

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates, who may develop and adopt their own clinical criteria.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

Home Care - Skilled Nursing Care (RN, LVN/LPN)

Summary

Members recently discharged from the hospital and/or those diagnosed with certain medical conditions may require short-term skilled care provided in the home setting. Skilled nursing care is delivered by licensed medical professionals including registered nurses (RN) and licensed vocational/practical nurses (LVN or LPN). When medically necessary, skilled nursing care is provided until the member's condition has stabilized. Services are intended to restore or improve functional independence, and also to help train caregivers and family members in ongoing care of the member. This guideline provides clinical criteria regarding the indications and exclusions for skilled nursing care.

Information about coverage and benefit limitations can be found in the member's plan contract at hioscar.com/forms.

Definitions

"Homebound" refers to:

- Members who cannot leave home due to a medical condition, chronic disease, or injury; *or*
- Members advised by a treating provider not to leave home for various reasons (e.g. safety, ongoing medical treatment needs, etc); *or*
- Members who have extreme difficulty leaving home without considerable and taxing effort (i.e. requires an assistive device or the assistance of another person to leave home).

"Skilled Nursing Care" is care delivered by licensed, professional providers (Registered Nurse [RN], Licensed Vocational/Practical Nurse [LVN/LPN]) for members who need a skilled level of care to manage, observe, and evaluate recovery from an illness or injury.

“Activities of Daily Living (ADLs)” are defined as the routine activities that most healthy persons perform daily without requiring assistance: These include, but are not limited to: bathing, communication, dressing, feeding, grooming, mobility, personal hygiene, self-maintenance, skin management, and toileting.

“Instrumental Activities of Daily Living (IADLs)” is defined as activities that may be performed daily but are not fundamental for daily functioning. These include, but are not limited to: the use of public transportation, balancing a checkbook, community living activities, meal preparation, laundry, leisure activities and sports, and motor vehicle operation.

Clinical Indications and Coverage

Skilled Nursing Care in the home is covered when ALL of the following criteria are met:

1. The treatment plan is prescribed and monitored by a licensed physician (MD, DO, or NP) as per individual state law, and requires the knowledge, skills, and clinical expertise of a licensed nurse (RN, LVN, or LPN); *and*
2. The member meets the definition of homebound and is evident in the medical record (see *Definitions* section above); *and*
3. Medical necessity criteria in the appropriate MCG Home Care Optimal Recovery Guidelines or General Recovery Guideline is met; *and*
4. Without home skilled nursing care, the member would require hospitalization, Skilled Nursing Facility (SNF) placement, or outpatient skilled care; *and*
5. Services are intended for short-term or rehabilitative care with the ultimate goals of stabilization, independence, and/or modified independence with the support of a caregiver; *and*
6. The individualized plan of care should be sufficiently documented to determine the medical necessity of treatment, including the following elements:
 - a. The diagnosis, the date of onset or exacerbation of the disorder/diagnosis, the duration, the severity, the anticipated course (stable, progressive or, improving), and the prognosis; *and*
 - b. Prior level of functioning; *and*
 - c. Long-term and short-term goals that are specific, quantitative, objective, and provide a reasonable estimate of when the goals will be reached; *and*
 - d. The frequency and duration of treatment; *and*
 - e. The specific skilled care to be provided; *and*
 - f. Discharge plan; *and*
7. Documentation of medical necessity should be reviewed when ANY of the following occur:
 - a. The plan of care exceeds the expected duration and/or estimated frequency of care; *or*
 - b. There is a change in the member’s condition that may impact the plan of care; *or*
 - c. The specific goals are no longer expected to be achieved in a reasonable or expected duration of time; *or*
 - d. 30 days have passed since the most recent review.

Note: Postnatal newborn care visits must be made within 2 weeks of delivery.

Coverage Exclusions

Skilled care, and thus nursing care, should be discontinued when one of the following is present:

- Homebound status is no longer met; *or*
- The member reaches the predetermined goals or skilled treatment is no longer required; *or*
- The member's condition is stable or predictable; *or*
- The member can safely and effectively continue in a non-skilled care program; *or*
- The member's medical condition prevents further therapy; *or*
- The member is transferred to an inpatient or other skilled setting; *or*
- The member no longer meets medical necessity criteria; *or*
- The family or caregiver has been taught and adequately demonstrated skills of care; *or*
- The member refuses treatment.

Skilled nursing services are not covered for the following:

- Skilled care is not necessary, or care is not provided for a specific illness or injury; *or*
- Chronic illness flare-ups or exacerbations, *or*
- Long-term maintenance therapy, as it is aimed to preserve the present level of function or to prevent regression below an acceptable level of functioning; *or*
- Custodial care or Long-term care services; *or*
- Private duty nursing; *or*
- No expected improvement or achievable goals in functioning over a reasonable and predictable period of time; *or*
- Respite care, or to allow family or caregivers to go to work, school, or other obligation; *or*
- Duplicative therapy services or programs; *or*
- Treatment modalities can safely be conducted by the member alone or with the help of family or caregivers and therefore do not require a licensed nurse; *or*
- Ongoing and routine care including, but not limited to:
 - Services to prevent injury or illness; *or*
 - Administration of medications, including oral medications, topical ointments, eye drops, intramuscular injections, intravenous infusions, and subcutaneous medications (e.g., insulin); *or*
 - Enteral feedings; *or*
 - Suction unless specifically covered otherwise; *or*
 - Routine colostomy care; *or*
 - Intermittent straight catheterization for chronic conditions; *or*
 - Emotional support or counseling.

