

Home Health Care

Policy Number: BIP075.N
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[Instructions for Use](#)

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Related Medical Policy

- [Home Health, Skilled, and Custodial Care Services \(for Commercial Only\)](#)

Federal/State Mandated Regulations

California Health and Safety Code Article 7, Standards Section 1300.67 Scope of basic health care services (e) home health services.

Note: Autism services performed (OT, ST, PT, or ABA) in the home setting are not “home health services” and are not subject to visit or dollar limitations, if any (pursuant to California Health and Safety Code 1367.005).

California Health and Safety Code Section 1374.10

Effective Jan. 1, 1979

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1374.10&lawCode=HSC

- a. Every health care service plan that covers hospital, medical or surgical expenses and which is not qualified as a health maintenance organization under Title XIII of the federal Public Health Service Act (42 U.S.C. Sec. 300e, et seq.) shall make available and offer to include in every group contract entered into on or after January 1, 1979, benefits for home health care as set forth in this section provided by a licensed home health agency subject to the right of the subscriber group to reject the benefits or to select any alternative level of benefits as may be offered by the health care service plan.

In rural areas where there are no licensed home health agencies or in which the supply of home health agency services does not meet the needs of the community, the services of visiting nurses, if available, shall be offered under the health care service plan subject to the terms and conditions set forth in subdivision (b).

- b. As used in this section:
 - 1) "Home health care" means the continued care and treatment of a covered person who is under the direct care and supervision of a physician but only if:
 - i. Continued hospitalization would have been required if home health care were not provided;
 - ii. The home health treatment plan is established and approved by a physician within 14 days after an inpatient hospital confinement has ended and such treatment plan is for the same or related condition for which the covered person was hospitalized; and
 - iii. Home health care commences within 14 days after the hospital confinement has ended.
 "Home health services" consist of, but shall not be limited to, the following:
 - i. Part-time or intermittent skilled nursing services provided by a registered nurse or licensed vocational nurse;
 - ii. Part-time or intermittent home health aide services which provide supportive services in the home under the supervision of a registered nurse or a physical, speech or occupational therapist;
 - iii. Physical, occupational or speech therapy; and

- iv. Medical supplies, drugs and medicines prescribed by a physician and related pharmaceutical services, and laboratory services to the extent such charges or costs would have been covered under the plan if the covered person had remained in the hospital.
- 2) "Home health agency" means a public or private agency or organization licensed by the State Department of Health Services in accordance with the provisions of Chapter 8 (commencing with Section 1725) of Division 2 of the Health and Safety Code.
- c. The plan may contain a limitation on the number of home health visits for which benefits are payable, but the number of such visits shall not be less than 100 in any calendar year or in any continuous 12-month period for each person covered under the plan. Except for a home health aide, each visit by a representative of a home health agency shall be considered as one home health care visit. A visit of four hours or less by a home health aide shall be considered as one home health visit.
- d. Home health benefits in this section shall be subject to all other provisions of this chapter. In addition, such benefits may be subject to an annual deductible of not more than fifty dollars (\$50) for each person covered under a plan, and may be subject to a coinsurance provision which provides coverage of not less than 80 percent of the reasonable charges for such services.
- e. Nothing in this section shall preclude a plan offering other health care benefits provided in the home.
- f. Nothing in this section shall relieve any plan from providing all basic health care services as required by subdivision (i) of Section 1367 except that a plan subject to this section may fulfill that requirement with respect to home health services in connection with any particular group contract by providing benefits for home health care as set forth in this section if the subscriber group has not rejected such benefits.

State Market Plan Enhancements

The following benefit applies to group contracts that have not been issued, amended, or renewed on or after January 1, 2003:

- Temporary private duty skilled nursing care to train family members willing and capable of providing care in the home up to sixty (60) consecutive days or (100) visits per calendar year. Unsuccessful training may result in placement in an alternative care setting.

Note: Autism services performed (OT, ST, PT, or ABA) in the home setting are not "home health services" and are not subject to visit or dollar limitations, if any (pursuant to California Health and Safety Code 1367.005).

