

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

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Home Care - Skilled Nursing Care (RN, LVN/LPN)	1
Summary	2
Definitions	2
Medical Necessity Criteria for Initial Clinical Review	3
General Medical Necessity Criteria	3
Home Infusion Treatment	4
Initial Duration	5
Private Duty Nursing	5
Medical Necessity Criteria for Subsequent Clinical Review	5
Subsequent Medical Necessity Criteria	5
Subsequent Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care	5
Experimental or Investigational / Not Medically Necessary	5
Applicable Billing Codes	7
References	18
Clinical Guideline Revision / History Information	19

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 to help train caregivers and family members in the 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 have a normal inability to leave home without considerable and taxing effort (i.e., require an assistive device or the assistance of another person to leave home) AND one of the following:

- 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); *or*
- Members who need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers, special transportation (when the member is unable to use common transportation such as a private automobile, bus, or taxi due to a medical condition), or the assistance of others to leave their place of residence.

When the member does leave home, the absence of the member from the home is infrequent or for short periods of time, such as to receive health treatment or adult daycare (non-residential program providing services during the day).

"Skilled nursing care" is care delivered by licensed, professional nurses (registered nurse [RN], licensed vocational/practical nurse [LVN/LPN]) for members who need a skilled level of care to safely manage, observe, and evaluate recovery from an illness or injury, maintain the member's current condition, or prevent deterioration. When services can be safely and effectively performed by the member or unskilled caregivers, such services do not require skilled nursing.

"Activities of daily living (ADLs)" are routine activities that most healthy persons perform daily without requiring assistance,, including but not limited to: bathing, communication, dressing, feeding, grooming, mobility, personal hygiene, self-maintenance, skin management, and toileting.

"Instrumental activities of daily living (IADLs)" are 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.

“Custodial care” or “long-term care” is non-skilled, personal care to maintain the member’s ADLs or IADLs over a long-term duration and does not require oversight or skilled services by trained health professionals or technical personnel. These services are not part of a medical treatment plan for recovery, rehabilitation, habilitation, or improvement in sickness or injury. Custodial services may be provided in the home, assisted living facilities, nursing homes, or other settings. This type of care typically does not apply to plan benefits; please see the member’s plan benefits.

“Hospice care / end-of-life care” is interdisciplinary and holistic care provided when curative or life-prolonging treatments are no longer beneficial. Services may focus on symptom control, psychosocial and spiritual care, nursing, or short-term acute services. Trained clinicians and support staff support individual and family quality-of-life goals. Hospice care can be provided in the home, skilled nursing facility (SNF), or hospital setting (for acute symptom management and stabilization before returning to the previous level of hospice care).

“Palliative care” is interdisciplinary and holistic care that focuses on symptom management, relieving suffering in all stages of disease, supporting communication, and assessing psychosocial, spiritual, social, and economic resources. Members may receive curative or life-prolonging treatment, and may not choose to receive hospice care or end-of-life care. Furthermore, palliative care provides support for individual and family quality-of-life goals.

Medical Necessity Criteria for Initial Clinical Review

General Medical Necessity Criteria

Skilled nursing care in the home is considered medically necessary for initial requests when ALL of the following criteria are met:

1. The treatment plan is prescribed and monitored by a licensed provider (MD, DO, NP, or PA) as per individual state law, and requires the knowledge, skills, and clinical expertise of a licensed nurse (RN, LVN, or LPN); *and*
2. ONE of the below:
 - a. Member meets the definition of homebound, as documented in the medical record (see [Definitions](#) section); *or*
 - b. Member is not homebound, but needs home infusion treatment with skilled nursing (see [Home Infusion Treatment criteria](#)); *and*
3. Services requested are not custodial in nature, defined as assistance with activities of daily living (see [Definitions](#) section) that can be safely performed by non-professionals, unskilled caregivers, family members, or the member; *and*
4. Medical necessity criteria are met in ONE of the following MCG home care guidelines:
 - a. Appropriate guideline in MCG Home Care Optimal Recovery Guidelines; *or*
 - b. Appropriate guideline in MCG Home Care General Recovery Guidelines; *or*
 - c. MCG Palliative Care (PO-2020); *or*
 - d. or MCG End-Of-Life Care (PO-2006); *and*

5. Without home skilled nursing care, the member would require hospitalization, skilled nursing facility (SNF) placement, or outpatient skilled care; *and*
6. 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*
7. The plan of care is sufficiently detailed to determine the necessity of skilled nursing visits and includes the following elements:
 - a. A medical evaluation (qualified provider or practitioner within scope of state specific licensure) has been conducted within 30 days of the service dates; *and*
 - b. 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*
 - c. Prior level of functioning and current level of functioning; *and*
 - d. Long-term and short-term goals that are specific, quantitative, objective, and provide a reasonable estimate of when the goals will be reached; *and*
 - e. Frequency and duration of treatment; *and*
 - f. The specific skilled care to be provided; *and*
 - g. Discharge plan; *and*
8. 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.

