

## Home Health Aide Services

**Policy Reimb-010**

**Origination Date:** 03/23/2022

**Reviewed/Revised Date:** 03/23/2022

**Next Review Date:** 03/23/2023

**Current Effective Date:** 05/23/2022

### Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, Healthy U (Medicaid) and Advantage U (Medicare) plans. Refer to the "Policy" section for more information.
3. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

### Description:

A home health aide (HHA) assists a member in their home environment, with non-skilled custodial care, to meet activities of daily living such as bathing and mobility. HHAs may also provide routine care of prosthetic/orthotic devices, record vital signs or other health monitoring values such as blood glucose, assist with a prescribed home exercise program, assist with elimination, or assist in feeding a prescribed diet. HHAs are trained and certified professionals but do not fall under the realm of "skilled" professionals because their level of training is general. HHA services are rendered in conjunction with intermittent skilled home health care services provided by a registered or licensed practical nurse, physical therapist, occupational therapist, or speech therapist.

### Policy Statement and Criteria

#### 1. Commercial Plans

**U of U Health Plans may cover certified home health aide services, if coverage is specified in the member's contract.**

#### **Indications for which home health aides would be considered for coverage include:**

- A. Help with personal cares such as bathing, dressing, grooming, feeding, toileting and elimination, routine catheter and colostomy care, ambulating, transfers or positioning.

- B. Simple dressing changes that do not require the skills of a licensed nurse.
- C. Assisting with medications that are ordinarily self-administered and do not require the skill of a licensed nurse for safe and effective provision.
- D. Assisting with activities that are directly supportive of skilled therapy services but do not require the skill of a therapist to be safely and effectively performed, such as routine maintenance exercises.
- E. Routine care of prosthetic and orthotic devices.

**U of U Health Plans does NOT cover home health aide services for the following:**

- A. The visit is for the sole purpose of providing household tasks, transportation, companionship, or socialization.
- B. Services that are not medically necessary.
- C. Services provided in a hospital, nursing facility (NF), or intermediate care facility (ICF).

**U of U Health Plan will NOT cover more than one home health aide visit per day, unless the service is indicated due the patients clinical condition and has been pre-authorized.**

**U of U Health Plan will NOT cover home health aide services on the same day as a personal care aide visit unless the combination of home health aide services and personal care aide is necessary to meet members clinical needs.**

## **2. Medicaid Plans**

**Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at:**

**<http://health.utah.gov/medicaid/manuals/directory.php> or the [Utah Medicaid code Look-Up tool](#)**

**CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.**

## **3. Medicare Plans**

**Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, U of U Health Plans' commercial policies would apply. For the most up-to-date Medicare policies and coverage, please visit their search website at:**

<http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&> or [the manual website](#).

## Applicable Coding

### CPT Codes

No applicable codes

### HCPCS Codes

- G0156** Services of home health/hospice aide in home health or hospice settings, each 15 minutes
- S9122** Home health aide or certified nurse assistant, providing care in the home; per hour
- T1021** Home health aide or certified nurse assistant, per visit

### References:

1. Centers for Medicaid and Medicare Services (CMS); (2018) "Home Health Agencies Interpretive Guidelines". Memo# QSO-18-25-HHA. Accessed February 6, 2020. Available at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/QSO18-25-HHA>
2. Najera LK, Heavey BA. Nursing strategies for preventing home health aide abuse. *Home Healthc Nurse*. 1997;15(11):758-767; quiz 769-770.
3. Rossman, E. (1997). On-the-Job Performance of Home Health Aides: A Structural Interpretation. *Human Organization*, 56(4), 393-399. Retrieved February 6, 2020, from [www.jstor.org/stable/44127876](http://www.jstor.org/stable/44127876)

### Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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