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Home Health, Skilled and Custodial Care Services (for Louisiana Only)

Policy Number: CS137LA.~~MN~~

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[Instructions for Use](#)

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Application

This Medical Policy only applies to the state of Louisiana.

Coverage Rationale

Home health and skilled care services are considered medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® LOC: Home Care Q & A:

- Home Care Services, Adult
- Home Care Services, Pediatric

[Click here to view the InterQual® criteria.](#)

Indications for Coverage

The services being requested must also meet all of the following criteria:

- A written treatment plan must be submitted with the request for specific services and supplies. Periodic review of the written treatment plan may be required for continued Skilled Care needs and progress toward goals; and
- Be ordered and directed by a treating practitioner or specialist (M.D., D.O., P.A. or N.P.); and
- The care must be delivered or supervised by a licensed professional in order to obtain a specified medical outcome; and
- Services are:
 - Not Custodial Care in nature; and
 - Not provided for the comfort and convenience of the member or the member's family; and
 - Provided in the home in lieu of Skilled Care in another setting (including but not limited to a nursing facility, acute inpatient rehabilitation or a hospital); and
 - Clinically appropriate and not more costly than an alternative health service; and

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~~o Intermittent and part time (typically provided for less than 4 hours per day)~~

~~* **Note:** Intermittent Care exceptions may be made in certain circumstances when the need for more care is finite and predictable.~~

~~Additional Information~~

~~— Skilled Care in the member's Place of Residence. Skilled Care includes:~~

~~— Skilled nursing~~

~~— Skilled rehabilitation (physical therapy, occupational therapy and speech therapy)~~

~~— Skilled teaching~~

~~— For Skilled Care to be covered in the member's Place of Residence, the care provided must require clinical training in order to be delivered safely and effectively~~

~~• Eligible physical, occupational and speech therapy:~~

~~o Received in the home from a Home Health Agency is covered under the Home Health Care benefit.~~

~~o Received in the home from an independent physical, occupational or speech therapist (a therapist that is not affiliated with a Home Health Agency) is covered under the rehabilitation services — outpatient therapy benefit.~~

~~• Medical supplies and medications that are used in conjunction with a home health care visit are covered as part of that visit. Examples include, but are not limited to:~~

~~o Catheters~~

~~o Irrigation devices~~

~~o Surgical dressing~~

~~o Syringes~~

~~Coverage Limitations and Exclusions~~

~~Covered pharmaceuticals, drugs, and durable medical equipment (DME) provided in connection with home health services may be subject to separate benefit categories. Home health care benefits do not include:~~

~~• Custodial Care~~

~~• Domiciliary care~~

~~• Private duty nursing~~

~~• Respite care~~

~~• Rest cures~~

~~• Homemaker services such as home meal delivery services (e.g., Meals on Wheels) or transportation services (e.g., Dial-a-Ride)~~

~~• Independent nurse hired directly by the family/member~~

~~• Personal care attendants (these are not home health aides)~~

~~• Home health services beyond benefit limits (e.g., number of visits)~~

~~We will determine if benefits are available by reviewing both the skilled nature of the service and the need for physician-directed medical management. A service will not be determined to be "skilled" simply because there is not an available caregiver.~~

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Definitions

Check the definitions within the federal, state, and contractual requirements member benefit plan document that supersede the definitions below. The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

~~**Custodial Care:** Services that are any of the following non-Skilled Care services:~~

- ~~• Non-health-related services such as help with daily living activities. Examples include eating, dressing, bathing, transferring and ambulating.~~
- ~~• Health-related services that can safely and effectively be performed by trained non-medical personnel and are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function, as opposed to improving that function to an extent that might allow for a more independent existence.~~

~~**Home Health Agency:** A program or organization authorized by law to provide health care services in the home.~~

~~**Intermittent Care:** Skilled nursing care that is provided either:~~

- ~~• Fewer than seven days each week~~
- ~~• Fewer than eight hours each day for periods of 21 days or less~~

~~Exceptions may be made in certain circumstances when the need for more care is finite and predictable.~~

~~**Place of Residence:** Wherever the patient member makes his/her home. This may include his/her dwelling, an apartment, a relative's home, or a facility-based long-term care residence, such as a board and care home, an assisted living facility, a nursing home, and a continuing care retirement community (National Institute on Aging, 2017a). home for the aged, or a Custodial Care facility.~~

~~**Respite Care:** short-term relief for primary caregivers that can be provided at the member's place of residence, in a healthcare facility or at an adult day center. The relief period can be arranged for just an afternoon or for several days or weeks (National Institute on Aging, 2017b).~~

