

UTILIZATION MANAGEMENT GUIDELINE– 11.01.508

Skilled Home Health Care Services


Effective Date: Mar. 1, 2025
Last Revised: Feb. 10, 2025
Replaces: N/A

RELATED MEDICAL POLICIES:

8.03.502 Physical Medicine and Rehabilitation-Physical Therapy and Medical Massage Therapy
8.03.503 Occupational Therapy
8.03.505 Speech Therapy
11.01.522 Skilled Hourly Nursing Care in the Home

Select a hyperlink below to be directed to that section.

[POLICY CRITERIA](#) | [DOCUMENTATION REQUIREMENTS](#) | [CODING](#)
[RELATED INFORMATION](#) | [EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

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Introduction

Skilled home care refers to care provided in the home by various health professionals working for a home health agency. This type of care is usually covered by a special benefit known as home health care. The range of skilled home services is broad and may include nursing care and/or visits by a medical social worker, a physical therapist or occupational therapist. Skilled home health care professionals manage, observe, evaluate, and provide direct care. This includes supervision and care after surgery or injuries as well as providing complex treatments that require medical equipment or medication monitoring. Skilled home health care needs to be ordered by a doctor or other licensed health care professional. Care that can be provided by a person or a family member without the supervision of a nurse or other licensed professional is considered non-skilled home care. (The plan does not cover non-skilled home care.) This policy describes when home health care services may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

The term skilled home health care, which is intermittent skilled medical care with a specified frequency and duration, is often used to separate it from non-medical care, custodial care, companion/caregiver care. Skilled hourly care in the home or medically intensive home nursing care is addressed in a separate policy (see [Related Policies](#)).

Service	Not Covered
Maintenance therapy	Maintenance therapy programs in the home setting are not covered. Note: See Definition of Terms

Service	Medical Necessity
Skilled medical care of any kind in the home	Skilled medical care of any kind in the home setting may be considered medically necessary when ALL of the following criteria are met: <ul style="list-style-type: none">• The individual is usually confined to the home (home-bound). This means the individual's physical condition makes it difficult to complete activities of daily living (ADLs) including getting in/out of their home without help from at least one other person, in most cases.• The individual's condition and care needs must meet skilled care criteria.• Skilled home health care services are required for the individual to regain or partially regain a basic level of function for ADLs.• Skilled home health care services of one discipline or agency may not duplicate those provided by another.• Skilled home health care services must be ordered by a physician, physician assistant, or nurse practitioner and directly related to an active treatment plan of care established by the home health care agency in collaboration with the physician, physician assistant, or nurse practitioner.



Service	Medical Necessity
Non-skilled care in the home	<p>Non-skilled care in the home setting is considered not medically necessary.</p> <p>Note: See Definition of Terms</p>

Overview of Skilled Medical Home Care of Any Sort
<p>Skilled home health care of any sort is provided by personnel from a licensed home health agency and may include, but is not limited to, intermittent services by a registered nurse (RN), licensed practical nurse (LPN), home health aide (HHA), certified nursing assistant (CNA), physical therapist (PT), occupational therapist (OT), speech therapist (ST), and medical social worker (MSW).</p> <p>When care is provided in the home by an independent licensed professional, such as an occupational therapist, speech therapist or mental health provider, and billed as a professional visit, these services are not considered part of the home health benefit. Evolving patterns of care for children with delayed development may include services provided in the home environment. These services should be covered under the most appropriate benefit: rehabilitation, habilitation or mental health.</p>

Skilled Nursing, Medical Social Work, and Rehabilitation Services in the Home

Service	Coverage Criteria
Skilled Nursing Services in the Home	<p>Skilled nursing care is provided in the home setting by a registered nurse (RN) or Licensed Practical Nurse (LPN).</p> <p>The care must require the technical proficiency, scientific skills, and knowledge of an RN or LPN.</p> <p>Criteria for skilled nursing services in the home setting are:</p> <ul style="list-style-type: none"> The need for skilled nursing is determined by the condition of the individual, the nature of the services required, and the complexity or technical aspects of the services provided. Nursing care is not skilled simply because an RN or LPN delivers it or because a physician orders it.



