

Marketplace National Regional Benefit Interpretation Document

Benefit Name	HOME HEALTH CARE
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses home health care visits and related services.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. 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.</p> <p>Essential Health Benefits for Individual and Small Group</p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>A. FEDERAL/STATE MANDATED REGULATIONS</p> </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA:</p> <p style="padding-left: 40px;">California Health and Safety Code. Article 7. Standards § 1300.67 Scope of basic health care services (e) Home health services.</p>

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.

[California Health & Safety Code 1374.10; Effective January 1, 1979](#)

FLORIDA:

Fla. Stat. § [627.6617](#): Coverage for Home health care services.

KENTUCKY:

Home Health Care

[Ky. Rev. Stat. § 304.17-313: Individual health insurers to offer home health care coverage](#)

[Ky. Rev. Stat. § 304.17A-096: Basic health benefit plans permitted for individual, small group, and association markets -- Required coverage -- Exclusions from coverage](#)

[Ky. Rev. Stat. § 304.38-210: HMOs as insurers to offer home health care coverage](#)

MICHIGAN:

[MCL500.3519\(3\)](#) - Home health care services

WASHINGTON:

[WAC 284-44-500](#) Alternative Care-General rules as to minimum standards.

[RCW 70.126.020](#) Home Health Care

WISCONSIN:

[632.895\(2\)](#)

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

HOME HEALTH CARE

CALIFORNIA:

Molina covers home healthcare services on a part-time, intermittent basis to a Member confined to his or her home due to physical illness – when Prior Authorized and provided by a contracted home healthcare agency. Molina covers the following home healthcare services:

- In-home medical care services
- Home health aide services
- Medical social services
- Medical supplies other than drugs and biologicals
- Necessary medical appliances, provided for under an approved treatment plan
- Part-time skilled nursing services by licensed nursing personnel
- Physical, occupational, speech or respiratory therapy

The following home healthcare services are covered under this plan:

- Up to 2 hours per visit by a nurse, medical social worker, physical, occupational, or speech therapist and up to 4 hours per visit by a home health aide
- Up to 100 visits per calendar year (counting all home health visits)

FLORIDA:

Home Healthcare: Molina covers home healthcare services on a part-time, intermittent basis to a Member confined to his or her home due to physical illness – when Prior Authorized and provided by a contracted home healthcare agency. Molina covers the following home healthcare services:

- In-home medical care services
- Home health aide services
- Medical social services
- Medical supplies
- Necessary medical appliances
- Nurse visits and part-time skilled nursing services
- Physical, occupational, speech or respiratory therapy
- Up to two hours per visit by a nurse, medical social worker, physical, occupational, or speech therapist
- Limited to 60 visits per calendar year

IDAHO:

Home Healthcare: Molina covers home healthcare services on a part-time, intermittent basis to a Member confined to their home due to physical illness, when Prior Authorized and provided by a contracted home healthcare agency. Molina covers the following home healthcare services:

- In-home medical care services

- Home health aide services
- Medical social services
- Necessary medical supplies
- Necessary medical appliances
- Nurse visits and part-time skilled nursing services
- Physical, occupational, speech or respiratory therapy.

We do not have a HH visit limit for ID, however, Molina can add Members must have Prior Authorization for home healthcare services after the first 6 visits for outpatient and home settings. This should be listed on the PA Grid.

ILLINOIS:

Home Healthcare: Molina covers home healthcare services on a part-time, intermittent basis to a Member confined to his or her home due to physical illness – when Prior Authorized and provided by a contracted home healthcare agency for up to 100 visits per plan year. Molina covers the following home healthcare services:

- In-home medical care services
- Home health aide services
- Medical social services
- Medical supplies
- Necessary medical appliances
- Nurse visits and part-time skilled nursing services.
 - Molina will cover up to 100 visits per plan year.
- Physical, occupational, speech or respiratory therapy

We can add Members must have Prior Authorization for home healthcare services after the first 6 visits for outpatient and home settings. This should be listed on the PA Grid

