

Policy Number: CP-IFP20-004A

Effective Date: 1/1/2021

HOME HEALTH SERVICES

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare member plan documents, the member plan documents prevail.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCARE PRODUCT	APPLIES TO
Individual and Family Plans (IFP), IFP with M Health Fairview	√
UCare Medicare Plans, UCare Medicare with M Health Fairview and North Memorial, UCare Advocate (I-SNP), EssentiaCare	
Minnesota Senior Health Options (MSHO)	
UCare Prepaid Medical Assistance (PMAP), MNCare	
Connect	
Connect +Medicare	
MSC +	

Benefit Category: HOME HEALTH SERVICES

Coverage Policy

Home health services are covered when they are provided as medically necessary rehabilitative or habilitative care, terminal care or maternity care. These services must be ordered by a doctor and be part of a written care plan.

Home health services are not a substitute for a primary caregiver in the home or as relief (respite) for a primary caregiver in the home. Family members or members in a member’s home are not reimbursed for services.

Limitations

- Home health services are limited to 120 visits per year.
- Homebound criteria must be met.

Definitions:

- **Activities of daily living (ADL's)** are everyday activities such as eating, bathing, dressing, toileting, transferring, continence, personal hygiene and mobility necessary to complete these activities.
- **Custodial Care** describes supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel.
- **Home health services** include one or more of the following disciplines: skilled nursing, physical therapy, occupational therapy, speech therapy, respiratory therapy, home health aide, and intravenous therapy (IV).
- **Homebound** means inability to leave home without considerable effort due to a medical condition. Lack of transportation does not qualify for homebound status.
- **Palliative Care.** Palliative care is special care to relieve pain, manage symptoms and improve quality of life when the member has a serious illness. The home health services benefit for palliative care pertains to a life-threatening, or non-curable condition with a prognosis of two years or less. Member is not required to be homebound for a limited number of palliative care home visits.
- **Rehabilitative therapy** is therapy provided by a PT, OT or ST as a restorative service, provided for the purpose of obtaining significant functional improvement, within a predictable period of time, toward a member's maximum potential ability to perform functional activities of daily living

Covered Services**Skilled nursing services (i.e., wound care)**

- A service is not a skilled nursing service merely because it is performed by or under the direct supervision of a licensed nurse. When a service (e.g., tracheotomy suctioning or ventilator monitoring) can be safely performed by a non-medical person (or self-administered) without the direct supervision of a licensed nurse, the service shall not be viewed as a skilled nursing service, whether or not a skilled nurse provides the service.
- Home health aide services, and other eligible home health services provided in the member's home, when they meet homebound criteria.
- Physical therapy, occupational therapy, speech therapy, respiratory therapy and other therapeutic services

- High-risk prenatal services, supplies and equipment,
- Home visit by a registered nurse for post-delivery care. The visit must be within four days of the mother and newborn child being discharged. Services provided by the registered nurse include, but are not limited to: parent education; help and training in breast and bottle feeding; and necessary and appropriate clinical tests.
- Phototherapy for newborns with high bilirubin levels
- Total parenteral nutrition/intravenous (TPN/ IV) therapy, *equipment, supplies and drugs related to IV therapy. IV-line care kits are covered under Durable Medical Equipment.*
- **Members do not need to be homebound to receive TPN/ IV therapy.**

Services not covered

- Charges for planned home births
- Rest and respite services for caregivers, except those described in Home Hospice Services Coverage Policy
- Custodial Care
- Personal Care Assistant

Prior Authorization

Prior authorization is not required.

References and Source Documents

2021 Individual & Family Plan Member Contract <https://home.ucare.org/en-us/health-plans/ifp/>

Coverage Policy History

Version	DATE	ACTION / DESCRIPTION
V1	1/1/2021	Policy posted