~~**Place of Residence for Home Health Services:** Home health can occur in any non-institutionalized setting in which normal life activities take place. A Place of Residence for Home Health Services does not include a setting in which payment is or could be made under Medicaid for inpatient services that include room and board (e.g., hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities [with limited exceptions]). (CFR § 440.70).~~

~~**Skilled Care:** Skilled nursing, skilled teaching, skilled habilitation and skilled rehabilitation services when all of the following are true:~~

- ~~• Must be delivered or supervised by licensed technical or professional medical personnel in order to obtain the specified medical outcome, and provide for the safety of the patient,~~
- ~~• Ordered by a Physician,~~
- ~~• Not delivered for the purpose of helping with activities of daily living, including dressing, feeding, bathing or transferring from a bed to a chair,~~

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- ~~Requires clinical training in order to be delivered safely and effectively,~~
- ~~Not Custodial Care, which can safely and effectively be performed by trained non-medical personnel.~~

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
<u>92521</u>	<u>Evaluation of speech fluency (eg, stuttering, cluttering)</u>
<u>92522</u>	<u>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)</u>
<u>92523</u>	<u>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)</u>
<u>92524</u>	<u>Behavioral and qualitative analysis of voice and resonance</u>
<u>97161</u>	<u>Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.</u>
<u>97162</u>	<u>Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.</u>

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CPT Code	Description
<u>97163</u>	<u>Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.</u>
<u>97165</u>	<u>Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.</u>
<u>97166</u>	<u>Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.</u>

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CPT Code	Description
<u>97167</u>	<u>Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family</u>
* <u>99500</u>	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
* <u>99501</u>	Home visit for postnatal assessment and follow-up care
* <u>99502</u>	Home visit for newborn care and assessment
* <u>99503</u>	Home visit for respiratory therapy care (e.g., bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)
* <u>99504</u>	Home visit for mechanical ventilation care
* <u>99505</u>	Home visit for stoma care and maintenance including colostomy and cystostomy
* <u>99506</u>	Home visit for intramuscular injections
* <u>99507</u>	Home visit for care and maintenance of catheter(s) (e.g., urinary, drainage, and enteral)
* <u>99509</u>	<u>Home visit for assistance with activities of daily living and personal care [Note: Code 99509 may or may not be considered custodial care depending on whether care is provided as part of a skilled service or not.]</u>
* <u>99511</u>	Home visit for fecal impaction management and enema administration
* <u>99512</u>	Home visit for hemodialysis
* <u>99601</u>	Home infusion/specialty drug administration, per visit (up to 2 hours);+
* <u>99602</u>	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)

CPT® is a registered trademark of the American Medical Association

HCPCS Code	Description
* <u>G0068</u>	Professional services for the administration of <u>anti-infective</u> antiinfective , pain management, chelation, pulmonary hypertension, and/or inotropic, <u>or other intravenous</u> infusion drug <u>or biological (excluding chemotherapy or other highly complex drug or biological)</u> (s) for each infusion drug administration calendar day in the individual's home, each 15 minutes

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HCPSC Code	Description
<u>*G0069</u>	Professional services for the administration of subcutaneous immunotherapy <u>or other subcutaneous infusion drug or biological</u> for each infusion drug administration calendar day in the individual's home, each 15 minutes
<u>*G0070</u>	Professional services for the administration of <u>intravenous</u> chemotherapy <u>or other intravenous highly complex drug or biological infusion</u> for each infusion drug administration calendar day in the individual's home, each 15 minutes
<u>*G0088</u>	<u>Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes</u>
<u>*G0089</u>	<u>Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes</u>
<u>*G0090</u>	<u>Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes</u>
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
<u>*G0155</u>	Services of clinical social worker in home health or hospice settings, each 15 minutes
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
<u>*G0157</u>	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
<u>*G0158</u>	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
<u>*G0159</u>	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
<u>*G0160</u>	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
<u>*G0161</u>	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
<u>*G0162</u>	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential <u>nonskilled</u> non-skilled care achieves its purpose in the home health or hospice setting)