KENTUCKY:

Home Healthcare: Passport covers home healthcare services on a part-time, intermittent basis to a Member confined to his or her home due to physical illness – when Prior Authorized and provided by a contracted home healthcare agency. Passport covers the following home healthcare services:

- In-home medical care services
- Home health aide services
- Medical social services
- Medical supplies
- Necessary medical appliances
- Nurse visits and part-time skilled nursing services
- Physical, occupational, speech or respiratory therapy

The following home healthcare services are covered:

- Up to 100 visits per calendar year (counting all home health visits, except private duty nursing visits). At least four (4) hours of home health aide service shall be considered as one (1) home health visit.
- Up to 4 hours per visit by a nurse, medical social worker, physical, occupational, or speech therapist. At least four (4) hours of home health aide service shall be considered as one (1) home health visit.

MICHIGAN:

Molina covers home healthcare services on a part-time, intermittent basis to a Member confined to his or her home due to physical illness – when Prior Authorized and provided by a contracted home healthcare agency. Molina covers the following home healthcare services:

- In-home medical care services
- Home health aide services
- Medical social services
- Medical supplies
- Necessary medical appliances
- Nurse visits and part-time skilled nursing services
- Physical, occupational, speech or respiratory therapy

Additional:

- Home Health Care is not available if provided by a non-network provider or if prior authorization is not approved.
- Home Health Care may be available through the Care Management Program when provided by a network provider and prior authorization is received.

MISSISSIPPI:

Home Healthcare: Molina covers home healthcare services on a part-time, intermittent basis to a Member confined to his or her home due to physical illness – when Prior Authorized and provided by a contracted home healthcare agency. Molina covers the following home healthcare services:

- In-home medical care services
- Home health aide services
- Medical social services
- Medical supplies
- Necessary medical appliances
- Nurse visits and part-time skilled nursing services
- Physical, occupational, speech or respiratory therapy

The following home health care services are covered under this plan:

- Up to two hours per visit for visits by a nurse, medical social worker, physical, occupational, or speech therapist and up to four hours per visit by a home health aide.

NEW MEXICO:

Home Healthcare: Molina covers home healthcare services on a part-time, intermittent basis to a Member confined to his or her home due to physical illness – when Prior Authorized and provided by a contracted home healthcare agency. Molina covers the following home healthcare services:

- In-home medical care services
- Home health aide services
- Medical social services
- Medical supplies
- Necessary medical appliances
- Nurse visits and part-time skilled nursing services
- Physical, occupational, speech or respiratory therapy
- **Covered Drugs prescribed by an In-Network Provider for the duration of Home Health Care Services**

Home healthcare services are covered under this Agreement:

- Up to four hours per visit for visits by a nurse, medical social worker, physical, occupational, speech therapist, or a home health aide
- Up to 100 visits per calendar year (counting all home health visits)

OHIO:

Home Healthcare: Molina covers home healthcare services on a part-time, intermittent basis to a Member confined to his or her home due to physical illness – when Prior Authorized and provided by a contracted home healthcare agency. Molina covers the following home healthcare services:

- In-home medical care services
- Home health aide services
- Medical social services
- Medical supplies
- Medically Necessary medical appliances
- Nurse visits and part-time skilled nursing services
- Physical, occupational, speech or respiratory therapy
- Part-time skilled nursing services
- Cardiac and Pulmonary rehabilitation (Pulmonary rehabilitation in the acute inpatient rehabilitation setting is not a Covered Service)

The following home healthcare services are covered:

- Up to 2 hours per visit by a nurse, medical social worker, physical, occupational, or speech therapist

- Up to 4 hours per visit by a home health aide
- Up to 100 visits per calendar year (counting all home health visits, except private duty nursing visits)

Molina also covers private duty nursing if such services are certified by the Member's PCP initially and every two weeks thereafter, or more frequently if required by Molina for Medical Necessity review. There is a limit of 90 visits per calendar year for such private duty nursing services in the home. Members must have Prior Authorization for home healthcare services after the first 6 visits for outpatient and home settings. Services must be billed by a Home Healthcare Participating Provider agency.

