

Home Health Care - Medicare Advantage

Medical Policy

Utilization Management

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I. **DEFINITION:**

Definitions are based on the Medicare Benefit Policy Manual (MBPM) Chapter 7 Home Health Services and sections listed below are from this publication.

[Medicare Benefit Policy Manual \(MBPM\) Chapter 7 - Home Health Services](#)

Home Health Care is skilled nursing care and other certain health care services that are provided in a home for the treatment of an illness or an injury. Covered services include part-time or intermittent skilled nursing and home health aide services, physical therapy, occupational and speech therapy, medical social services, medical supplies, and equipment.

Intermittent Care is defined by Centers for Medicare & Medicaid Services (CMS) as skilled nursing care that is either provided or needed on fewer than 7 days each week or less than 8 hours of each day for periods of 21 days or less (with extensions in exceptional circumstances when the need for additional care is finite and predictable).

Homebound means an individual does not have to be bedridden to be considered confined to the home. However, the condition of these patients should be such that there exists a normal inability to leave home and, consequently, leaving home would require a considerable and taxing effort.

If the patient does in fact leave the home, the patient may nevertheless be considered homebound if the absences from the home are infrequent or for periods of relatively short duration, or are attributable to the need to receive health care treatment. (MBPM, Chapter 7, Section 30.1.1)

A member may be homebound due to psychiatric illness. A member may leave the home for attendance of adult daycare to receive medical care, dialysis, outpatient chemo or radiation, physician visits or other infrequent non-medical purposes.

Residence or Home refers to a patient's residence being wherever he or she makes his or her home. This may be his or her own dwelling, an apartment, a relative's home, a home for the aged, or some other type of institution. An institution may not be considered a patient's residence if it is primarily engaged in providing inpatient services. (MBPM, Chapter 7, Section 30.1.2)

Therapies are skilled therapy services from a physical therapist, occupational therapist, or speech language pathologist when the inherent complexity of the service is such that it can be performed safely and/or effectively only by or under the general supervision of a skilled therapist. To be covered, the skilled services must also be reasonable and necessary to the treatment of the patient's illness or injury or to the restoration or maintenance of function affected by the patient's illness or injury. (See MBPM, Chapter 7, Section 40.2.1 for general principles governing reasonable and necessary Physical Therapy, Speech-Language Pathology Services, and Occupational Therapy)

II. COVERED SERVICES:

Coverage criteria is based on the Medicare Benefit Policy Manual (MBPM) Chapter 7 Home Health Services and sections listed below are from this publication unless otherwise noted.

[Medicare Benefit Policy Manual \(MBPM\) Chapter 7 - Home Health Services](#)

MyAdvocate Medicare Advantage provides coverage of the following types of services when determined to be medically necessary to the treatment of the member's illness or injury as part of an approved home care treatment plan:

- A. Evaluations by the home health care agency to determine the need for and the development of a care plan by a registered nurse, physical therapist, or physician extender when requested by a physician. When personnel of the agency make such an initial evaluation visit, the cost of the visit is considered an administrative cost of the agency and is not chargeable as a visit since at this point the patient has not been accepted for care. If, however, during the course of this initial evaluation visit, the patient is determined suitable for home health care by the agency, and is also furnished the first skilled service as ordered under the physician's plan of care, the visit would become the first billable visit in the 60-day episode. (Section 70.2)
- B. Part-time or intermittent home skilled nursing care by or under supervision of a registered nurse.
- C. Part-time or intermittent home health aide services when part of the home care plan. A registered nurse or physical therapist must supervise the services. (Section 50.2)
- D. Physical, respiratory, occupational or speech therapy performed in the home when the home care treatment plan has been approved by MyAdvocate Medicare Advantage.
- E. Medical supplies and laboratory services if needed under the home care plan administered by the home care personnel and ordered by a physician.

- F. Nutrition counseling provided or supervised by a registered or certified dietician when part of the home care plan.
- G. Medical Social Services (see Section 50.3 for covered services)

III. CLINICAL AUTHORIZATION CRITERIA:

Prior authorization is required.

Submit request through the MyAdvocate Medicare Advantage provider portal: provider.myadvocatema.com.

[Prior Authorization Request form](#)

Coverage criteria is based on the Medicare Benefit Policy Manual (MBPM) Chapter 7 Home Health Services and sections listed below are from this publication unless otherwise noted.

[Medicare Benefit Policy Manual \(MBPM\) Chapter 7 - Home Health Services](#)

Home health care is covered when **all** of the following criteria are met.