Home Infusion Treatment

(Note: Do not apply home health care visits by a skilled nurse towards the benefit limit for home infusion treatments. Homebound status is not required for the member to meet medical necessity)

Skilled nursing care for home infusions is considered medically necessary when ALL of the following criteria are met:

1. The treatment plan is prescribed and monitored by a licensed provider (MD, DO, NP, or PA) with current DEA (Drug Enforcement Agency) licensure as per individual state law, and requires the knowledge, skills, and clinical expertise of a licensed nurse (RN, LVN, or LPN); *and*
2. Infusion treatment in the home setting with skilled nursing services is most appropriate for the member (homebound or not homebound) based on previous response to treatment, toxicity of medication, monitoring required, member's comorbidities, and infusion needed overnight or the weekend when the outpatient clinic is closed; *and*
3. Administration of the drug is required through an intravenous, intraosseous, intraspinal, or subcutaneous route; *and*
4. Member's home environment is safe and appropriate for medication administration. The medication is not hazardous and does not require close observation with acute intervention by a medical practitioner; *and*

5. The nurse provides member and caregiver education on safe storage, maintenance, and disposal of solutions, supplies, and equipment, as well as troubleshooting the infusion device, recognizing signs and symptoms of adverse effects, and preventing complications.

Initial Duration

The duration of therapy is dependent on the plan of care and the severity of the member's condition. The Plan utilizes MCG home care criteria for the recommended visits per episode.

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

Private Duty Nursing

Subject to the terms, conditions, and limitations of a member's benefit plan, private duty nursing is considered medically necessary when MCG criteria (PDN-2001) are met.

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Medical Necessity Criteria

Plan members who require continued skilled nursing visits beyond the original plan of care may receive extended treatment when BOTH of the following criteria are met:

1. A medical re-evaluation (qualified provider or practitioner within scope of state-specific licensure) has been conducted within 30 days of the service dates; *and*
2. ONE of the below:
 - a. Within the appropriate MCG Home Care Optimal Recovery Guidelines, the Extended Visits criteria are met; *or*
 - b. Within the appropriate MCG Home Care General Recovery Guidelines, the member is still in General Treatment Course Stage 2 or has not met all milestones in Stage 3.

Subsequent Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care

Plan members who require continued skilled nursing visits beyond the original plan of care may receive extended treatment when BOTH of the following criteria are met:

1. For an extension request/recertification for hospice or palliative care, please see plan benefits and requirements; *and*
2. Member meets medical necessity for extension requests when, within the MCG Palliative Care (PO-2020) or MCG End-Of-Life Care (PO-2006) guideline, they meet the Extended Visits criteria, are in General Treatment Course Stage 2, or have not met all milestones in Stage 3.

Experimental or Investigational / Not Medically Necessary

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

1. Homebound status is no longer met; *or*
2. Member reaches the predetermined goals or skilled treatment is no longer required; *or*

3. Member's condition is stable or predictable; *or*
4. Member can safely and effectively continue in a non-skilled care program; *or*
5. Member's medical condition prevents further therapy; *or*
6. Member is transferred to an inpatient or other skilled setting; *or*
7. Member no longer meets medical necessity criteria; *or*
8. Family or caregiver has been taught and adequately demonstrated skills of care; *or*
9. Member refuses treatment.

