

Policy Number: CP-IFP20-004B

Effective Date: January 1, 2024

Home Health Services

Home health services are covered when they are provided as medically necessary rehabilitative or habilitative care, terminal care or maternity care. These services must be ordered by a doctor and be part of a written care plan.

Home health services are not a substitute for a primary caregiver in the home or as relief (respite) for a primary caregiver in the home. Family members or members in a member's home are not reimbursed for services.

Limitations

- Home health services are limited to 120 visits per year.
- Homebound criteria must be met.
- **Members do not need to be homebound to receive TPN/ IV therapy.**

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare member plan documents, the member plan documents prevail.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Home Health Services

Definitions or summary

- **Activities of daily living (ADL's)** are everyday activities such as eating, bathing, dressing, toileting, transferring, continence, personal hygiene and mobility necessary to complete these activities.
- **Custodial Care** describes supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel.
- **Home health services** include one or more of the following disciplines: skilled nursing, physical therapy, occupational therapy, speech therapy, respiratory therapy, home health aide, and intravenous therapy (IV).
- **Homebound** means inability to leave home without considerable effort due to a medical condition. Lack of transportation does not qualify for homebound status.
- **Palliative Care.** specialized medical care for members living with a serious illness or life-limiting condition. The goal is to improve quality of life for both the member and their family, providing essential support at any age or stage of serious illness or condition, often together with curative treatment.
- **Rehabilitative therapy** is therapy provided by a PT, OT or ST as a restorative service, provided for the purpose of obtaining significant functional improvement, within a predictable period of time, toward a member's maximum potential ability to perform functional activities of daily living

Coverage policy

Covered

Skilled nursing services (i.e., wound care)

A service is not a skilled nursing service merely because it is performed by or under the direct supervision of a licensed nurse. When a service (e.g., tracheotomy suctioning or ventilator monitoring) can be safely performed by a non-medical person (or self-administered) without the direct supervision of a licensed nurse, the service shall not be viewed as a skilled nursing service, whether or not a skilled nurse provides the service.

- Home health aide services, and other eligible home health services provided in the member's home, when they meet homebound criteria.
- Physical therapy, occupational therapy, speech therapy, respiratory therapy and other therapeutic services
- High-risk prenatal services, supplies and equipment,
- Phototherapy for newborns with high bilirubin levels
- Total parenteral nutrition/intravenous (TPN/ IV) therapy, *equipment, supplies and drugs related to IV therapy. IV-line care kits are covered under Durable Medical Equipment.*
- Home visits by a registered nurse for post-delivery care. Services provided by the registered nurse include but are not limited to: parent education; help and training in breast and bottle feeding; and necessary and appropriate clinical tests.

Not Covered

- Charges for planned home births
- Rest and respite services for caregivers, except those described in Home Hospice Services Coverage Policy
- Custodial Care
- Personal Care Assistant

Prior authorization

May be required for some services

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

Policy Number	Policy Description
CP-IFP21-006A	DME
CP-IFP21-010A	Palliative Care
CP-IFP20-005A	Home Hospice Services
CP-IFP23-34A	Maternity Services
CP-IFP20-002A	DME: Enteral/Total Parenteral Nutrition

References and source documents

Links to the UCare contracts, Center for Medicare, and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy

[Individual & Family Plan Member Contract](#)

Coverage policy development and revision history

Version	Date	Note(s)
V1	Jan 1, 2021	New policy
V2	Dec. 14, 2021	Added approved definition of palliative care and related policies, updated policy number to CP-IFP20-004B
	Nov. 30, 2022	Annual review; no changes
	Oct.29, 2023	Annual review; added reference to Maternity Services Coverage Policy which includes information on home care visits post-delivery.