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HCPCS Code	Description
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes
<u>G0320</u>	<u>Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system</u>
<u>G0321</u>	<u>Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system</u>
<u>G0322</u>	<u>The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)</u>
<u>*G0490</u>	Face-to-face home health nursing visit by a <u>rural health clinic</u> Rural Health Clinic (RHC) or <u>federally qualified health center</u> Federally Qualified Health Center (FQHC) in an area with a shortage of home health agencies; (services limited to RN or LPN only)
<u>*G0493</u>	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
<u>*G0494</u>	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
<u>*G0495</u>	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
<u>*G0496</u>	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
<u>*G2168</u>	<u>Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes</u>
<u>*G2169</u>	<u>Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes</u>
<u>*H1004</u>	Prenatal care, at-risk enhanced service; follow-up home visit
<u>*S5035</u>	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)
<u>*S5036</u>	Home infusion therapy, repair of infusion device (e.g., pump repair)
<u>S5100</u>	<u>Day care services, adult; per 15 minutes</u>
<u>S5101</u>	<u>Day care services, adult; per half day</u>
<u>S5102</u>	<u>Day care services, adult; per diem</u>
<u>S5105</u>	<u>Day care services, center-based; services not included in program fee, per diem</u>

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HCPSC Code	Description
*S5108	Home care training to home care client, per 15 minutes
*S5109	Home care training to home care client, per session
*S5110	Home care training, family; per 15 minutes
*S5111	Home care training, family; per session
*S5115	Home care training, <u>nonfamily</u> non-family ; per 15 minutes
*S5116	Home care training, <u>nonfamily</u> non-family ; per session
S5120	Chore services; per 15 minutes
S5121	Chore services; per diem
S5125	Attendant care services; per 15 minutes
S5126	Attendant care services; per diem
S5130	Homemaker service, NOS; per 15 minutes
S5131	Homemaker service, NOS; per diem
S5135	Companion care, adult (e.g., iadl/adl); per 15 minutes
S5136	Companion care, adult (e.g., iadl/adl); per diem
S5140	Foster care, adult; per diem
S5141	Foster care, adult; per month
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem
S5170	Home delivered meals, including preparation; per meal
S5175	Laundry service, external, professional; per order
*S5180	Home health respiratory therapy, initial evaluation
*S5181	Home health respiratory therapy, NOS, per diem
*S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
*S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (Use this code for interim maintenance of vascular access not currently in use)
*S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting
*S5518	Home infusion therapy, all supplies necessary for catheter repair
*S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion

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HCPCS Code	Description
*S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion
*S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)
*S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)
*S9061	Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9097	Home visit for wound care
*S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem
*S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
S9123	Nursing care, in the home; by registered nurse, per hour (use Use for general nursing care only, not to be used when CPT codes 99500--99602 can be used)
S9124	Nursing care, in the home; by licensed practical nurse, per hour
S9125	Respite care, in the home, per diem
*S9127	Social work visit, in the home, per diem
*S9128	Speech therapy, in the home, per diem
*S9129	Occupational therapy, in the home, per diem
*S9131	Physical therapy; in the home, per diem
*S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do Do not use this code with any home infusion per diem code)
*S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do Do not use this code with any home infusion per diem code)
*S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do Do not use this code with any home infusion per diem code)
*S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do Do not use this code with any home infusion per diem code)

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HCPSC Code	Description
<u>*S9213</u>	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (doDe not use this code with any home infusion per diem code)
<u>*S9214</u>	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (doDe not use this code with any home infusion per diem code)
<u>*S9325</u>	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (doDe not use this code with S9326, S9327, or S9328)
<u>*S9326</u>	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9327</u>	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9328</u>	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9329</u>	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (doDe not use this code with S9330 or S9331)
<u>*S9330</u>	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9331</u>	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9335</u>	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem
<u>*S9336</u>	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9338</u>	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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HCPSC Code	Description
<u>*S9339</u>	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9340</u>	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
<u>*S9341</u>	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
<u>*S9342</u>	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
<u>*S9343</u>	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
<u>*S9345</u>	Home infusion therapy, <u>antihemophilic</u> anti-hemophilic agent infusion therapy (e.g., factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9346</u>	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9347</u>	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9348</u>	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9351</u>	Home infusion therapy, continuous or intermittent <u>antiemetic</u> anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem
<u>*S9353</u>	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9355</u>	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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HCPSC Code	Description
<u>*S9357</u>	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9359</u>	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9361</u>	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9363</u>	Home infusion therapy, <u>antispasmodic</u> anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9364</u>	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do De not use with home infusion codes S9365--S9368 using daily volume scales)
<u>*S9365</u>	Home infusion therapy, total parenteral nutrition (TPN); <u>one</u> ± liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
<u>*S9366</u>	Home infusion therapy, total parenteral nutrition (TPN); more than <u>one</u> ± liter but no more than <u>two</u> ± liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
<u>*S9367</u>	Home infusion therapy, total parenteral nutrition (TPN); more than <u>two</u> ± liters but no more than <u>three</u> ± liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
<u>*S9368</u>	Home infusion therapy, total parenteral nutrition (TPN); more than <u>three</u> ± liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
<u>*S9370</u>	Home therapy, intermittent <u>antiemetic</u> anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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HCPSC Code	Description
*S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (doDe not use this code for flushing of infusion devices with Heparin to maintain patency)
*S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (doDe not use with hydration therapy codes S9374--S9377 using daily volume scales)
*S9374	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem
*S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem
*S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (doDe not use this code with home infusion codes for hourly dosing schedules S9497--S9504)
*S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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HCPCS Code	Description
*S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin , G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem
*S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*T1001	Nursing assessment/evaluation
*T1002	RN services, up to 15 minutes
*T1003	LPN/LVN services, up to 15 minutes