Applicable Billing Codes

Codes covered when clinical criteria are met:

<i>Code</i>	<i>Description</i>
99341	Home visit for the evaluation and management of a new patient, which requires these three key components: - A problem focused history; - A problem focused examination; and - Straightforward medical decision making.
99342	Home visit for the evaluation and management of a new patient, which requires these three key components: - An expanded problem focused history; An expanded problem focused examination; and - Medical decision making of low complexity.
99343	Home visit for the evaluation and management of a new patient, which requires these three key components: - A detailed history; A detailed examination; and - Medical decision making of moderate complexity.
99344	Home visit for the evaluation and management of a new patient, which requires these three key components: - A comprehensive history; A comprehensive examination; and - Medical decision making of moderate complexity.
99345	Home visit for the evaluation and management of a new patient, which requires these three key components: - A comprehensive history; A comprehensive examination; and - Medical decision making of high complexity.
99347	Home visit for the evaluation and management of an established patient, which requires these three key components: - A problem focused interval history; - A problem focused examination; and - Straightforward medical decision making.
99348	Home visit for the evaluation and management of an established patient, which requires these three key components: - An expanded problem focused interval history; An expanded problem focused examination; and - Medical decision making of low complexity.
99349	Home visit for the evaluation and management of an established patient, which requires these three key components: - A detailed interval history; A detailed examination; and - Medical decision making of moderate complexity.
99350	Home visit for the evaluation and management of an established patient, which requires these three key components: - A detailed interval history; A detailed examination; and - Medical decision making of high complexity.
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
99501	Home visit for postnatal assessment and follow-up care
99502	Home visit for newborn care and assessment
99503	Home visit for respiratory therapy care (e.g., bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)

99504	Home visit for mechanical ventilation care
99505	Home visit for stoma care and maintenance including colostomy and cystostomy
99506	Home visit for intramuscular injections
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)
99509	Home visit for assistance with activities of daily living and personal care
99510	Home visit for individual, family, or marriage counseling
99511	Home visit for fecal impaction management and enema administration
99512	Home visit for hemodialysis
99600	Unlisted home visit service or procedure
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)
G0162	Skilled services by a registered nurse (RN) in the delivery of management & evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieve its purpose in the home health or hospice setting)
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
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 license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
G0493	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)
G0494	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)

G0495	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
G0496	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
S5035	Home infusion, therapy, routine service of infusion device (e.g., pump maintenance)
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)
S5497-S5523	Home infusion therapy, catheter care maintenance and supplies (includes codes S5497, S5498, S5501, S5502, S5517, S5518, S5520, S5521, S5522, S5523)
S9061	Home administration of aerosolized drug therapy (e.g., pentamidine); per diem
S9097	Home visit for wound care
S9123	Nursing care, in the home; by registered nurse, per hour (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
S9209-S9214	Home management of complications of pregnancy (includes codes S9209, S9211, S9212, S9213, S9214)
S9325-S9328	Home infusion therapy, pain management infusion, per diem (includes codes S9325, S9326, S9327, S9328)
S9329-S9331	Home infusion therapy, chemotherapy infusion, per diem (includes codes S9329, S9330, S9331)
S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin); per diem
S9338	Home infusion therapy, immunotherapy; per diem
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor VIII); per diem
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); per diem
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); per diem
S9351	Home infusion therapy, continuous antiemetic infusion therapy; per diem
S9353	Home infusion therapy, continuous insulin infusion therapy; per diem

S9357	Home infusion therapy, enzyme replacement intravenous therapy (e.g., Imiglucerase); per diem
S9361	Home infusion therapy, diuretic intravenous therapy; per diem
S9363	Home infusion therapy, antispasmodic therapy; per diem
S9364-S9368	Home infusion therapy, total parenteral nutrition (TPN); per diem (includes codes S9364, S9365, S9366, S9367, S9368)
S9370	Home therapy, intermittent antiemetic injection therapy; per diem
S9372	Home therapy, intermittent anticoagulant injection therapy (e.g., Heparin), per diem
S9373-S9377	Home infusion therapy, hydration therapy; per diem (includes codes S9373, S9374, S9375, S9376, S9377)
S9379	Home infusion therapy, infusion therapy not otherwise classified; per diem
S9490	Home infusion therapy, corticosteroid infusion; per diem
S9494-S9504	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; per diem (includes codes S9494, S9497, S9500, S9501, S9502, S9503, S9504)
S9538	Home transfusion of blood product(s); per diem
S9542	Home injectable therapy, not otherwise classified; per diem
S9560	Home injectable therapy, hormonal therapy (e.g., leuprolide, goserelin); per diem
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); per diem
T1001	Nursing assessment/evaluation
T1002	RN Services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes
T1004	Services of a qualified nursing aide, up to 15 minutes
T1022	Contracted home health agency services, all services provided under contract, per day
T1030	Nursing care, in the home, by registered nurse, per diem
T1031	Nursing care, in the home, by licensed practical nurse, per diem

Codes not covered for indications listed in this Guideline:

<i>Code</i>	<i>Description</i>
T1000	Private duty/independent nursing service(s) - licensed, up to 15 minute

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