Service	Coverage Criteria
	<ul style="list-style-type: none"> • The following treatments, procedures, or services require the skills and technical expertise of an RN or LPN and home visits to provide them may be considered medically necessary. The individual must require at least one of the following to qualify for home-skilled nursing visits. In conjunction with delivering these services, the nurse is expected to provide teaching and training to the individual, available family members and/or caregiver(s). The goal of this teaching is to facilitate participation in and/or assumption of the individual's care. <ul style="list-style-type: none"> ○ Skilled supervision and management are required due to a high probability, as opposed to a possibility, that complications would arise without oversight of the treatment program by a licensed nurse. ○ Skilled observation, assessment, and monitoring of the individual are required due to a complicated condition(s). ○ Teaching <ul style="list-style-type: none"> ▪ The activity or procedure being taught may or may not be skilled; the teaching is the skilled service. ▪ Documentation must state the reason why teaching was not completed in the prior treatment setting, if any, and the individual's capability to understand and be compliant. ▪ Visit frequency depends on the complexity of the procedure being taught and the learning ability of the caregiver and/or individual. ▪ In general, up to three visits for teaching may be medically necessary. If more than three visits are needed, there must be documentation of learning barriers or unusual circumstances. ▪ Once a procedure is mastered by the individual and/or caregiver, further visits to reiterate previous teaching are considered not medically necessary. ▪ If a caregiver changes, additional visits may be medically necessary for the purpose of training the new caregiver. ○ Catheter care may be medically necessary for the following services:



Service	Coverage Criteria
	<ul style="list-style-type: none"> ▪ Insertion of urinary catheters; visit frequency should be every 3-6 weeks unless unusual circumstances are documented. ▪ Irrigation of indwelling catheters. ▪ Straight catheterization for residual, or to obtain a specimen for a urinary analysis (UA). Ongoing intermittent straight catheterization would be considered non-skilled. ▪ Teaching of catheter care ▪ Catheter removal ○ Feeding tubes (nasogastric, jejunostomy, gastrostomy) may be medically necessary for the following services: <ul style="list-style-type: none"> ▪ Feeding tube insertion ▪ Feeding tube irrigation, depending on the severity of the individual's condition ▪ Teaching feeding tube management and care ○ Non-routine subcutaneous (SQ), intramuscular (IM), or intravenous (IV) medication administration may be medically necessary if the drug is the appropriate treatment for the condition and there is a medical reason for not administering the oral form of the drug, if one is available. Teaching subcutaneous administration management should be accomplished in 1 to 3 visits. ○ Complex medication management <ul style="list-style-type: none"> ▪ Home visits may be medically necessary for management of a complex range of newly prescribed medications (including oral) where there is a high probability of adverse reactions and/or a change in the dosage or type of medication. Up to 3 visits may be necessary unless the individual's condition changes, and a new treatment plan must be made. ○ Wound care may be medically necessary when the following criteria are met: <ul style="list-style-type: none"> ▪ Extensive wound care is needed (i.e., packing, debridement, irrigation, using sterile technique) (See definition of Homebound below)



Service	Coverage Criteria
	<ul style="list-style-type: none"> ▪ Occasional nursing visits for assessment of wound healing may be necessary in complicated cases (eg, diabetics). Visits solely for observation in uncomplicated cases that do not include extensive wound care are considered not medically necessary. ○ Stoma dilation for colostomy care ○ Manual removal of a fecal impaction ○ Blood draws if a portable lab service is not available ○ Post-partum services: <ul style="list-style-type: none"> ▪ Up to 2 home health visits may be covered during the post-partum period to support early mother and baby care and lactation services (regardless of homebound status). These services must be provided by a home health agency and licensed staff. Services beyond these must meet medical necessity criteria.
Skilled Medical Social Worker Services in the Home	<p>Skilled medical social workers' interventions provided in the home may be indicated to assist with acute emotional issues, short-term and/or long-term planning arrangements and referrals to community services. The medical social worker must be working in conjunction with the skilled RN or rehabilitation therapist. Medical social worker interventions usually will be completed in 1-2 visits.</p> <p>Criteria for skilled medical social worker services in the home are:</p> <ul style="list-style-type: none"> • The individual/family has social and/or emotional factors that impact their response to treatment and assistance with coping skills (crisis intervention) is needed in order to adjust to the change in health status; or • The individual/family needs help finding community resources (eg, financial assistance for medications, transportation, food/housing, setting up Durable Power of Attorney/Health Care Proxy, SSI application); or • There are barriers to care (eg, individual lacks an external support system; known or suspected substance abuse or chemical dependency; known or suspected physical/mental abuse)
Skilled Rehabilitation Services in the Home	<p>Skilled physical/occupational/speech therapy services in the home setting may be needed to help an individual regain or partially</p>



