

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Effective Date: 03/01/11
Section: Home Health	Section: 40.02	
Subject: Criteria for Coverage	Pages: 3	
	Cross Reference: Non-Emergency Transportation (NET) 12.0 Certification Requirements 40.05	

Medicaid reimburses home health services for beneficiaries who are under the care of an attending physician when the services are prescribed by the beneficiary's attending physician. The attending physician's order is part of a written Plan of Care. The attending physician is required to review and recertify the written Plan of Care every sixty (60) days.

The following criteria must be satisfied in order for a beneficiary to be eligible for home health agency services (home nursing care services, home health aide services, and home physical therapy or speech therapy) on an intermittent basis:

- A. Documentation is present in the beneficiary's medical record which justifies that the services are medically necessary and reasonable for the treatment of the beneficiary's illness, injury, or condition.

AND

- B. The beneficiary's medical condition, illness, or injury requires services that must be delivered at the beneficiary's place of residence rather than at an office, clinic, or other outpatient facility, according to one or more of the following guidelines:

1. The beneficiary's travel to a physician's office, clinic, or other outpatient setting for the needed service would create a medical hardship for the patient due to the beneficiary's specific illness, injury, or disability. Any statement on the Plan of Care regarding such medical hardship must be supported by appropriate documentation of the medical hardship and specific illness, injury, or disability in the patient's medical records.

a. Examples of medical hardship include, but are not limited to:

- A patient who requires ambulance transportation due to the severity of their medical condition.
- A patient in severe pain.
- A patient with bilateral upper extremity loss who is unable to open doors, use handrails or perform other activities, and needs help to leave his/her residence.
- A patient for whom leaving the home is likely to cause an exacerbation of his/her condition.
- A patient who experiences shortness of breath that significantly hinders travel.
- A diabetic patient who is wheelchair bound due to bilateral lower extremity amputations and makes only infrequent trips from his residence due to medical complications of the amputations.

b. Examples of conditions that in themselves are **not** considered a medical hardship include, but are not limited to:

- The use portable oxygen.
- Walking with a limp.
- The use an assistive device such as a cane, walker, or wheelchair.
- A wheelchair-bound patient who regularly drives a specially equipped vehicle to travel outside of the home.

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- The need for routine transportation—assistance with transportation to medical appointments is available through the Medicaid Non-Emergency Transportation program. Refer to Section 12.0 of the Provider Policy Manual for Non-Emergency Transportation policy.
 - The need for a child to be supervised by an adult when the child is outside the home.
2. The beneficiary's travel to a physician's office, clinic, or other outpatient setting for needed services is contraindicated by written documentation in the beneficiary's medical record of a fragile or unstable medical condition. The beneficiary's physician must document in writing that the beneficiary's condition is so fragile or unstable that the beneficiary's leaving their home for services is undesirable or detrimental to the beneficiary's health.
- a. Examples include, but are not limited to:
- A newborn infant up to six weeks of age who has acute care needs, or who is at medical risk of complications.
 - A beneficiary has just had a major surgical procedure and has significant postoperative weakness and pain. Because of his/her condition, their physician has documented restriction of the beneficiary to limited activities and allows only brief periods of time out of bed for the beneficiary.
 - A beneficiary with severe arteriosclerotic or congestive heart disease who is ordered by his/her physician to avoid all stress and physical activity.
 - A beneficiary with a serious or immunocompromised medical condition whose physician has documented that protection from exposure to infections is medically necessary.
 - A beneficiary who has been released from the hospital less than 48-72 hours after major surgery.
3. Travelling to a physician's office, clinic, or other outpatient setting for needed service would interfere with the effectiveness of the service.
- a. Examples include, but are not limited to:
- A beneficiary who needs a service repeated at intervals difficult to accomplish in a physician's office, clinic, or other out-patient setting, e.g., daily IV antibiotic infusions.
 - A beneficiary who needs regular or unpredictable Catheter changes. Home Health services can prevent frequent emergency room visits for catheter care due to dislodgement or blockage of the catheter.
 - A beneficiary who has a documented past failure to comply with visits to a physician's office, clinic, or other out-patient setting for the needed services, and has also suffered (or has a high probability of suffering) documented adverse health consequences as a result of their noncompliance, including frequent use of emergency room and hospital admissions. The beneficiary's noncompliance must be documented to be a direct result of their illness, injury, or disability—this includes mental disorders.
 - A beneficiary newly diagnosed with End Stage Renal Disease (ESRD) who has been prescribed a specialized diet with significant restrictions. If the beneficiary has a documented limited ability to understand routine dietary instructions, it may be necessary for a nurse to teach the beneficiary how to use foods available to

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- the patient in their own home. Caregivers in the home who will prepare the food can also be trained onsite in the home. Teaching outside of the home setting would interfere with the effectiveness of teaching this patient and caregivers.
 - A beneficiary has an abdominal wound dehiscence. Wound care is complex and requires irrigation and packing twice a day. Wound care will be performed by the patient's caregivers. The caregivers need to observe the nurse performing the dressing changes more than once, and they need to be observed by the nurse for their ability to do wound care properly. Caregivers also need to learn sterile technique and how to prepare a sterile field in the home environment. Due to the extensive teaching needed, along with evaluative observation, teaching is most effectively accomplished in the home.
 - A beneficiary who requires use of assistance devices that have been specifically customized for the patient's home environment (bath chairs, shower grab bars, etc.) requires reinforcement on the use of the assistive devices.

Place of residence for the purpose of determining home health services is the address at which the beneficiary lives. This may be the beneficiary's own private home or apartment, a relative's home, or a home for the aged or boarding home. To qualify for home health benefits, the beneficiary cannot be a resident of an institution that meets the basic definition of a hospital or nursing facility.

