UnitedHealthcare®

COVERAGE DETERMINATION GUIDELINE

CUSTODIAL AND SKILLED CARE SERVICES

Guideline Number: CDG.008.02
Effective Date: May 1, 2014

Table of Contents

Related Coverage Determination Guidelines:

- Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies, and Repairs/ Replacements
- Private Duty Nursing Services

INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting certain standard UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificates of Coverage (COCs), Schedules of Benefits (SOBs), or Summary Plan Descriptions (SPDs), and Medicaid State Contracts) may differ greatly from the standard benefit plans upon which this guideline is based. In the event of a conflict, the enrollee's specific benefit document supersedes these guidelines. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this guideline. Other coverage determination guidelines and medical policies may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its coverage determination guidelines and medical policies as necessary. This Coverage Determination Guideline does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

COVERAGE RATIONALE

Plan Document Language

Before using this guideline, please check enrollee's specific plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group:
For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the enrollee's specific plan document to determine benefit coverage.

Benefits for services under the Home Health Care and Skilled Nursing Facility/Inpatient Facility benefits are available only for services that are skilled care services. Each of those benefits defines "skilled care" to be

- Skilled Nursing
- Skilled Teaching
- Skilled Rehabilitation

To be skilled, the service must meet all of the following requirements:

- It must be delivered or supervised by licensed technical or professional medical personnel in order to obtain the specified medical outcome, and provide for the safety of the patient,
- It is ordered by a Physician,
- It is not delivered for the purpose of assisting with activities of daily living (dressing, feeding, bathing or transferring from bed to chair), and
- It requires clinical training in order to be delivered safely and effectively and
- It must not be custodial care.

To determine whether benefits for services under these benefit categories, we will review each service for the skilled nature of the service and the need for physician–directed medical management

The fact that there is no available caregiver does not mean that an otherwise "un-skilled" service becomes a "skilled" service.

Indications for Coverage

For care to be covered the physician must participate in the development of the plan of care and review of data collected in the home health agency's patient assessment in addition to signed order. In addition, documentation must indicate an ongoing knowledge of any changes in the patient's condition, drugs, or other needs and how they are being met.

Skilled Care Services
A health service is determined to be skilled based upon whether or not clinical training is necessary for the service to be delivered safely and effectively and on the need for physician-directed medical care. Examples of individuals with clinical training include a registered nurse, licensed practical nurse, respiratory therapist, physical therapist, occupational therapist, and speech therapist. This list is not all-inclusive. Services provided by a certified nursing assistant or home health aide do not qualify as skilled care services.

The absence of a caregiver to perform a service does not cause a non-skilled service (i.e. custodial care) to become a skilled service. For example, the mere fact that the care is received by virtue of the fact that: (1) the patient is unable to perform an activity independently; (2) based only on the request of the patient or a family member; or (3) a clinically trained family member has been performing the activity for the patient, does not cause unskilled care to be reclassified as skilled. Whether or not care is skilled or not is determined by the intrinsic nature of the service and the need for physician-supervised management. **(Please refer to the Skilled Teaching Section below for further clarification regarding parenteral feeding, medication administration IV, IM, and Venipuncture)**

The following services require clinical training in order to be delivered safely and effectively and therefore are considered skilled services:

- Bowel and bladder training
- Sterile catheterization with an indwelling catheter (catheters with a balloon) or sterile intermittent catheterization. Intermittent catheterization using sterile technique is covered

when the patient requires catheterization and the patient meets **one** of the following criteria (1-5):

1. The patient resides in a nursing facility
2. The patient is immunosuppressed (e.g., on a regimen of immunosuppressive drugs post-transplant)
3. The patient has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization
4. The patient is a spinal-cord injured female with neurogenic bladder who is pregnant (for duration of pregnancy only)
5. The patient has had distinct, recurrent urinary tract infections, while on a program of clean intermittent catheterization, twice within the 12-month prior to the initiation of sterile intermittent catheterization

Additional Information: The use of sterile intermittent catheterization for reasons other than the criteria (1-5) listed above may be presented for individual consideration.

