

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.

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 have normal inability to leave home without considerable and taxing effort (i.e. requires 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 private automobile, bus, taxi due to 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, evaluate recovery from an illness or injury, maintain 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 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.

“Custodial Care” or “Long-term Care” are non-skilled, personal care to maintain the member’s ADLs or IADLS over a long-term duration and do 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, or nursing homes, etc. This type of custodial or long-term care typically does not apply for plan benefits, please see the member’s plan benefit.

Hospice Care / End-of-Life Care - are interdisciplinary and holistic care when curative or life-prolonging treatments are no longer beneficial and 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, or hospital setting (for acute symptom management and stabilization to return to previous level of hospice care).

Palliative Care - are interdisciplinary and holistic care that focuses on symptom management, relieving suffering in all stages of disease, supporting communication, assessing psychosocial and spiritual resources, 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.

Clinical Indications

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. The member meets the definition of homebound and is evident in the medical record (see *Definitions* section above); *and/or*
3. The member is not homebound, but needs home infusion treatment with skilled nursing (see *Home Infusion Criteria* below); *and/or*
4. The services requested are not custodial in nature as defined by assistance for activities of daily living (see *Definitions* section above) that can be performed safely by non-professionals, unskilled caregivers, family members, or the member; *and*
5. Medical necessity criteria in the appropriate MCG Home Care Optimal Recovery Guidelines, MCG Home Care General Recovery Guideline, or for palliative (MCG Palliative Care PO-2020) or hospice care (MCG End-Of-Life Care PO-2006) is met; *and*
6. Without home skilled nursing care, the member would require hospitalization, Skilled Nursing Facility (SNF) placement, or outpatient skilled care; *and*
7. 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*
8. The individualized plan of care should be sufficiently documented to determine the medical necessity of treatment, including the following elements:
 - a. A medical evaluation 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. The frequency and duration of treatment; *and*
 - f. The specific skilled care to be provided; *and*
 - g. Discharge plan; *and*
9. 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

(Do not apply home health care visits by a skilled nurse towards the benefit limit for home infusion treatments. Home-bound 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. The 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. The administration of the drug is required through intravenous, intraosseous, intraspinal, or subcutaneous; *and*
4. The member's home environment is safe and appropriate for medication administration. The medication is neither hazardous and does not require close observation with acute intervention needed by a medical practitioner; *and*
5. The nurse provides member and caregiver education on safe storage, maintenance, disposal of solutions, supplies, and equipment; furthermore, education on troubleshooting the infusion device, recognizing signs and symptoms of adverse effects, and preventing complications.

Duration of Therapy

The duration of therapy is dependent on the treatment 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 policy, private duty nursing is considered medically necessary when MCG criteria (PDN-2001) are met.

Extension Requests

A Plan member who requires continued Skilled Nursing visits, beyond the original treatment plan of care, may receive extended treatment when the follow criteria are met:

1. A medical evaluation has been conducted within 30 days of the service dates; *and*
 - a. The appropriate MCG Home Care Optimal Recovery Guidelines with the Extended Visits criteria are met; *or*
 - b. The appropriate MCG Home Care General Recovery Guideline is reviewed and the member is still in General Treatment Course Stage 2 or has not met all of the milestones in Stage 3.

2. For an extension request/recertification for hospice or palliative care, please see plan benefits and requirements:
 - a. Members meet medical necessity for extension requests when they continue to meet for palliative (MCG Palliative Care PO-2020) or hospice care (MCG End-Of-Life Care PO-2006) in Extended Visits criteria or in General Treatment Course Stage 2 or have not met all of the 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:

- 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 considered medically necessary for the following:

- Skilled care is not necessary, or care is not provided for a specific illness or injury; *or*
- Chronic illness / chronic flare-ups or exacerbations that did not result in a decline in function or related to an acute exacerbation, *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*
- 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 ostomy care; *or*
 - Intermittent straight catheterization for chronic conditions or foley care; *or*

- Emotional support or counseling; *or*
- Non-skilled tasks that are typically performed by the member or caregiver; *or*
- If solely for long-term or non-skilled assistance with ADLs; *or*
- If solely for long-term or non-skilled assistance with IADLs.

Applicable Billing Codes

Codes considered medically necessary when clinical 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.
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 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 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); 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
S9345	Home infusion therapy, 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
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
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
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
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-S9368	Home infusion therapy, total parenteral nutrition (TPN); per diem (includes codes S9364, S9365, S9366, S9367, S9368)
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-S9377	Home infusion therapy, hydration therapy; per diem (includes codes S9373, S9374, S9375, S9376, S9377)
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-S9504	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; per diem (includes codes S9494, S9497, S9500, S9501, S9502, S9503, S9504)
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
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
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
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

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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