HOME HEALTH VISITS FOR NON-PREGNANT ADULTS
HS-222

Care1st Health Plan Arizona, Inc.

Easy Choice Health Plan

Harmony Health Plan of Illinois

Missouri Care

‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

Home Health Visits for Non-Pregnant Adults (Florida Medicaid)

Policy Number: HS-222

Original Effective Date: 9/13/2013

Revised Date(s): 11/6/2014; 12/3/2015; 12/8/2016; 10/5/2017

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

Personal care Home Health services provide medically necessary assistance with activities of daily living (ADL) and age appropriate instrumental activities of daily living (IADL) that enable the recipient to accomplish tasks that they would normally be able to do for themselves if they did not have a medical condition or disability.

POSITION STATEMENT

Applicable To:

☑ Medicaid – Florida
Exclusions

Skilled interventions that may be performed only by a licensed health professional are not considered personal care services.

Coverage

Personal care services are provided by a home health aide or independent personal care provider and are consistent with the treatment plan of the physician, support coordinator, or case manager. Personal care services are a covered benefit for member’s who meet ALL of the following criteria:

1. Has a medical condition / disability that substantially limits their ability to perform their ADLs or IADLs; AND,
2. A physician order has been given for personal care services or prescribed by the attending physician if provided through a home health agency; AND,
3. Is a child or adult that are Members of Staywell through the MMA plan; AND,
4. Member requires more individual and continuous care than can be provided through a home health aide visit; AND,
5. Member does not have a parent or legal guardian capable of safely providing these services; AND,
6. Supervision is provided by the parent or legal guardian if provided by a non-home health agency OR if services are provided by a non-home health agency, supervision is provided by the member (a legal adult between the ages of 18 and 21 with no legal guardian).

NOTE: Limit of 30 visits per year.

Medically necessary personal care services can be authorized when a recipient has a documented cognitive impairment which prevents the recipient from knowing when or how to carry out the personal care task. Assistance can be in the form of hands on assistance (actually performing the task for the person) or cuing along, with supervision, to ensure the recipient performs the personal care task properly. Additional supporting documentation can be required to substantiate the functional limitations associated with the cognitive impairment.

CODING

Covered CPT® Codes – No applicable codes.

HCPCS® Code
S9122 Home health aide or certified nurse assistant, providing care in the home; per hour

ICD-10-PCS Codes – No applicable codes.

Covered ICD-10-CM Diagnosis Codes – No applicable codes.

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member’s benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES


MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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