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Note: Autism services performed (OT, ST, PT, or ABA) in the home setting are not "home health services" and are not subject to visit or dollar limitations, if any (pursuant to California Health and Safety Code 1367.005).

Refer to the Medical Policy titled [Home Health, Skilled, and Custodial Care Services \(for Commercial Only\)](#).

Home health care visits provided directly by or under the direct supervision of licensed nursing personnel, including the supportive care of a home health aide, subject to the following criteria:

- The member must be confined to home (home is wherever the member makes his or her home but does not include acute care, rehabilitation, or skilled nursing facility); and
- The member needs medically necessary skilled nursing visits or needs physical, speech, or occupational therapy; and
- The home health care visits must be provided under a plan of care established, periodically reviewed, and ordered and authorized by a UnitedHealthcare network provider

Examples of covered benefits include but are not limited to:

- Drugs, medications, and related pharmaceutical services are covered for those members enrolled in UnitedHealthcare's outpatient prescription drug benefit
- Home health aide services when medically necessary to the member's illness or injury
- Infusion therapy medications and supplies and laboratory services as prescribed by a network provider to the extent such services would be covered by UnitedHealthcare had the member remained in the hospital, rehabilitation, or skilled nursing facility
- Medical supplies and durable medical equipment when authorized in conjunction with the home health care visits

- Physical, occupational, or speech therapy that is provided on a per visit basis
- Skilled nursing visits

Note: UnitedHealthcare, in consultation with the member's network medical group, will determine if benefits are available by reviewing both the skilled nature of the service and the need for physician-directed medical management. A service will not be determined to be "skilled" simply because there is not an available caregiver.

Not Covered

- Custodial care including all homemaker services, respite care, convalescent care, or extended care not requiring skilled nursing
- Home health care visit for a blood draw, unless the member has a need for another qualified skilled service and meets all home health eligibility criteria
- Home meal delivery services (e.g., Meals on Wheels)
- Non-emergency, non-authorized, transportation services (e.g., Dial-a-Ride, private vehicle, or taxi fare)
- Oral prescription drugs provided by a home health provider, unless the member has a supplemental pharmacy benefit and the oral medications are obtained through a contracted UnitedHealthcare pharmacy provider
- Private duty nursing care including nursing services for recipients who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or skilled nursing facility
- Services in the home provided by relatives or other household members

Policy History/Revision Information

Date	Summary of Changes
01/01/2025	<p>Template Update</p> <ul style="list-style-type: none"> • Updated reference link to related Medical Policy (previously classified as Medical Management Guideline)
10/01/2024	<p>Covered Benefits</p> <ul style="list-style-type: none"> • Revised list of covered services: <ul style="list-style-type: none"> ○ Removed: <ul style="list-style-type: none"> ▪ Intramuscular injections (e.g., antibiotics) ▪ Subcutaneous injections other than self-administered medications (e.g., insulin) ▪ Insertion of catheters ▪ Extensive decubiti care (stage III or stage IV) aseptic or sterile dressing changes to open wound ▪ Pre-assessment visit in anticipation of home health care visits ▪ Phototherapy for neonatal hyperbilirubinemia ○ Replaced "home health aide services when medically necessary to the member's illness or injury <i>when provided by trained individuals and ordered along with skilled nursing and/or therapy visits</i>" with "home health aide services when medically necessary to the member's illness or injury" • Added language to clarify <i>UnitedHealthcare, in consultation with the member's network medical group, will determine if benefits are available by reviewing both the skilled nature of the service and the need for physician-directed medical management</i> <p>Not Covered</p> <ul style="list-style-type: none"> • Revised list of non-covered services; replaced "transportation services (e.g., Dial-a-Ride)" with "<i>non-emergency, non-authorized transportation services (e.g., Dial-a-Ride, private vehicle, or taxi fare)</i>" <p>Supporting Information</p> <ul style="list-style-type: none"> • Removed <i>Definitions</i> and <i>References</i> sections • Archived previous policy version BIP075.M

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations, State Market Plan Enhancements, and Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits

(SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.