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HCPCS Code	Description
*T1004	Services of a qualified nursing aide, up to 15 minutes
*T1005	<u>Respite care services, up to 15 minutes</u>
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
*T1021	Home health aide or certified nurse assistant, per visit
*T1022	Contracted home health agency services, all services provided under contract, per day
*T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs
*T1030	Nursing care, in the home, by registered nurse, per diem
*T1031	Nursing care, in the home, by licensed practical nurse, per diem
*T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit

Codes labeled with an asterisk (*) are not on the Louisiana Medicaid Fee Schedule and therefore may not be covered by the state of Louisiana Medicaid Program.

Revenue Code	Description
<u>Home Health Care Visits</u>	
0550	Skilled nursing — general
0551	Skilled nursing — visit charge
0552	Skilled nursing — hourly charge
0559	Skilled nursing — other skilled nursing
0570	Home Health (HH) Aide Generalhealth aide — general
0571	Home Health (HH) Aide Visit Charge <u>Care Visits</u>
0571	Home health aide — visit charge
0572	Home Health (HH) Aide Hourly Chargehealth aide — hourly charge
0579	Home Health (HH) Aide Other Home Health AideHome health aide — other home health aide
0580	Home Health (HH) Other Visits Generalhealth — other visits — general
0581	Home Health (HH) Other Visits Visit ChargeHome health — other visits — visit charge
0582	Home Health (HH) Other Visits Hourly ChargeHome health — other visits — hourly charge
0583	Home Health (HH) Other Visits AssessmentHome health — other visits — assessment
0589	Home Health (HH) Other Visits Other Home Health VisitsHome health — other visits — other home health visits

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Revenue Code	Description
0590	Home Health (HH) Unitshealth units of ServiceGeneral service — general
0600	Home Health (HH) OxygenGeneral (home health) — general
0601	Home Health (HH) Oxygen-Stat Equip/Supply/Contents Oxygen (home health) — stat/equip/supply or contents
0602	Home Health (HH) Oxygen-Stat Equip/Supply< (home health) — stat/equip/supply/under 1 LPMlpm
0603	Home Health (HH) Oxygen-Stat Equip/Supply> (home health) — stat/equip/supply/over 4 LPMlpm
0604	Home Health (HH) Oxygen-Oxygen Port Add-On (home health) — portable add-on
0609	Home Health (HH) Oxygen-Oxygen-Other (home health) — other
0640	Home IV Therapy Services-General therapy services — general
0641	Home IV Therapy Services-Non-Routine Nursing, Central Line Home IV therapy services — non-routine nursing, central line
0642	Home IV Therapy Services-therapy services-IV Site Care, Central Line site care, central line
0643	Home IV Therapy Services-therapy services-IV Start/Change, Peripheral Line start/change, peripheral line
0644	Home IV Therapy Services-Non-Routine Nursing, Peripheral Line therapy services — non-routine nursing, peripheral line
0645	Home IV Therapy Services-Training Patient/Caregiver, Central Line Home IV therapy services — training patient/caregiver, central line
0646	Home IV Therapy Services-Training, Disabled Patient, Central Line Home IV therapy services — training, disabled patient, central line
0647	Home IV Therapy Services-Training, Patient/Caregiver, Peripheral Line Home IV therapy services — training, patient/caregiver, peripheral line
0648	Home IV Therapy Services-Training, Disabled Patient, Peripheral Line Home IV therapy services — training, disabled patient, peripheral line
0649	Home IV Therapy Services-Other therapy services — other IV Therapy Services
Therapy by a Home Health Care Agency/Facility	
These apply to the Home Health Care Visit limit when the Bill Type is either:	
● 032x — Home Health — Home Health Services Under a Plan of Treatment	
● 034x — Home Health — Home Health Services Not Under a Plan of Treatment	
0420	Physical therapy_ — general
0421	Physical therapy_ — visit charge
0422	Physical therapy_ — hourly charge
0423	Physical therapy_ — group rate
0424	Physical therapy_ — evaluation or reevaluation
0429	Physical therapy_ — other physical therapy
0430	Occupational therapy_ — general
0431	Occupational therapy_ — visit charge

