

# Home Health Care

**Policy Number:** BIP076.K  
**Effective Date:** November 1, 2023

[➔ Instructions for Use](#)

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<b>Related Medical Management Guideline</b>
<ul style="list-style-type: none"> <li><a href="#">Skilled Care and Custodial Care Services</a></li> </ul>

## Federal/State Mandated Regulations

### Oklahoma

#### ***Oklahoma Administrative Code 365:40-5-20 Basic Health Care Services***

[https://www.oid.ok.gov/wp-content/uploads/2019/10/091517\\_C40S5.pdf](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 §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](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

#### ***WAC 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.

### ***RCW 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 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 Management Guideline titled [Skilled Care and Custodial Care Services](#)

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)
- 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:

- 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;
- 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;
- 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.
- Pre-assessment visit in anticipation of home health care visits;
- Phototherapy for neonatal hyperbilirubinemia;
- Physical, occupational, or speech therapy that is provided on a per visit basis;
- Medical supplies, durable medical equipment when authorized in conjunction with the home health care visits;
- Drugs, medications, and related pharmaceutical services are covered for those members enrolled in UnitedHealthcare's outpatient prescription benefit.

## Not Covered

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

## Definitions

**Place of Residence:** Wherever the member makes their home; This may be their own dwelling, an apartment, a relative's home, home for the aged, or some other type of institution.

## References

Medicare Benefit Policy Manual, Chapter 7 Home Health Services at:  
<http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf> (Accessed August 10, 2023)

## Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
11/01/2023	All	<b>Covered Benefits</b> <ul style="list-style-type: none"><li>• Replaced language indicating “home health care visits under the direct <i>care</i> or supervision of a <i>registered nurse or licensed vocational nurse</i>, subject to the [listed] criteria; [are covered]” with “home health care visits <i>provided directly by or under the direct supervision of licensed nursing personnel, including the supportive care of a home health aide</i>, subject to the [listed] criteria; [are covered]”</li><li>• Revised coverage criteria for home health care visits; replaced criterion requiring “the member must be confined to home (home is wherever the member makes his or her home) <i>or confined to an institution that is not a hospital or is not primarily engaged in providing skilled nursing or rehabilitation services</i>” with “the member must be confined to home (home is wherever the member makes his or her home <i>but does not include an acute care, rehabilitation, or skilled nursing facility</i>)”</li><li>• Revised list of examples of covered benefits:<ul style="list-style-type: none"><li>○ Replaced “home health aides <i>who provide supportive care in the home such as bathing are only available</i> when medically necessary and ordered in conjunction with skilled nursing or <i>skilled therapy services such as physical therapy (PT), occupational therapy (OT), or speech therapy (ST) (wherever possible the home health aides should be provided by the same agency providing the skilled nurse or skilled therapist)</i>” with “home health aide <i>services</i> when medically necessary <i>to the member's illness or injury, when provided by trained individuals</i>, and ordered along with skilled nursing <i>and/or therapy visits</i>”</li><li>○ Removed “Imitrex” from the list of examples of subcutaneous injections other than self-administered medications</li></ul></li></ul>

Date	State(s) Affected	Summary of Changes
		<p><b>Not Covered</b></p> <ul style="list-style-type: none"> <li>Revised list of non-covered services; replaced “<i>routine/custodial/convalescent care and homemaker services unrelated to member care</i>” with “custodial care including homemaker services, <i>respite care</i>, convalescent care <i>or extended care not requiring skilled nursing</i>”</li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>Removed definition of: <ul style="list-style-type: none"> <li>Custodial Care</li> <li>Home Health Aide Services</li> <li>Home Health Aides</li> <li>Home Health Care Visit</li> <li>Private Duty Nursing Services</li> <li>Skilled Nursing Care</li> <li>Skilled Services</li> </ul> </li> <li>Updated definition of “Place of Residence”</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Archived previous policy version BIP076.J</li> </ul>
	Oklahoma	<p><b>State Market Plan Enhancements</b></p> <ul style="list-style-type: none"> <li>Removed notation indicating home health visits solely for the purpose of diabetes self-management training (including training related to medical nutritional therapy) do not count towards the home health benefit limit</li> </ul>

## 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.