered by a registered nurse, physical therapist, occupational therapist, speech therapist, or home health aide on a part-time or intermittent basis;
- (b) Include, as applicable under the written plan, supplies and equipment such as:
  - (i) Drugs and medicines that are legally obtainable only upon a physician's written prescription, and insulin;
  - (ii) Rental of durable medical apparatus and medical equipment such as wheelchairs, hospital beds, respirators, splints, trusses, braces, or crutches needed for treatment;
  - (iii) Supplies normally used for hospital inpatients and dispensed by the home health agency such as oxygen, catheters, needles, syringes, dressings, materials used in aseptic techniques, irrigation solutions, and intravenous fluids.

(2) The following services may be included when medically necessary, ordered by the attending physician, and included in the approved plan of treatment:
- (a) Licensed practical nurses;
- (b) Respiratory therapists;
- (c) Social workers holding a master's degree; or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010;
- (d) Ambulance service that is certified by the physician as necessary in the approved plan of treatment because of the patient's physical condition or for unexpected emergency situations.

(3) Services not included in home health care include:
- (a) Nonmedical, custodial, or housekeeping services except by home health aides as ordered in the approved plan of treatment;
- (b) "Meals on Wheels" or similar food services;
- (c) Nutritional guidance;
- (d) Services performed by family members;
- (e) Services not included in an approved plan of treatment;
- (f) Supportive environmental materials such as handrails, ramps, telephones, air conditioners, and similar appliances and devices.

WAC Section 284-96-500, Alternative Care-General Rules as to Minimum Standards

https://apps.leg.wa.gov/wac/default.aspx?cite=284-96-500

(1) As an alternative to hospitalization or institutionalization of an insured and with the intent to cover placement of the insured patient in the most appropriate and cost-effective setting, every group or blanket disability insurance policy, contract or certificate issued, amended, or renewed on or after January 1, 1995, which provides coverage for hospitalization or other institutional expenses to a resident of this state shall include substitution of home health care, provided in lieu of hospitalization or other institutional care, furnished by home health, hospice and home care agencies licensed under chapter 70.127 RCW, at equal or lesser cost.

(2) In addition, such expenses may include coverage for durable medical equipment which permits the insured to stay at home, care provided in Alzheimer's centers, adult family homes, assisted living facilities, congregate care facilities, adult day health care, home health, hospice and home care, or similar alternative care arrangements which provide necessary care in less restrictive or less expensive environments.

(3) Substitution of less expensive or less intensive services shall be made only with the consent of the insured and upon the recommendation of the insured's attending physician or licensed health care provider that such services will adequately meet the insured patient's needs. The decision to substitute less expensive or less intensive services shall be determined based on the medical needs of the individual insured patient.
(4) An insurer may require that home health agencies or similar alternative care providers have written treatment plans which are approved by the insured patient's attending physician or other licensed health care provider.
(5) Coverage may be limited to no less than the maximum benefits which would be payable for hospital or other institutional expenses under the policy or contract, and may include all deductibles and coinsurances which would be payable by the insured under the hospital or other institutional expense coverage of the insured's policy or contract.
(6) This section shall not apply to long-term care, medicare supplement, or disability income protection insurance policies or contracts. This section shall not apply to guaranteed renewable disability insurance policies issued prior to January 1, 1995.

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.

Refer to the Medical Policy titled Home Health, Skilled, and Custodial Care Services (for Commercial Only).

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 the home (home is wherever the member makes their home but does not include acute care, rehabilitation, or skilled nursing facilities); and
- 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 that is established, periodically reviewed, and ordered and authorized by a UnitedHealthcare network provider

Examples of covered benefits include but are not limited to:

- Drugs, medications, and related pharmaceutical services are covered for those members enrolled in UnitedHealthcare’s outpatient prescription benefit
- Home health aide services that provide supportive care in the home when medically necessary to the member’s illness or injury
- 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
- Medical supplies and durable medical equipment when authorized in conjunction with the home health care visits
- Physical, occupational, or speech therapy that is provided on a per visit basis
- Skilled nursing visits

Not Covered

- Custodial care including homemaker services, respite care, convalescent care, or extended care not requiring skilled nursing
- 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
- Home meal delivery services (e.g., Meals on Wheels)
- Non-emergency, non-authorized, transportation services (e.g., Dial-a-Ride, private vehicle, or taxi fare)
- 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
- Private duty nursing care
- Services in the home provided by relatives or other household members

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
01/01/2025	All	**Template Update** • Updated reference link to related Medical Policy (previously classified as Medical Management Guideline)

10/01/2024	All	**Covered Benefits**
		• Revised list of covered services:
		  ○ Added "skilled nursing visits"
		  ○ Removed:
		  ▪ 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
		  ▪ Pre-assessment visit in anticipation of home health care visits
		  ▪ Phototherapy for neonatal hyperbilirubinemia
		  ○ Replaced "home health aide services that provide supportive care in the home when medically necessary to the member's illness or injury *when provided by trained persons and ordered along with skilled nursing and/or therapy visits*" with "home health aide services that provide supportive care in the home when medically necessary to the member's illness or injury"
		Not Covered
		• Revised list of non-covered services; replaced "transportation services (e.g., Dial-a-Ride)" with "*non-emergency, non-authorized* transportation services (e.g., Dial-a-Ride, *private vehicle, or taxi fare*)"
		Supporting Information
		• Removed *Definitions* and *References* sections
		• Archived previous policy version BIP076.K

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.