SOUTH CAROLINA:

Home Healthcare: Molina covers home healthcare services on a part-time, intermittent basis to a Member confined to his or her home due to physical illness – when Prior Authorized and provided by a contracted home healthcare agency. Molina covers the following home healthcare services:

- In-home medical care services
- Home health aide services
- Medical social services
- Medical supplies
- Necessary medical appliances
- Nurse visits and part-time skilled nursing services
- Physical, occupational, speech or respiratory therapy
- Up to four hours per visit by a home health aide, and up to two hours per visit by a nurse, medical social worker, physical, occupational, or speech therapist
- Limited to 60 visits per calendar year for all visit types

TEXAS:

Home Healthcare: Molina covers home healthcare services on a part-time, intermittent basis to a Member confined to his or her home due to physical illness – when Prior Authorized and provided by a contracted home healthcare agency. Molina covers the following home healthcare services:

- In-home medical care services
- Home health aide services
- Medical social services
- Medical supplies
- Necessary medical appliances
- Nurse visits and part-time skilled nursing services
- Physical, occupational, speech or respiratory therapy

The following home health care services are covered under the product:

- Up to two hours per visit for visits by a nurse, medical social worker, physical, occupational, or speech therapist
- One visit is considered four hours per visit by a home health aide or representative of a home health agency
- Up to 60 visits per plan year (counting all home health visits)

Alternative to Hospitalization or Inpatient Care: To the extent mandated by State Law, home healthcare furnished by duly licensed home health, hospice and home care agencies covered by this Agreement may be substituted as an alternative to hospitalization or inpatient care if hospitalization or inpatient care is Medically Necessary and such home healthcare:

- Can be provided at equal or lesser cost;
- Is the most appropriate and cost-effective setting; and
- Is substituted with the consent of the Member and upon the recommendation of the Member's attending Physician or licensed health care Provider that such care will adequately meet the Member's needs.

The decision to substitute less expensive or less intensive services shall be made based on the medical needs of the Member. Molina may require a written treatment plan that has been approved by the Member's attending Provider. Coverage of substituted home healthcare is limited to the maximum benefits available for Hospital or other inpatient care under this Agreement and is subject to any applicable Cost Sharing and limitations in this Agreement.

UTAH (30 visits per calendar year):

Home Healthcare: Molina covers home healthcare services on a part-time, intermittent basis to a Member confined to his or her home due to physical illness – when Prior Authorized and provided by a contracted home healthcare agency. Molina covers the following home healthcare services:

- In-home medical care services
- Home health aide services
- Medical social services
- Necessary medical supplies
- Necessary medical appliances
- Nurse visits and part-time skilled nursing services
- Physical, occupational, speech or respiratory therapy

WASHINGTON:

Home Healthcare (up to 130 visits per year): Molina covers home healthcare services on a part-time, intermittent basis to a Member confined to his or her home due to physical illness when Prior Authorized and provided by a

contracted home healthcare agency. Molina covers the following home healthcare services:

- In-home medical care services
- Home health aide services
- Medical social services
- Medical supplies
- Necessary medical appliances
- Nurse visits and part-time skilled nursing services
- Physical, occupational, speech or respiratory therapy

The following home health care services are covered under this Agreement:

- Up to two (2) hours per visit for visits by a nurse, medical social worker, physical, occupational, or speech therapist and up to four (4) hours per visit by a home health aide.
- Up to one-hundred and thirty 130 visits per calendar year (counting all home health visits)

Members must receive a Prior Authorization for home health services after seven (7) visits.

