

 Texas Children's	Home Health Guidelines	
Guideline # 6182	Categories Clinical → Care Management CM, TCHP Guidelines, Utilization Management UM	This Guideline Applies To: Texas Children's Health Plan
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GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all professional services provided in the home.

DEFINITIONS:

Home health care refers to intermittent skilled health care related services provided by or through a licensed home health agency to an individual in his or her place of residence. Home health care can include skilled nursing care, as well as other skilled care services including, but not limited to, physical, occupational, and speech therapies.

PRIOR AUTHORIZATION GUIDELINES

1. This guideline does not apply to Therapy Services (Speech Therapy, Physical Therapy, Occupational Therapy) provided in the home. For authorization of those services – please refer to the appropriate Therapy Guideline.
2. All requests for prior authorization for Home Health services are received via fax, phone or mail by the Utilization Management Department and processed during normal business hours.
3. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the Home Health service request as an eligible service.
4. To request prior authorization for Home Health, the following documentation must be provided:
 - 4.1. Signed orders for the professional services to be provided and their frequency
 - 4.1.1. Services provided must not exceed the daily maximum of 2.5 hours per visit and no more than 3 visits per day.
 - 4.2. Documentation by ordering provider of the medical necessity for Home Health Services
 - 4.2.1. Member must be seen by the primary physician within 30 days of the initial start of care and at least once every 6 months thereafter.

- 4.2.1.1. The primary physician visit may be waived when a diagnosis has already been established by the primary physician and the recipient is under the continuing care and medical supervision of the primary physician. Any waiver must be based on the primary physician's written statement that an additional evaluation visit is not medically necessary. The original must be maintained by the primary physician and a copy must be maintained in the primary provider's files.

4.3. Evaluation of the member in the home to include:

- 4.3.1. Documentation of medical necessity for services requested
- 4.3.2. Member safety
- 4.3.3. Appropriateness of care in the home setting – including observations of the home setting
- 4.3.4. Availability of capable caregiver if member is unable to perform their own care or monitor their own medical condition
- 4.3.5. Services provided to the client from other sources

4.4. Complete Plan of Care signed by the assessing professional and the ordering physician that includes the following:

- 4.4.1. Member's Medicaid/CHIP number
- 4.4.2. Home Health Provider Medicaid number
- 4.4.3. Start of care date for Home Health Services
- 4.4.4. Physician's license number
- 4.4.5. Date the member was last seen by the primary physician.
- 4.4.6. All pertinent diagnoses
- 4.4.7. Prior and current functional limitations
- 4.4.8. Mental status
- 4.4.9. Medications including the dose, route, and frequency if applicable
- 4.4.10. Nutritional requirements
- 4.4.11. Activities permitted
- 4.4.12. Types of services including amount, duration, and frequency
- 4.4.13. Safety measures to protect against injury
- 4.4.14. DME or medical supplies required if applicable
- 4.4.15. Wound care orders and measurements if applicable
- 4.4.16. Treatments, including amount, duration, and frequency

- 4.4.17. List of all community or state agency services the client receives in the home (e.g., Primary Home Care (PHC), PCS, Medically Dependent Children's Program [MDCP])
- 4.4.18. Available caregiver
- 4.4.19. Rehabilitation potential
- 4.4.20. Prognosis
- 4.4.21. Instructions for timely discharge or referral

5. Home health services are considered **medically necessary** *when all of the following criteria 1 through 3 are met:*

- 5.1. The service must be prescribed by the attending physician, health care provider practicing within the scope of license, or the primary care physician in coordination with the attending physician as part of a written plan of care.
 - 5.1.1. The primary care physician, health care provider practicing within the scope of license, or attending physician in coordination with the primary care physician should review the treatment plan at least once every 60 days to assess the continued need for skilled intervention.
- 5.2. The service(s) is so inherently complex that it can be safely and effectively performed only by:
 - 5.2.1. Qualified technical or professional health personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, licensed social-workers, licensed mental health professionals ,and speech pathologists or audiologists; and
 - 5.2.2. The home health services are provided directly by or under the general supervision of these skilled nursing or skilled rehabilitation and/or skilled licensed mental health professional personnel to assure safety and to achieve the desired result.
- 5.3. The member requires the following:
 - 5.3.1. Skillful observations and judgment to improve health status, skilled assessment, or skilled treatments and procedures
 - 5.3.2. Individualized, intermittent, acute skilled care
 - 5.3.3. Skilled interventions to improve health status, and if skilled intervention is delayed, it is expected to result in the deterioration of a chronic condition or one of the following:
 - 5.3.3.1. Loss of function
 - 5.3.3.2. Imminent risk to health status due to medical fragility, or risk of death

6. Certain extended home infusion treatments are considered **medically necessary** because they are more appropriately performed in the home setting, even if the member is not homebound.
 - 6.1. The optimal location for these treatments is dependent upon a number of factors including the toxicity of the medication, the individual's previous response to the treatment, the monitoring required for safe administration, and the individual's underlying medical condition. Examples of infusion treatments sometimes performed in the home setting include, but are not limited to, the following:
 - 6.1.1.1. intravenous gamma globulin;
 - 6.1.1.2. intravenous hydration for a variety of conditions;
 - 6.1.1.3. infusions for pain control; and
 - 6.1.1.4. some chemotherapy regimens.
7. Other conditions for which intermittent intravenous infusions of medications provided in the home setting are considered **medically necessary** either because of the complexity of the underlying condition, or the infusion itself include, but are not limited to, the following:
 - 7.1. infections requiring a prolonged treatment course;
 - 7.2. coagulation disorders;
 - 7.3. enzyme deficiency states; and
 - 7.4. pain management.
8. Home health services are considered **not medically necessary** when:
 - 8.1. The services planned is for setting up a PT/INR home testing device or training clients to use it
 - 8.2. The treatment plan provided by the primary care physician does not demonstrate the continued need for skilled intervention;
 - 8.3. Goals have been achieved per plan of care
9. The length of the prior authorization is determined on an individual basis and is based on the goals and timelines identified by the physician, provider, and client or responsible adult. Home Health Services are not prior authorized for more than 6 months at a time.
10. Home Health services cannot be considered for the primary purpose of providing respite care, childcare, or ADLs for the client, housekeeping services, or comprehensive case management beyond the service coordination required by the Texas Nursing Practice Act.
11. Requests that do not meet the criteria established by this guideline will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.

12. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

References:

Government Agency, Medical Society and Other Publications:

- Texas Medicaid Provider Procedure Manual – Accessed May 11, 2020
http://www.tmhp.com/manuals_pdf/tmppm/tmppm_living_manual_current/2_DME_and_Supplies.pdf
- Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 7. Home Health Services. Rev.208, 05-11-15. Available at: <http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>.
- Centers for Medicare and Medicaid Services (CMS). National Coverage Determination. Home nurses' visits to patients requiring heparin injection. NCD #290.2. Effective date not posted. Available at: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=210&ncdver=1&DocID=290.2&bc=gAAAAAgAAAA&>.
- Centers for Medicare and Medicaid Services (CMS). National Coverage Determination. Home health visits to a blind diabetic. NCD #290.1. Version #2. Effective October 1, 2006. Available at: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=209&ncdver=2&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&KeyWord=home+health+visits&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAAAA&>.
- Centers for Medicare and Medicaid Services (CMS). National Coverage Determination. Postural drainage procedures and pulmonary exercises. NCD #240.7. Effective September 1, 1988. Available at: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=17&ncdver=1&DocID=240.7&bc=gAAAAAgAAAA&>.

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