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Revenue Code	Description
0432	Occupational therapy – hourly charge
0433	Occupational therapy – group rate
0434	Occupational therapy – evaluation or reevaluation
0439	Occupational therapy – other occupational therapy
0440	Speech therapy language pathology – general
Therapy by a Home Health Care Agency/Facility	
These apply to the Home Health Care Visit limit when the Bill Type is either:	
• 032x – Home Health – Home Health Services Under a Plan of Treatment	
• 034x – Home Health – Home Health Services Not Under a Plan of Treatment	
0432	Occupational therapy hourly charge
0433	Occupational therapy group rate
0434	Occupational therapy evaluation or reevaluation
0439	Occupational therapy other occupational therapy
0440	Speech therapy language pathology general
0441	Speech therapy language pathology – visit charge
0442	Speech therapy language pathology – hourly charge
0443	Speech therapy language pathology – group rate
0444	Speech therapy language pathology – evaluation or reevaluation
0449	Speech therapy language pathology – other speech language pathology

Description of Services

Home Health Care services are short-term services, prescribed by treating practitioner or specialist (M.D., D.O., P.A. or N.P) delivered within a health plan member's residence and are designed to help a member recover after an illness, injury, hospital stay, or surgery, or to help manage a chronic condition with the goal of preventing an unplanned hospitalization or prolonging a current hospitalization. Home Health Care services are provided intermittently to restore or maintain a member's maximal level of function and health in lieu of receiving the services in an outpatient setting or in an acute or sub-acute health care setting.

Skilled Care services are medically necessary services provided in the member's Place Of Residence for Home Health Services place of residence by licensed health care professionals and may include services such as medical or psychological evaluation, wound care, medication teaching, pain management, disease education and management, physical therapy, speech therapy, or occupational therapy.

Custodial Care services are non-medical services that provide assistance with personal care such as activities of daily living, housekeeping, cooking, laundry or supervision of self-administered medication that can reasonably and safely be provided by non-licensed caregivers.

Benefit Considerations

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Refer to the federal, state, or contractual requirements for benefit plan coverage and any applicable visit limitations.

In general, the services being requested must also meet all of the following criteria:

- A written treatment plan must be submitted with the request for specific services and supplies. Periodic review of the written treatment plan may be required for continued skilled care needs and progress toward goals; and
 - Be ordered and directed by a treating practitioner or specialist (M.D., D.O., P.A. or N.P.); and
 - The care must be delivered or supervised by a licensed professional in order to obtain a specified medical outcome; and
 - Services are:
 - Not custodial care in nature; and
 - Not provided for the comfort and convenience of the member or the member's family; and
 - Provided in the home in lieu of skilled care in another setting (including but not limited to a nursing facility, acute inpatient rehabilitation, or a hospital); and
 - Clinically appropriate and not more costly than an alternative health service; and
 - Intermittent and part time (typically provided for less than 4 hours per day)
- Note: Intermittent care exceptions may be made in certain circumstances when the need for more care is finite and predictable.

Additional Information

- Skilled care in the member's Place of Residence for Home Health Services includes:
 - Skilled nursing
 - Skilled rehabilitation (physical therapy, occupational therapy and speech therapy)
 - Skilled teaching
- For skilled care to be covered in the member's Place of Residence for Home Health Services, the care provided must require clinical training in order to be delivered safely and effectively
- Eligible physical, occupational and speech therapy:
 - Received in the home from a home health agency is covered under the home health care benefit
 - Received in the home from an independent physical, occupational or speech therapist (a therapist that is not affiliated with a home health agency) is covered under the rehabilitation services-outpatient therapy benefit
- Medical supplies and medications that are used in conjunction with a home health care visit are covered as part of that visit. Examples include but are not limited to:
 - Catheters
 - Irrigation devices
 - Surgical dressing
 - Syringes

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Home Health Care, including Skilled Care are services rendered by licensed health care professionals and, therefore, not subject to regulation by the FDA.

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References

Code of Federal Regulations (CFR). Home health services. 42 CFR 440.70. Available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-A/section-440.70>. Accessed February 23, 2023.

National Institute on Aging. Residential Facilities, Assisted Living, and Nursing Homes. U.S. Department of Health & Human Services; May 01, 2017a.

National Institute on Aging. What Is Respite Care? U.S. Department of Health & Human Services; May 01, 2017b.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

Policy History/Revision Information

Date	Summary of Changes
<u>TBD</u>	

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.