Service	Coverage Criteria
	<p>regain a prior level of function. These therapy services are addressed in separate medical policies (see Related Policies).</p> <p>An essential factor when considering home-based health care is the availability of willing and able family members or other people who can participate in direct care of the individual. If family or other sources of care are not available or are not willing to assume significant caregiver duties after a reasonable period of training, home based health care should not be considered for the individual. In these cases, the individual or family should be informed about and guided to appropriate facilities for the level of care needed by the individual.</p>

Non-Skilled Services in the Home

Examples of non-skilled services include but are not limited to:

- Administration and/or set-up of oral medications
- Administration of oxygen, intermittent positive pressure breathing (IPPB) treatments and nebulizer treatments
- Administration of suppositories and/or enema
- Application of eye drops, ointments, or topical medications
- Care of a stable tracheostomy (including intermittent oropharynx suctioning)
- Custodial care: activities of daily living that can be provided by non-medical people for example, help in bathing, eating, dressing, or preventing a person from self-harm
- Heat treatments such as whirlpool, paraffin baths and heat lamps that can be self-administered
- Home health aides and supervisory visits for observation of home health aides
- Ongoing intermittent straight catheterization for chronic conditions
- Preparation of plans, records, or programs involved in care is considered an administrative function and not direct individual care.
- Routine administration of maintenance medications, including insulin. This applies to oral (PO), subcutaneous (SQ), intramuscular (IM) and intravenous (IV) medications
- Routine colostomy/ileostomy care
- Routine care of a gastrostomy/jejunostomy/nasogastric tube
- Routine enteral feedings
- Routine foot and nail care
- Routine services directed toward the prevention of injury or illness
- Simple dressing changes

Non-Skilled Services in the Home

- Suctioning of the oropharynx
- Visits for administrative purposes only, such as recertification assessments

Note: Documentation of extraordinary comorbidities and complications may require review and consideration on a case-by-case basis for some of the non-skilled care listed above.

Documentation Requirements

The medical records submitted for review need to include clinical documentation supporting:

- The individual is homebound. This means the individual's physical condition makes it difficult to complete activities of daily living (ADLs), including getting in/out of their home without help from at least one other person, in most cases.

AND

- The individual's condition and care needs meet skilled care criteria. The service(s) is/are complex enough that they can only be safely and effectively performed only by personnel from a licensed home health agency and may include, but is not limited to, intermittent services by a registered nurse (RN), licensed practical nurse (LPN), home health aide (HHA), certified nursing assistant (CNA), physical therapist (PT), occupational therapist (OT), speech therapist (ST), or medical social worker (MSW).

AND

- A treatment plan with goals for the individual to regain or partially regain a basic level of function for ADLs

AND

- The skilled home health care must be ordered by a doctor or other licensed health care professional

AND

- Skilled home health care services of one discipline or agency may not duplicate those provided by another

Coding

N/A



Definition of Terms

Activities of Daily Living (ADLs): These are self-care activities within an individual's place of residence that include dressing/bathing, eating, ambulating (walking), toileting, grooming and hygiene.

Homebound/confined to home: This means a physician must certify that the individual is confined to home. Individuals may be considered homebound if:

- Their medical condition limits the ability to leave their place of residence unless they use supportive devices such as wheelchairs and walkers, special transportation, and/or they need help of another person; or
- Leaving the home would require a taxing effort; or
- They are receiving extensive wound care that requires the use of a wound vacuum assisted closure (VAC) device; or
- Leaving home is medically contraindicated.
 - An individual confined to home may leave the home for medical treatment such as for chemotherapy and/or appointments with medical providers
- Their body's ability to resist infection (immune system) is compromised or their health status or illness will get worse unless they avoid exposure to infection(s) using reverse isolation precautions as recommended by their provider(s). Examples of poor resistance to disease include but are not limited to:
 - Premature infants, or
 - Individuals undergoing chemotherapy, or
 - Individuals with a chronic disease that has lowered their immune status.
- They require help of another person or medical equipment to perform activities of daily living.