Certain home health services must be certified through the DOM Utilization Management and Quality Improvement Organization (UM/QIO). Refer to section 40.05 in this manual for certification requirements. Procedures and criteria set forth by the UM/QIO are applicable to home health agencies and physicians and are approved by the Division of Medicaid.

Medicaid will allow twenty-five (25) home health visits per fiscal year (July 1-June 30) for beneficiaries age 21 and over. The visits may be a combination of skilled nurse and/or home health aide. Home health aide visits will be allowed without the requirement for skilled care by a nurse. Physical therapy (physical therapist or physical therapist assistant) and speech therapy visits will not be covered through the home health program for beneficiaries age 21 and over. Additional nurse and/or aide visits, as well as physical therapy or speech therapy home visits, are available for children under age twenty-one (21) through the Expanded Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program when approved for medical necessity by the UM/QIO.

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~~Medicaid reimburses home health services for beneficiaries who are under the care of an attending physician and the services are prescribed by the beneficiary's attending physician. The attending physician's order is part of a written plan of care that the physician reviews and recertifies every 60 days.~~

~~The following criteria must be satisfied for a beneficiary to be eligible for benefits for home health agency services for nursing care, aide, physical therapy or speech therapy on an intermittent basis:~~

~~There is documentation in the beneficiary's medical record which justifies that the services are medically necessary and reasonable for the treatment of the beneficiary's illness, injury, or condition.~~

~~Beneficiary's medical condition, illness, or injury requires services that must be delivered at the place of residence rather than an office, clinic, or other outpatient facility because:~~

- ~~a) There is reasonable expectation that the beneficiary's medical condition, illness or injury poses a serious and significant impediment to receiving intermittent, medically necessary services outside the home setting at the frequency and duration ordered by the physician; or~~
- ~~b) Leaving home is medically contraindicated and would increase the medical risk for exacerbation or deterioration of the medical condition, illness, or injury; or~~
- ~~c) Due to the nature of the beneficiary's medical condition, illness or injury, going to a physician/practitioner's office, clinic, or other out-patient setting for a needed service would create a medical hardship for the beneficiary and could result in an exacerbation of the beneficiary's medical condition, illness, or injury. Any medical hardship must be supported by the totality of the beneficiary's medical record.~~

~~All absences from the home will be evaluated for the frequency and purpose of the absence and the beneficiary's medical record must accurately justify the purpose and frequency of all absences as known by the home health agency.~~

~~Place of residence for the purpose of determining home health services is wherever the beneficiary lives. This may be the beneficiary's own private home, apartment, a relative's home, or a home for the aged/boarding home. To qualify for home health benefits, the beneficiary cannot be a resident of an institution which meets the basic definition of a hospital or nursing facility.~~

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The following criteria must be satisfied in order for a beneficiary to be eligible for home health agency services (home nursing care services, home health aide services, and home physical therapy or speech therapy) on an intermittent basis:

- A. Documentation is present in the beneficiary's medical record which justifies that the services are medically necessary and reasonable for the treatment of the beneficiary's illness, injury, or condition.

AND

- B. The beneficiary's medical condition, illness, or injury requires services that must be delivered at the beneficiary's place of residence rather than at an office, clinic, or other outpatient facility, according to one or more of the following guidelines:
1. The beneficiary's travel to a physician's office, clinic, or other outpatient setting for the needed service would create a medical hardship for the patient due to the beneficiary's specific illness, injury, or disability. Any statement on the Plan of Care regarding such medical hardship must be supported by appropriate documentation of the medical hardship and specific illness, injury, or disability in the patient's medical records.
 - a. Examples of medical hardship include, but are not limited to:
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 - A diabetic patient who is wheelchair bound due to bilateral lower extremity amputations and makes only infrequent trips from his residence due to medical complications of the amputations.
 - b. Examples of conditions that in themselves are **not** considered a medical hardship include, but are not limited to:
 - The use portable oxygen.
 - Walking with a limp.
 - The use an assistive device such as a cane, walker, or wheelchair.
 - A wheelchair-bound patient who regularly drives a specially equipped vehicle to travel outside of the home.
 - The need for routine transportation—assistance with transportation to medical appointments is available through the Medicaid Non-Emergency Transportation program. Refer to Section 12.0 of the Provider Policy Manual for Non-Emergency Transportation policy.
 - The need for a child to be supervised by an adult when the child is outside the home.
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 - A beneficiary who has a documented past failure to comply with visits to a physician's office, clinic, or other out-patient setting for the needed services, and has also suffered (or has a high probability of suffering) documented adverse health consequences as a result of their noncompliance, including frequent use of emergency room and hospital admissions. The beneficiary's noncompliance must be documented to be a direct result of their illness, injury, or disability—this includes mental disorders.
 - A beneficiary newly diagnosed with End Stage Renal Disease (ESRD) who has been prescribed a specialized diet with significant restrictions. If the beneficiary has a documented limited ability to understand routine dietary instructions, it may be necessary for a nurse to teach the beneficiary how to use foods available to the patient in their own home. Caregivers in the home who will prepare the food can also be trained onsite in the home. Teaching outside of the home setting would interfere with the effectiveness of teaching this patient and caregivers.
 - A beneficiary has an abdominal wound dehiscence. Wound care is complex and requires irrigation and packing twice a day. Wound care will be performed by the patient's caregivers. The caregivers need to observe the nurse performing the dressing changes more than once, and they need to be observed by the nurse for their ability to do wound care properly. Caregivers also need to learn sterile technique and how to prepare a sterile field in the home environment. Due to the extensive teaching needed, along with evaluative observation, teaching is most effectively accomplished in the home.
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resident of an institution that meets the basic definition of a hospital or nursing facility.

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