Skilled nursing services are NOT considered medically necessary for the following:

1. Skilled care is not necessary, or care is not provided for a specific illness or injury; *or*
2. Chronic illness / chronic flare-ups or exacerbations that did not result in a decline in function or related to an acute exacerbation, *or*
3. 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*
4. Custodial care or long-term care services; *or*
5. No expected improvement or achievable goals in functioning over a reasonable and predictable period of time; *or*
6. Respite care, or to allow family or caregivers to go to work, school, or other obligation; *or*
7. Duplicative therapy services or programs; *or*
8. Treatment modalities that do not require a licensed nurse and can safely be conducted by the member alone or with family or caregiver assistance; *or*
9. Ongoing and routine care including, but not limited to:
 - a. Services to prevent injury or illness; *or*
 - b. Administration of routine medications, including oral medications, topical ointments, eye drops, intramuscular injections, intravenous infusions, and subcutaneous medications (e.g., insulin); *or*
 - c. Enteral feedings; *or*
 - d. Suction unless specifically covered otherwise; *or*
 - e. Routine ostomy care; *or*
 - f. Intermittent straight catheterization for chronic conditions or foley care; *or*
 - g. Emotional support or counseling; *or*
 - h. Non-skilled tasks that are typically performed by the member or caregiver; *or*
 - i. If solely for long-term or non-skilled assistance with ADLs; *or*
 - j. If solely for long-term or non-skilled assistance with IADLs.

Applicable Billing Codes

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
99341	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.
99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99348	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99349	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99350	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)
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)
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)
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
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

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
	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	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

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion
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
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	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 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 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 not use this code with any home infusion per diem code)
S9213	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 (do not use this code with any home infusion per diem code)

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
S9214	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 (do not use this code with any home infusion per diem code)
S9325	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 (do not use this code with S9326, S9327 or S9328)
S9326	Home infusion therapy, continuous (twenty-four 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
S9327	Home infusion therapy, intermittent (less than twenty-four 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
S9328	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
S9329	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 (do not use this code with S9330 or S9331)
S9330	Home infusion therapy, continuous (twenty-four 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
S9331	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
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

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
S9336	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
S9338	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
S9339	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
S9340	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
S9341	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
S9342	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
S9343	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
S9345	Home infusion therapy, antihemophilic 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
S9346	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
S9347	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

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9351	Home infusion therapy, continuous antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9353	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
S9355	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
S9357	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
S9359	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
S9361	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
S9363	Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9364	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,

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
	drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)
S9365	Home infusion therapy, total parenteral nutrition (TPN); one 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
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two 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
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three 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
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three 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
S9370	Home therapy, intermittent antiemetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
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 (do 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 (do not use with hydration therapy codes S9374-S9377 using daily volume scales)

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
S9374	Home infusion therapy, hydration therapy; one 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 one liter but no more than two 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 two liters but no more than three 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 three 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
S9490	Home infusion therapy, corticosteroid infusion; including 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 (do 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

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
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); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (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
S9558	Home injectable therapy; growth hormone, 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

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
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
S9563	Home injectable therapy, immunotherapy, 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
T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
T1001	Nursing assessment/evaluation
T1002	RN Services, up to 15 minutes
T1003	LPN/LVN services, 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

References

1. Alper, E., O'Malley, T.A., & Greenwald, J. (2025, May 21). *Hospital discharge and readmission*. UpToDate. <https://www.uptodate.com/contents/hospital-discharge-and-readmission>
2. Centers for Medicare & Medicaid Services (CMS). *Glossary*. <https://www.cms.gov/glossary>
3. Centers for Medicare & Medicaid Services (CMS). (2023). *Medicare benefit policy manual chapter 7 - Home health services*. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>
4. Centers for Medicare & Medicaid Services (CMS). (2025). *Medicare benefit policy manual chapter 9 - Coverage of hospice services under hospital insurance*.