Alternative to Hospitalization or Inpatient Care: To the extent mandated by State Law, home healthcare furnished by duly licensed home health, hospice and home care agencies (including skilled nursing care) covered by this Agreement may be substituted as an alternative to hospitalization or inpatient care if hospitalization or inpatient care is Medically Necessary and such home healthcare:

- Can be provided at equal or lesser cost
- Is the most appropriate and cost-effective setting, and
- Is substituted with the consent of the Member and upon the recommendation of the Member's attending Provider or licensed healthcare Provider that such care will adequately meet the Member's needs.

The decision to substitute less expensive or less intensive services shall be made based on the medical needs of the Member. Molina may require a written treatment plan that has been approved by the Member's attending Provider. Coverage of substituted home healthcare is limited to the maximum benefits available for Hospital or other inpatient care under this Agreement and is subject to any applicable Cost Sharing and limitations in this Agreement. Expenses may include coverage for durable medical equipment which permits the Member to stay in the less expensive or less restrictive environment.

WISCONSIN:

Home Healthcare: Molina covers home healthcare services on a part-time, intermittent basis to a Member confined to his or her home due to physical illness – when Prior Authorized and provided by a contracted home healthcare agency. Molina covers the following home healthcare services:

- In-home medical care services
- Home health aide services
- Medical social services
- Medical supplies
- Necessary medical appliances
- Nurse visits and part-time skilled nursing services
- Physical, occupational, speech or respiratory therapy

Alternative to Hospitalization or Inpatient Care: To the extent mandated by State Law, home healthcare furnished by duly licensed home health, hospice and home care agencies covered by this Agreement may be substituted as an alternative to hospitalization or inpatient care if hospitalization or inpatient care is Medically Necessary and such home healthcare:

- Can be provided at equal or lesser cost;
- Is the most appropriate and cost-effective setting; and
- Is substituted with the consent of the Member and upon the recommendation of the Member's attending Physician or licensed health care Provider that such care will adequately meet the Member's needs.

The decision to substitute less expensive or less intensive services shall be made based on the medical needs of the Member. Molina may require a written treatment plan that has been approved by the Member's attending Provider. Coverage of substituted home healthcare is limited to the maximum benefits available for Hospital or other inpatient care under this Agreement and is subject to any applicable Cost Sharing and limitations in this Agreement.

LIMITATIONS for Home Health Care:

CALIFORNIA: Limited to 100 days per calendar year (counting all home health visits)

FLORIDA: Limited to 60 visits per calendar year

ILLINOIS: Up to 100 visits per plan year

KENTUCKY: Up to 100 visits per calendar year (counting all home health visits, except private duty nursing visits)

NEW MEXICO: Limited to 100 visits per calendar year (counting all home health visits)

OHIO: Limited to 100 visits per calendar year (counting all home health visits, except private duty nursing visits) There is a limit of 90 visits per calendar year for such private duty nursing services in the home.

SOUTH CAROLINA: Limited to 60 visits per calendar year for all visit types

TEXAS: Limited to 60 visits per calendar year (counting all home health visits)
WASHINGTON: Limited to 130 visits per calendar year (counting all home health visits)

WISCONSIN: Limited to 60 visits per calendar year; One visit equals up to four hours of skilled care services. This visit limit does not include any service which is billed only for the administration of intravenous infusion. Services must be provided fewer than seven days each week and fewer than eight hours each day for periods of 21 days or less.

COORDINATED HOME CARE PROGRAM

ILLINOIS: Benefits will be provided for services under a Coordinated Home Care Program.

An organized skilled patient care program in which care is provided in the home. Care may be provided by a Hospital's licensed home health department or by other licensed home health agencies. You must be homebound (that is, unable to leave home without assistance and requiring supportive devices or special transportation) and you must require Skilled Nursing Service on an intermittent basis under the direction of your Physician. This program includes Skilled Nursing Service by a registered professional nurse, the services of physical, occupational and speech therapists, Hospital laboratories, and necessary medical supplies. The program does not include and is not intended to provide benefits for Private Duty Nursing Service. It also does not cover services for activities of daily living (personal hygiene, cleaning, cooking, etc.).