Note: Homebound status is not determined by the lack of available transportation or inability to drive.

Home health care: This includes skilled nursing, or rehabilitation therapies such as physical therapy or occupational therapy provided through a licensed home health agency. Home health care is intermittent or part-time skilled health care in an individual's place of residence.

Maintenance program: This consists of activities that preserve the individual's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no further functional progress is apparent or expected to occur. This may apply to individuals with chronic and stable conditions where skilled supervision is no longer required and clinical improvement is not expected.

Non-skilled services: These are services that could be done safely by the individual or a non-medical person without the supervision of a skilled nurse or therapist.

Benefit Application

Coverage for skilled medical care in the home is based on the individual's health plan contract benefits and medical necessity when criteria in this medical policy are met. In some plans, the available home health care benefit is defined by a specific number of skilled visits covered per year regardless of the individual's condition or number of visits or course of therapy ordered by the primary health care provider.

Evidence Review

Skilled medical services in the home setting may be medically necessary for the treatment of an illness, disease, condition, or bodily injury for restoration of function and health. The skilled services are intermittent (part-time) and provided in place of a hospital or nursing home confinement or leaving the home for the skilled care.

Facility based treatment may be shortened and the transition to home made safer and more effective by providing medically necessary care in the home when it has been determined that an individual's condition is medically stable but specific interventions are required to maintain that status and support continued improvement. This is considered short term, episodic care.

Examples of cases in this category are post-surgical delay or complication of wound healing, newly instituted regimes of care that require self-injected medications, new conditions that require training for self-care such as management of colostomy or ileostomy care, transition to



home for individuals with motor impairments such as stroke or fractures that limit mobility or more severe limitation situations.

The goal of skilled home care is to help the individual/family reach a level of independence with medical treatments, therapy, or home exercise programs so the skilled home visits can decrease, then stop. When an individual is assessed for home care services, a plan of care needs to be developed that clearly defines the anticipated time to achieve goals for improving functional ability either by the individual, or the caregiver, and when home nursing care will cease.

Some medical conditions create the need for observation, with possible need for intervention if self-care is compromised by the inability to perform critical functions. This may require long-term care and benefits may not be available depending on the individual's clinical needs.

Some examples of this category are:

- Communication is severely impaired or non-existent
- Management of secretions is severely impaired or non-existent
- Nutritional needs must be managed by alternative methods
- Voluntary movement is severely impaired or non-existent

Note: Other skilled services that may occur in the home setting are addressed in separate medical policies (see [Related Policies](#)).

References

1. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 7 Home Health Services. Revised version issued, 12/21/23 – Section 40.1 Skilled Nursing Care. Rev. 179. Effective 01/07/14. Source URL: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf> Accessed January 24, 2025.
2. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 7 Home Health Services. Revised version issued 12/21/23. – Section 50.3 Medical Social Services. Revised 10-01-03. Source URL: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf> Accessed January 24, 2025.
3. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 7 Home Health Services. Revised version issued 12/21/23. – Section 40.2 Skilled Therapy Services. Effective 01/07/14. Source URL: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf> Accessed January 24, 2025.



4. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination. Home health nurses' visits to patients requiring heparin injection. NCD #290.2. Source URL: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=210&ncdver=1&DocID=290.2&bc=gAAAAAgAAAA&> Accessed January 24, 2025.
5. Washington State Legislature. RCW.48.43.115 . Maternity Services. Source URL: <https://app.leg.wa.gov/rcw/default.aspx?cite=48.43.115> . Accessed January 24, 2025.