5. Cheetham, M. S., Ethier, I., Krishnasamy, R., Cho, Y., Palmer, S. C., Johnson, D. W., Craig, J. C., Stroumza, P., Frantzen, L., Hegbrant, J., & Strippoli, G. F. (2024). Home versus in-centre haemodialysis for people with kidney failure. *Cochrane Library*, 2024(5).
<https://doi.org/10.1002/14651858.cd009535.pub3>
6. Glickman, J.D., & Chan, C. (2025, February 18). *Choosing home hemodialysis for end-stage kidney disease*. UpToDate.
<https://www.uptodate.com/contents/choosing-home-hemodialysis-for-end-stage-kidney-disease>
7. Glickman, J.D., & Chan, C. (2024, June 27). *Home hemodialysis (HHD): Establishment of a program*. UpToDate.
<https://www.uptodate.com/contents/home-hemodialysis-hhd-establishment-of-a-program>
8. Meier, D.E., McCormick, E., & Lagman, R.L. (2025, September 30). *Hospice: Philosophy of care and appropriate utilization in the United States*. UpToDate.
<https://www.uptodate.com/contents/hospice-philosophy-of-care-and-appropriate-utilization-in-the-united-states>
9. Meier, D. E., Back, A. L., Berman, A., Block, S. D., Corrigan, J. M., & Morrison, R. S. (2017). A national strategy for palliative care. *Health Affairs*, 36(7), 1265–1273.
<https://doi.org/10.1377/hlthaff.2017.0164>
10. Miller, B. W., Himmele, R., Sawin, D., Kim, J., & Kossmann, R. J. (2018). Choosing home hemodialysis: A critical review of patient outcomes. *Blood Purification*, 45(1–3), 224–229.
<https://doi.org/10.1159/000485159>
11. National Hospice and Palliative Care Organization (NHPCO). (2024). *NHPCO facts and figures report, 2024 edition*. <https://www.nhpco.org/hospice-care-overview/hospice-facts-figures/>
12. National Institute on Aging (NIA). (2021, May 14). *What are palliative care and hospice care?* <https://www.nia.nih.gov/health/hospice-and-palliative-care/what-are-palliative-care-and-hospice-care>
13. Norris, A. H., Shrestha, N. K., Allison, G. M., Keller, S. C., Bhavan, K. P., Zurlo, J. J., Hersh, A. L., Gorski, L. A., Bosso, J. A., Rathore, M. H., Arrieta, A., Petrak, R. M., Shah, A., Brown, R. B., Knight, S. L., & Umscheid, C. A. (2018). 2018 Infectious Diseases Society of America clinical practice guideline for the management of outpatient parenteral antimicrobial therapy. *Clinical Infectious Diseases*, 68(1), e1–e35. <https://doi.org/10.1093/cid/ciy745>
14. Okon, T.R., & Christensen, A. (2024, February 29). *Overview of comprehensive patient assessment in palliative care*. UpToDate.
<https://www.uptodate.com/contents/overview-of-comprehensive-patient-assessment-in-palliative-care>
15. Phillips, L.D., & Gorski, L.A. (2018). *Parenteral nutrition*. In: Gorski LA, editor. *Phillips's Manual of I.V. Therapeutics*. 7th ed. Philadelphia, PA: F.A. Davis; 2018:610-658.
16. Ritchie, C. S., Leff, B., Garrigues, S. K., Perissinotto, C., Sheehan, O. C., & Harrison, K. L. (2018). A quality of care framework for home-based medical care. *Journal of the American Medical Directors Association*, 19(10), 818–823. <https://doi.org/10.1016/j.jamda.2018.05.020>
17. Tran, E., Karadjian, O., Chan, C. T., & Trinh, E. (2023). Home hemodialysis technique survival: insights and challenges. *BMC Nephrology*, 24(1). <https://doi.org/10.1186/s12882-023-03264-5>

18. Watterberg, K., Cummings, J. J., Adams-Chapman, I. S., Aucott, S. W., Goldsmith, J. P., Hand, I. L., Juul, S. E., Poindexter, B. B., Puopolo, K. M., Stewart, D. L., & Barfield, W. D. (2020). Providing care for infants born at home. *Pediatrics*, 145(5). <https://doi.org/10.1542/peds.2020-0626>
19. Werner, R. M., Coe, N. B., Qi, M., & Konetzka, R. T. (2019). Patient outcomes after hospital discharge to home with home health care vs to a skilled nursing facility. *JAMA Internal Medicine*, 179(5), 617–623. <https://doi.org/10.1001/jamainternmed.2018.7998>
20. Xiang, X., Danilovich, M. K., Tomasino, K. N., & Jordan, N. (2018). Depression prevalence and treatment among older home health services users in the United States. *Archives of Gerontology and Geriatrics*, 75, 151–157. <https://doi.org/10.1016/j.archger.2017.12.005>
21. Yonemoto, N., Nagai, S., & Mori, R. (2021). Schedules for home visits in the early postpartum period. *Cochrane Database of Systematic Reviews*, 7(7), CD009326. <https://doi.org/10.1002/14651858.CD009326.pub4>

Clinical Guideline Revision / History Information

Original Date: 4/11/2017

Reviewed/Revised: 1/18/2018, 4/13/2018, 4/15/2019, 7/21/2020, 04/21/2021, 12/01/2021, 04/25/2022, 05/02/2023, 04/16/2024, 09/01/2025, 08/01/2026