PRIVATE DUTY NURSING

KENTUCKY:

Passport also covers private duty nursing if such services are certified by the Member's PCP initially and every two weeks thereafter, or more frequently if required by Passport for Medical Necessity review. There is a limit of 250 visits per calendar year for such private duty nursing services in the home. Members must have Prior Authorization for home healthcare services after the first 6 visits for outpatient and home settings. Services must be billed by a Home Healthcare Participating Provider agency.

OHIO:

Molina also covers private duty nursing if such services are certified by the Member's PCP initially and every two weeks thereafter, or more frequently if required by Molina for Medical Necessity review. There is a limit of 90 visits per calendar year for such private duty nursing services in the home. Members must have Prior Authorization for home healthcare services after the first 6 visits for outpatient and home settings. Services must be billed by a Home Healthcare Participating Provider agency.

TEXAS: Covers Private Nursing Duty when medically necessary only. Prior Authorization is required.

MORE INFORMATION

Refer to the Benefit Interpretation Policies titled **Hospice** and **Rehab & Habilitative Services**

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

NON-COVERED SERVICES

CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, MICHIGAN, MISSISSIPPI, NEW MEXICO, SOUTH CAROLINA, UTAH, WASHINGTON, WISCONSIN:

Non-covered services include, but are not limited to, private duty nursing, guest trays and patient convenience items.

KENTUCKY:

Non-Covered services include guest trays and patient convenience items.

OHIO, TEXAS:

Non-Covered services include but are not limited to guest trays and patient convenience items.

PRIVATE DUTY NURSING

CALIFORNIA, FLORIDA, IDAHO, MICHIGAN, MISSISSIPPI, NEW MEXICO, SOUTH CAROLINA, UTAH, WASHINGTON, WISCONSIN EXCEPT FOR KENTUCKY, OHIO AND TEXAS

(KENTUCKY, OHIO AND TEXAS only cover under Home Health Benefit):

Private Duty Nursing: Nursing services provided in a facility or private home, usually to one patient, are not covered. Private duty nursing services are generally provided by independently contracted nurses, rather than through an agency, such as a home healthcare agency.

ILLINOIS:

Private Duty Nursing: Nursing services provided in a facility or private home, usually to one patient, are not covered. Private duty nursing services are generally provided by independently contracted nurses, rather than through an agency, such as a home healthcare agency.

PULMONARY REHAB

OHIO:

Home Health Care: Pulmonary rehabilitation in the acute inpatient rehabilitation setting is not a Covered Service

E. DEFINITIONS

[See Glossary](#)

F. REFERENCES

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

G. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> Added KY 2022 Drafted Language
4/27/2021	Removed the language from KY: <ul style="list-style-type: none"> Members must have Prior Authorization for home healthcare services after the first 6 visits for outpatient and home settings. This should be listed on the PA Grid
5/14/2021	<ul style="list-style-type: none"> Added IL 2022 Drafted Language
6/29/2021	<ul style="list-style-type: none"> Added ID 2022 EOC

Procedure Codes
(Internal Use
Only)

[BI Policy Configuration Home Health Care](#)

Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT[®]), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this

	<p>information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</p>															
<p>Prior Authorization</p>	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> a. Covered and No PA Required b. Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p>															
<p>Approval</p>	<table border="1"> <thead> <tr> <th>Departments</th> <th>Product</th> <th>CIM</th> <th>Clinical Management</th> </tr> </thead> <tbody> <tr> <td>Date</td> <td>1/12/2021</td> <td>3/22/2021</td> <td>4/7/2021</td> </tr> <tr> <td>Revised (for 1/1/2022)</td> <td>11/2/2021</td> <td>3/17/2022</td> <td>11/5/2021</td> </tr> </tbody> </table>	Departments	Product	CIM	Clinical Management	Date	1/12/2021	3/22/2021	4/7/2021	Revised (for 1/1/2022)	11/2/2021	3/17/2022	11/5/2021			
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