

<b>Policy</b>	<b>REIMB-010</b>
<b>Effective Date</b>	<b>09/01/2024</b>
Reviewed/Revised Date	07/17/2024
Next Review Date	07/17/2026
Origination Date	06/01/2024
Originated Department	Medical Management

## Home Health Aide Services

<b>Audience</b>
Medical Management, Claims

<b>Purpose</b>
<p>Medical policies provide general support for applying Mountain Health Co-Op member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

<b>Definition</b>
<p>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.</p>

## Policy/Procedure

**Mountain Health Co-Op 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. Assistance with personal care such as bathing, dressing, grooming, feeding, toileting, elimination, or catheter and colostomy care.
- B. Simple wound dressing changes do not require a licensed nurse's skills.
- 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 directly support 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.

**Mountain Health Co-Op does NOT cover home health aide services for the following:**

- A. The visit is solely for household tasks, transportation, companionship, or socialization.
- B. Services that are not medically necessary.
- C. Services that do not require a skilled need.
- D. Services provided in a hospital, nursing facility (NF), or intermediate care facility (ICF).

**Mountain Health Co-Op will NOT cover more than one home health aide visit per day unless the service is indicated due to the patient's clinical condition and has been pre-authorized.**

**Mountain Health Co-Op will NOT cover personal care aide visits**

### Applicable Coding

#### 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

#### CPT Codes

No applicable codes

## References

1. Centers for Medicaid and Medicare Services (CMS); (2018) "Home Health Agencies Interpretive Guidelines". Memo# QSO-18-25 HHA. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Q>
2. Najera LK, Heavey BA. Nursing strategies for preventing home health aide abuse. Home Healthcare 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)

## Vendors

- Health Plan Services (HPS)

## Review/Revision/Approval History

Date	Description
06/01/2024	New Policy

## 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 appropriate healthcare providers for 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 benefit plan, effective when services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding 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 they apply to an individual member.

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