History

Date	Comments
11/02/99	Add to Administrative Section - New Policy
07/25/00	Replace Policy - Proposed Care Management Guidelines/Medical Care Guidelines document addressing Hourly Skilled Nursing Care
09/21/02	Replace Policy - Additional clarification to wording provided by CTCA. No criteria changes.
12/10/02	Replace Policy - Scheduled review; no criteria changes.
07/13/04	Replace Policy - Scheduled review; no criteria changes; new review date only.
09/01/04	Replace Policy - Policy Renumbered from PR.10.01.500. No date changes.
07/12/05	Replace Policy - Policy re-written for ease of understanding. Title changed from Skilled Care, Expanded Nursing Care, Non-Skilled Care, and Custodial Care.
07/11/06	Replace Policy - Policy reviewed; no change to policy statement; Scope and Disclaimer updated.
07/10/07	Replace Policy - Policy updated with literature review; no change in policy statement.
10/09/07	Cross References Updated - No other changes.
05/13/08	Cross References Updated - No other changes.
06/10/08	Replace Policy - Policy updated with literature search; no change in policy statement.
08/12/08	Cross Reference Update - No other changes.
02/10/09	Replace Policy - Policy updated with literature search. Policy statement updated, minor edits did not change the intent of statement.
07/14/09	Code update - All CPT codes added, no other changes.
02/09/10	Replace Policy - Policy updated with literature search; no change in policy statement.
12/13/11	Replace Policy – Policy updated. Removed reference to Interqual criteria.
09/11/12	Replace policy. Policy updated with literature search; no change in policy statement.
10/16/12	Update Related Policies – Add 11.01.501.



Date	Comments
07/24/13	Replace policy. Policy statement clarified to state that coverage determination is based on applicable MCG & additional criteria in the policy. Minor edits & format changes for readability. Policy statement unchanged.
05/02/14	Annual Review. Policy review. Title changed to Skilled Home Health Care Services. Added non-skilled care as not medically necessary and maintenance therapy as not covered to the policy statements. Added criteria for MSW and Definition of Terms to the Policy Guidelines. Added Washington state WAC for Alternative Care to Benefit Application section. A literature review through March 2014 did not prompt the addition of new references. Policy statement changed as noted.
06/06/14	Coding update. HCPCS code G0154 added to the policy; this code is listed on the RMN with reference to this policy. Updating the policy to align.
12/22/14	Interim Update. Policy reclassified, renumbered from 10.01.500 to 11.01.508 and moved from Medical Policy to UM Guideline. Reference to using MCG as a tool to guide determinations is removed from policy statement. Policy reviewed, minor edits done for readability. Reference 2 removed; new references 2-4 added. Policy statement changed as noted.
08/11/15	Annual Review. Removed references to private duty nursing which is now addressed in a separate policy.
10/22/15	Update Related Policies. Change title to 11.01.522.
02/16/16	Coding Update. G0154 deleted effective 12/31/15. Add G0156.
04/01/16	Annual Review, approved March 8, 2016. Title revised. Federal mandate about postpartum visits added to the Policy Guidelines. Policy statements unchanged.
03/18/16	Coding Update. Added S9123, S9124, G0299 and G0300.
05/11/16	Update Related Policies. Remove 11.01.501 as it is archived.
10/01/16	Interim Update, approved September 13, 2016. Added clarification of homebound status that includes example of patients that are getting extensive wound care using the wound VAC system. Policy statements unchanged.
10/21/16	Coding update. Added HCPCS code G0151.
06/01/17	Annual Review, approved May23, 2017. Policy moved into new format. No changes to coverage guidelines.
12/01/17	Coding update, coding table removed from policy.
06/01/18	Annual Review, approved May 3, 2018. Policy reviewed, "Regardless of homebound status" added to postpartum services statement. Otherwise, no other change to UM guideline made. Reference 5 added.
04/01/19	Annual Review, approved March 5, 2019. Guideline statements unchanged.



Date	Comments
04/01/20	Annual Review, approved March 3, 2020. UM Guideline reviewed. Clarified suctioning of the oropharynx is considered a non-skilled service; otherwise, guideline statements unchanged.
03/01/21	Annual Review, approved February 2, 2021. Utilization management guideline reviewed. Guideline statements unchanged.
02/01/22	Annual Review, approved January 24, 2022. Utilization management guideline reviewed. Added care of a stable tracheostomy and routine care of NG, jejunostomy, or gastrostomy tube to list of nonskilled services in the home along with minor edits made for clarity; otherwise, guideline statements unchanged.
02/01/23	Annual Review, approved January 9, 2023. Utilization management guideline reviewed. References updated. Guideline statements unchanged. Changed the wording from "patient" to "individual" throughout the policy for standardization.
03/01/24	Annual Review, approved February 26, 2024. UM guideline reviewed. References updated. Guideline statements unchanged.
03/01/25	Annual Review, approved February 10, 2025. UM guideline reviewed. No references added. Guideline statements unchanged.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

