

SCOPE:

Group Health Cooperative of Eau Claire (the Cooperative) realizes that to promote independence and autonomy, there are instances when Home Health services are necessary for the health and wellbeing of our members. Home Care services are medically oriented activities related to assisting a member with medical care when there is a skilled need and member is considered home bound.

POLICY: It is the policy of the Cooperative that Home Health services require prior authorization to ensure services are medically necessary.

PROCEDURE: Prior authorization required: Yes

Members must meet medical necessity criteria listed below to qualify for home health services including skilled nursing care, home PT, home OT, and home ST.

- 1. Services must be ordered by a physician, NP, or PA
- 2. Services are provided in lieu of continued hospitalization or SNF stay or receiving outpatient services outside the home
- 3. Member must be home bound
- 4. Services must be skilled in nature and services that a member or support person is not able to complete
- 5. Services need to be intermittent, part-time, with an expected end date (other than drawing blood)
- 6. Service must be reasonable and necessary for the treatment of the illness of injury
- 7. Services cannot be for the convenience of the member or family
- 8. Services cannot be custodial or personal care in nature

Home Health Aide: This service is a benefit for Medicaid and is reviewed on a case-by-case basis by the physician reviewer.

APPROVED:	Michie Bauer MD.	DATE:	02/15/2024

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
06/06/2013	Carol E. Ebel, RN HM Mgr	Combined and updated 2 separate P & P.
02/15/2014	Lynne Komanec, HM Mgr	Reviewed with no changes.

	DEPARTMENT:	Utilization Management
	SUBJECT:	Home Health Services
group health	PRODUCT LINE:	All
group health groupe **	POLICY NUMBER:	067
of eau claire	ORIGINAL POLICY EFFECTIVE	06/06/2013
	DATE:	00/00/2013
KMTSJ, Inc.	LAST REVISED DATE:	02/23/2022
	LAST REVIEWED DATE:	02/15/2024

01/23/2015	Betsy Kelly, RN	Added PT/OT/ST and HHA and reformatted.
01/14/2016	Betsy Kelly, RN	Reviewed without changes.
02/18/2019	Michele Bauer, MD	Criteria updated.
04/28/2020	Michele Bauer, MD, CMO	Reviewed. No changes.
03/10/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
02/23/2022	Michele Bauer, MD, CMO	Updated criteria.
02/15/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
02/15/2024	Michele Bauer, MD, CMO	Reviewed. No changes.