Home Health Care (HHC) Services

Benefit Coverage

Home health care or home infusion services are a covered benefit when medically necessary and authorized by the Primary Care Physician (PCP) and Blue Shield HMO. Hospice services to an Individual and Family Plan (IFP) member are covered under this benefit. See the separate guideline for hospice services for group members for information on the separate benefit for those members.

Covered home health care services include:

1. Intermittent and part-time home visits by a home health care agency to provide skilled services up 8 hours total (see member's benefits) by any of the following professional providers:

    - Registered Nurse (RN)
    - Licensed Vocational Nurse (LVN)
    - Physical Therapist (PT), Occupational Therapist (OT), Speech Therapist (ST), or Respiratory Therapist (RT)
    - Certified Home Health Aide (CHHA)
    - Medical Social Worker (MSW) for consultation and evaluation of the home health care treatment plan

    Home health care visits by a RN, LVN, PT, OT, ST, RT, CHHA or MSW are limited to a combined 100 visits per calendar year.

    Skilled Nursing Services are defined as a level of care that includes services that can only be performed safely and correctly by a licensed nurse (either a registered nurse or a licensed vocational nurse).

2. In conjunction with the professional services rendered by a home health care or home infusion agency, medical supplies, disposable medical supplies, limited durable medical equipment required for medication delivery, and medications administered by the home infusion agency necessary for the home health treatment plan are also a covered benefit.

3. Related pharmaceutical and laboratory services to the extent the services would have been provided had the member remained in the hospital or skilled nursing facility.

4. Home infusion therapy including parenteral and enteral nutrition services for tube feedings and associated supplies and solutions. Benefits are also provided for infusion therapy provided in infusion suites associated with a participating Home Infusion agency.

Home Health Care (HHC) Services

Benefit Coverage *(cont'd.)*

5. Medically necessary FDA-approved self-administered medications, that are prescribed by the PCP or specialist, may require prior authorization by Blue Shield. These drugs, also known as Specialty Drugs, may be obtained from a Blue Shield participating Specialty Pharmacy under the outpatient pharmacy benefit and are listed in the Blue Shield Outpatient Drug Formulary.

   Medically necessary FDA-approved medications, that are prescribed by the PCP or specialist and require a clinician to monitor the patient during the administration of the drug or cannot be self-administered, may require prior authorization by Blue Shield. These drugs, also known as Specialty Drugs, are covered under the medical benefit, and are listed in Blue Shield Medication Policy. They may be obtained from a home infusion pharmacy for home administration or from the physician if the drug is being given in the office. Specialty drug administration in an outpatient facility may require additional prior authorization as part of the site of service redirection program.

   Specialty Drugs are defined as specific drugs used to treat complex or chronic conditions that usually require close monitoring. Specialty Drugs may be self-administered by injection, inhalation, orally, or topically. These drugs may also require special handing, special manufacturing processes, have limited prescribing or limited pharmacy availability. Specialty Drugs must be considered safe for self-administration by Blue Shield's Pharmacy & Therapeutics Committee, prior authorized for medical necessity by Blue Shield and obtained from a Blue Shield Specialty Pharmacy.

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Home Health Care (HHC)

Agency visit

Durable Medical Equipment

Prosthetics/Orthotics

Physician Services

Physician Home Visit

Home Health Care (HHC) Services

Benefit Exclusion

The following services are excluded:

- Services for private duty nursing
- Services for custodial, maintenance, or domiciliary care, services for rest, or services to control, or to change a person's environment.

Benefit Limitations

Group: The home health care services benefit is limited to a combined total of visits per calendar year by the following home health care agency professional providers: RN, LVN, PT, OT, ST, RT, CHHA, and MSW.

IFP: The combined visit limitation for home health care includes visits by providers from a home health care agency, home infusion agency, or hospice agency (RN, LVN, PT, OT, ST, RT, CHHA, or MSW). See the separate guideline for hospice services for group members.

Home self-administered medications are limited to a quantity not to exceed a 30-day supply. Prescriptions may be refilled at a frequency that is considered to be medically necessary.

Examples of Covered Services

- Intermittent nursing visits for wound care, IV medication treatments
- Intermittent physical therapy visits for home traction treatment
- Home infusion therapy, visits for chemotherapy for cancer catheterization, medical supplies used during a covered visit, and pharmaceuticals administered intravenously.
- Parenteral/enteral nutritional services and associated supplies and solutions provided by a home health agency or by a home infusion agency.
- Hemophilia factor or other injectables used to treat hemophilia and associated home infusion services that may require prior authorization that are provided by a network Hemophilia Infusion Provider or home infusion nurse.

Home Health Care (HHC) Services

Examples of Non-Covered Services

- Homemaker services
- Custodial care in the home setting
- Dental services provided by itinerant dentists or dental hygienists.

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

HMO Benefits Guidelines for:

Chemotherapy
DME
Hospice Care
Orthoses
Physician Services
Prostheses

Blue Shield HMO IPA/Medical Group Procedures Manual