



Home Health Care Payment Policy

Policy

Fallon Community Health Plan (FCHP) reimburses medically necessary home health care services that meet criteria for coverage below.

Coverage of home health care services requires the member to meet all of the following criteria.

- Services must be ordered by a licensed practitioner.
- The member must be under a plan of treatment established and periodically reviewed by a licensed practitioner.
- The member must be homebound (not able to leave the home without a taxing effort).
- The member must have a clinical need for part-time, intermittent skilled services which include at least one of the following disciplines: skilled nursing (RN), physical therapy, occupational therapy, speech therapy. In order to qualify for a medical social worker or a home health aide to assist with personal care, the member must also have the clinical need for at least one of the skilled services listed above.
- There must be an end point to the services based on medical necessity.

Definitions

Intermittent means:

- Up to 35 hours per week of skilled nursing and home health aide services combined, provided on less than a daily basis. The additional hours per week are subject to review by the Plan based on documentation justifying the need for and reasonableness of such additional care; or
- Up to 4 hours per day of skilled nursing and home health aide services combined, which are provided and needed 7 days per week. They are for temporary, but not indefinite, periods of time of up to 21 days with allowances for extensions in exceptional circumstances where the need for care in excess of 21 days is finite and predictable.

Part-time means up to 35 hours per week, any number of days per week, of skilled nursing and home health aide services combined, provided up to 4 hours per day. The additional hours per week are subject to review by the Plan based on documentation justifying the need and reasonableness of such additional care.

Skilled home health care guidelines: Home health care services (skilled nursing, physical therapy, occupational therapy, speech therapy, medical social work, and home health aid services) are disciplines provided to members in their home by Medicare-certified home health care agencies. Home health care services must be ordered by a licensed practitioner. The member must meet Medicare home health care criteria in order to qualify for these services.

Benefits application

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth

- Major Medical
- Fallon Preferred Care
- Fallon Senior Plan™
- Fallon Senior Plan Preferred
- Summit ElderCare®
- NaviCare®

Reimbursement

FCHP will conduct periodic audits of claims for home health care services to check for compliance to skilled home health care guidelines.

FCHP reimburses contracted providers for the administration of state-supplied vaccines, non-state-supplied vaccines, and the administration of non-state-supplied vaccines. Reimbursement for the vaccine/toxoid and administration of the vaccine/toxoid will be according to the contractual arrangements between the provider and FCHP. Refer to the FCHP Vaccine Payment Policy for additional information.

Referral/notification/prior authorization requirements

Summit ElderCare requires prior authorization for all non-emergency outside services. Please contact the referring Summit ElderCare PACE site for assistance.

NaviCare requires that all non-emergency services be authorized in advance. Please contact an Enrollee Service Representative at 1-877-700-6996 for assistance.

Except as noted above, FCHP does not require prior authorization for home health care services.

Please reference the Hospice Payment Policy for requirements related to hospice services.

Billing/coding guidelines

FCHP will use current industry standard procedure codes throughout their processing systems.

The Health Insurance Portability & Accountability Act (HIPAA) Transaction & Code Set Rule requires providers to use the code(s) that are valid at the time the service is provided. FCHP adheres to HIPAA standards.

Providers must only use industry standard code sets and must use specific HCPCS CPT I and II codes when available. If specific codes are not available, unlisted codes require FCHP prior authorization.

<i>Service</i>	<i>Code</i>
High Tech RN Visit	0550
RN Skilled Visit	0551
RN, 15 minutes	0552
RN - Maternal/Child skilled visit	0559
Licensed Practical Nurse (LPN) 15 minutes	0582
LPN Visit	0589
Certified HH Aide 15 minutes	0572
Certified HH Aide, hourly	0579
PT Visit	0421
OT Visit	0431
ST Visit	0441
MSW Visit	0561
Nutrition Home Visit	0581

Place of service

This policy applies to services rendered in the home setting.

Policy history

Origination date: May 1, 2011
Previous revision date(s): N/A
Connection date & details: March 2011 – new policy

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.