



Home Health Services - Medicare

LOB(s): <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Oregon

Government Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage

Background

Home health services are a covered Medicare benefit when furnished to eligible members who require skilled, intermittent care and meet Medicare's conditions of coverage. These services are intended to provide medically necessary care in the member's place of residence when the member's condition limits their ability to safely access outpatient services. Prior authorization for home health services are used to facilitate medical necessity review and does not replace or supersede Medicare coverage criteria.

Medicare coverage of home health services is governed by federal statute and regulation, including Title XVIII of the Social Security Act, 42 CFR Part 409, and interpretive guidance contained in the Medicare Benefit Policy Manual (MBPM), Chapter 7 – Home Health Services. Coverage determinations are based on the member's clinical condition, functional status, and the need for skilled services that can be safely and effectively provided in the home setting.

PacificSource follows CMS national coverage guidance for Medicare home health services. When applicable, Local Coverage Determinations (LCDs) and other CMS-issued guidance are also applied. Services that do not meet Medicare's coverage requirements are not eligible for reimbursement, even when ordered by a treating provider.

Criteria

Medicare

Prior authorization is required for more than 5 visits per calendar year.

- A. PacificSource considers Home Health services to be medically necessary when **ALL** of the following criteria is met:
1. The member is confined to the home, which meets the following conditions:
 - a. Requires the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their home due to an illness or injury

OR

 - b. Has a condition, such that leaving the home is medically contraindicated
- AND**
- c. Has a normal inability to leave the home, and leaving the home requires a considerable and taxing effort
 - If the member can leave the home, it must be infrequent or for periods of short duration or are attributable to the need to receive health care treatment.
2. The member needs at least **ONE** of the following types of care:
 - a. Skilled Nursing Care

Note: See Definition section for what services fall under Skilled Nursing Care.
 - b. Skilled Physical therapy
 - c. Skilled Speech-language pathology services
 - d. Continuing need of occupational therapy
 - Member must already have been determined eligible for skilled nursing care, physical therapy, or speech-language therapy in the current of prior certification period.
3. The services requested must meet **ALL** of the following criteria:
 - a. Be ordered and directed by a physician or allowed practitioner
 - b. Be furnished by a Medicare-certified home health agency
 - c. Meets the Medicare definitions of part-time or intermittent (intermittent care exceptions may be made in certain cases when the need for more care is finite and predictable)
 - d. Be reasonable and necessary for the treatment of the member's illness or injury
 - e. For skilled therapy services, the services must require the skills of a qualified therapist
 - f. For skilled nursing services, the services must require the skills of a registered nurse, or a licensed practical (vocational) nurse under the supervision of a registered nurse
 - g. **ALL** of the Services are:
 - Provided in the members place of residence (i.e., home)

- Not provided solely for comfort and convenience of the member or member's family
- Not custodial in nature.

B. PacificSource may cover home health services when all above eligibility criteria are met. Home health Covered services may include, but are not limited to:

1. Part-time or intermittent skilled nursing care (other than solely venipuncture for the purposes of obtaining a blood sample);
2. Part-time or intermittent home health aide services;
3. Physical therapy;
4. Speech-language pathology;
5. Occupational therapy;
6. Medical social services;
7. Home health aide services (when part of a skilled plan of care)

C. PacificSource Medicare considers Home health services to be not medically necessary when:

1. The member does not meet the criteria (*Section A, items 1 through 3*) above

OR

2. The member is no longer in need of skilled services

OR

3. The plan of care shows the goals have been achieved

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

- 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 (eg, 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, each additional hour
- G0068 Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes
- G0069 Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
- G0070 Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes
- G0088 Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes
- G0089 Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
- G0090 Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
- G0151 Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
- G0152 Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
- G0153 Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
- G0155 Services of clinical social worker in home health or hospice settings, each 15 minutes
- G0156 Services of home health/hospice aide in home health or hospice settings, each 15 minutes
- G0157 Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
- G0158 Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
- G0159 Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes

- G0160 Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
- G0161 Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
- G0162 Skilled services by a registered nurse (RN) for management and 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 achieves 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
- G0320 Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system
- G0321 Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system
- G0322 The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)
- 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
- G2168 Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes
- G2169 Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
- Q5001 Hospice or home health care provided in patient's home/residence
- Q5002 Hospice or home health care provided in assisted living facility
- Q5009 Hospice or home health care provided in place not otherwise specified (NOS)
- 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)
- S5108 Home care training to home care client; per 15 minutes
- S5109 Home care training to home care client; per session
- S5110 Home care training, family; per 15 minutes
- S5111 Home care training, family; per session
- S5115 Home care training, nonfamily; per 15 minutes
- S5116 Home care training, nonfamily; per session
- S5180 Home health respiratory therapy, initial evaluation
- S5181 Home health respiratory therapy, NOS, per diem
- 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
- 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
- S9122 Home health aide or certified nurse assistant, providing care in the home; per hour
- 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
- S9127 Social work visit, in the home, per diem
- S9128 Speech therapy, in the home, per diem
- S9129 Occupational therapy, in the home, per diem
- S9131 Physical therapy, in the home, per diem
- 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)
- 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 (24 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 24 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 (24 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 24 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
- 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
- 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
- S9348 Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, 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 or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and 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
- 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, 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)
- S9374 Home infusion therapy, hydration therapy; 1 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 1 liter but no more than 2 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 2 liters but no more than 3 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 3 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; 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
- 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
- S9538 Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, 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
- 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
- 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
- S9810 Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)
- 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
- T1021 Home health aide or certified nurse assistant, per visit
- 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

Definitions

Skilled Nursing Care - Services that require the skills of a Registered Nurse (RN), or a Licensed Practical (vocational) Nurse (LPN) under the supervision of an RN due to service complexity or the member's condition, which cannot be safely performed by a non-medical person and are provided on a part-time or intermittent basis (e.g., intravenous and intramuscular injections or insertion of catheters).

Home - A member's own dwelling, which can include an apartment, a relative's home, a home for the aged, or other type of institution (unless the institution meets requirements in Social Security Act §1861(e)(1) or 1819(a)(1), i.e., hospitals, skilled nursing facility, nursing facilities). A member may have more than one home but must meet homebound status for each location.

Intermittent Skilled Nursing Care - Skilled nursing services that are provided or needed on fewer than 7 days each week, or less than 8 hours each day for periods of 21 days or less (with extensions in exceptional circumstances when the need for additional care is finite and predictable.)

Part-time or Intermittent Care - Skilled nursing and home health aide services furnished any number of days per week, provided the combined services do not exceed less than 8 hours each day, and 28 or fewer hours each week, or, on a case-by-case basis, 35 or fewer hours per week when medically necessary and supported by documentation.

References

Centers for Medicare & Medicaid Services. (n.d.). Medicare benefit policy manual (Pub. 100-02), chapter 7: Home health services. Medicare Benefit Policy Manual (MBPM), Chapter 7 – Home Health Services. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c07.pdf>

Centers for Medicare & Medicaid Services. (2026, February 11). Home health services (MLN provider compliance tips). <https://www.cms.gov/training-education/medicare-learning-network-mln/compliance/medicare-provider-compliance-tips/home-health-services>

Appendix

Policy Number:

Effective: 4/16/2026

Next review: 2/1/2027

Policy type: Government

Author(s):

Depts: Health Services

Applicable regulation(s): Social Security Act §1861(m); 42 CFR §409; 42 CFR §424.22; 42 CFR Part 484; Medicare Benefit Policy Manual (MBPM), Chapter 7, Sections 40 and 50

External entities affected:

OPs Approval: 4/2026