- A. Member must be home-bound; *and*
- B. Member must be under the care of a physician and receiving services under a plan of care established and periodically reviewed by a physician; *and*
- C. Member must be receiving at least **one** of the following types of skilled care:
 1. **NURSING:** Skilled nursing care is provided on an intermittent basis.
 - a. These services must require the skills for a Registered Nurse or Licensed Practical Nurse under the supervision of a Registered Nurse. (Section 40.1.1)
 - b. Venipuncture alone is not considered a skilled need. Venipuncture would be covered when provided with a qualified skilled service. (Section 40.1.2.13)
 - c. Observation and assessment by a medical professional to determine if there has been a change in the member's condition.
 - d. Management and Evaluation of a member's plan of care. (Section 40.1.2.2).
 - e. Teaching and Training Activities (Section 40.1.2.3)
 - f. Tube Feedings (Section 40.1.2.5)
 - g. Nasopharyngeal and Tracheostomy Aspiration (Section 40.1.2.6)
 - h. Catheters (Section 40.1.2.7)
 - i. Wound Care (Section 40.1.2.8)
 - j. Ostomy Care (Section 40.1.2.9)
 - k. Heat Treatments (Section 40.1.2.10)
 - l. Medical Gases (Section 40.1.2.11)
 - m. Rehabilitation Nursing (Section 40.1.2.12)
 - n. Psychiatric evaluation, therapy and teaching (Section 40.1.2.15)
 - o. Part-time or intermittent home health aide services, as long as the member is also receiving skilled nursing care; *or*
 2. **THERAPIES:** The member is receiving skilled physical, speech-language pathology on an intermittent basis or has a continuing need for occupational therapy.
 - a. **Physical Therapy** (Section 40.2.2) Covered services may include:

- i. Assessment
 - ii. Therapeutic exercises
 - iii. Gait training
 - iv. Range of motion
 - v. Maintenance therapy
 - vi. Ultrasound
 - vii. Shortwave
 - viii. Microwave Diathermy treatments
 - ix. Hot Packs
 - x. Infra-red treatments
 - xi. Paraffin baths and whirlpool baths
 - xii. Wound care provided within the scope of State Practice Acts; *or*
- b. **Occupational Therapy** (Section 40.2.4, 40.2.4.2, 40.2.3) Covered services may include: The skills of an occupational therapist to assess and reassess a member's rehabilitation needs and potential or to develop and/or implement an occupational therapy program are covered.
- i. Selecting and teaching task oriented therapeutic activities designed to restore physical function.
 - ii. Planning, Implementing and supervision of therapeutic tasks and activities designed to restore sensory-integrative function.
 - iii. Planning, implementing and supervising of individual therapeutic activity program as part of an overall "Active Treatment" Program for a Member with a diagnoses or psychiatric illness.
 - iv. Teaching compensatory techniques to improve the level of independence in the activities of daily living.
 - v. The designing, fabricating and fitting of orthotic and self -help devices.
 - vi. Vocational and prevocational assessment and training; *or*
- c. **Speech-Language Pathology** Services (Section 40.2.3) Covered services may include:
- i. Assessment
 - ii. Speech or voice production.
 - iii. Improve communicative activities of daily living.
 - iv. Speech language communication goals
 - v. Train the member, family or other caregivers to augment the speech-language communication, treatment, or to establish an effective maintenance program.
 - vi. Aphasia rehabilitation
 - vii. Development of proper control of the vocal and respiratory systems for correct voice production.

IV. LIMITATIONS/EXCLUSIONS:

- A. See [MBPM, Chapter 7, Section 30.1.1](#) for examples of homebound that illustrate the factors used to determine whether a homebound condition exists.
- B. A certified/licensed Adult Day care center does not meet the definition of a place of

residence.

- C. Agency or member may be discharged/discontinued due to refusal of services, death, safety concerns, abuse, noncompliant or not eligible (i.e., not homebound).
- D. The aged person who does not often travel from home because of feebleness and insecurity brought on by advanced age would not be considered confined to the home for purposes of receiving home health services unless they meet one of the above conditions.

V. COMMENTS:

[Home Health Care - Medicare Advantage Coding and Packaging Guidelines](#) (For MyAdvocate Medicare Advantage internal use only)

Facility must provide a copy of the Notice of Medicare Non-coverage (NOMNC) in order to verify that the appropriate timeframe standards are met. Staff may need to request a copy of the NOMNC from the facility.

VI. REFERENCES:

MyAdvocate Medicare Advantage follows Medicare guidelines when criteria are

met. [Medicare Benefit Policy Manual \(MBPM\)-Chapter 7](#)

As of 1/1/2020:

MLN: Home Health Patient Driven Groupings Model (PDGM) Split Implementation
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11081.pdf>

MLN: Home Health (HH) Patient –Driven Groupings Model (PDGM) – Additional Manual Instructions

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11272.pdf>

<https://www.cms.gov/files/document/mm12017.pdf>

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c10.pdf>