- Cultures, culturing of wounds and collection of sterile specimens
- Dialysis (hemodialysis and peritoneal dialysis)
- Heat treatment- Physician-ordered heat treatment when the patient's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, fracture, or other complication
- Medication administration- Intravenous infusion (IV), intramuscular injections (IM), and venipuncture
- Nutrition/Hydration
  - Short-term enteral feedings via nasogastric tube. Due to the ongoing risk of aspiration, long-term nasogastric feedings may warrant an exploration of other feeding options, e.g., gastrostomy tube and jejunostomy tube for feedings
  - Insertion and replacement of nasogastric tubes
  - Parenteral feedings
- Respiratory therapy
  - Initiation of and changes in regimens involving administration of medical gases
  - Insertion and replacement of tracheal cannula
  - Ventilator management and periodic assessment for changes in the patient's condition, particularly in situations where the patient's respiratory status may change suddenly and unpredictably, e.g., progressive neurological disease
  - Ventilator management includes changes in settings, ventilator maintenance, and cleaning of internal ventilator components, as well as the following:
    Personnel:
    - Lay caregivers (eg, family members, personal care attendants, and non-credential health care personnel such as nurse's aides) can be taught skills and techniques of care for a specific ventilator-assisted individual (VAI). Appropriately trained lay caregivers must demonstrate that they can safely and effectively perform services (should be documented by the vendor).
  - Patients or family/caregivers must have an adequate means of communicating patients' needs and desires and to summon help in the case of emergency.
  - Evaluation and assessment of ventilator patients whose condition is changing.
  - *(Please refer to the AARC Clinical Practice Guideline, Long-Term Invasive Mechanical Ventilation in the Home document for additional information regarding ventilator equipment)*

- Restorative/Rehabilitative therapy. In evaluating a claim for skilled therapy that is restorative/rehabilitative (i.e., whose goal and/or purpose is to reverse, in whole or in part, a previous loss of function), it would be entirely appropriate to consider the beneficiary's potential for improvement from the services. We note that such a consideration must always be made in the Inpatient Rehabilitation Facility setting, where skilled therapy must be reasonably expected to improve the patient's functional capacity or adaptation to impairments in order to be covered.

- Maintenance therapy. Even if no improvement is expected, under the Skilled Nursing Facility, Home Health and Outpatient Physical Therapy coverage standards, skilled therapy services are covered when an individualized assessment of the patient's condition demonstrates that skilled care is necessary for the performance of a safe and effective maintenance program to maintain the patient's current condition or prevent or slow further deterioration. Skilled maintenance therapy may be covered when the particular patient's special medical complications or the complexity of the therapy procedures require skilled care.
- Wound care
    - Treatment of burns, decubitus ulcers grade III or IV
    - Training to patient, family member, or caretaker to apply medication or do non-complex sterile dressing changes is a skilled service
    - Complex and/or sterile dressing changes when the following are met:
        - These dressings are ordered by the treating physician or other healthcare professional
        - A primary dressing for therapeutic or protective covering which is applied directly to a wound, that is for the treatment for a wound caused by, or treated by, a surgical procedure or wound debridement

Skilled Observation & Assessment
Observation and assessment of the patient's condition by a nurse are reasonable and necessary skilled services where there is a reasonable potential for change in a patient's condition that requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment or initiation of additional medical procedures until the patient's clinical condition and/or treatment regimen has stabilized. (e.g. the patient's respiratory status is unpredictable requiring frequent ventilator changes). Examples include, but are not limited to the following:

- A patient was hospitalized following a heart attack. Following treatment he was discharged home. Because it is not known whether increasing exertion will exacerbate the heart disease, skilled observation is reasonable and necessary as mobilization is initiated in the patient's home until the patient's treatment regimen is essentially stabilized.
- A patient with atherosclerotic heart disease with congestive heart failure requires observation by skilled nursing personnel for signs of decompensation or adverse effects resulting from prescribed medication. Skilled observation is needed to determine whether the drug regimen should be modified or whether other therapeutic measures should be considered until the patient's treatment regimen is essentially stabilized.
- A patient has undergone peripheral vascular disease treatment including a revascularization procedure (bypass). The incision area is showing signs of potential infection (e.g., heat, redness, swelling, drainage) and the patient has elevated body temperature. Skilled observation and monitoring of the vascular supply of the legs and the incision site is required until the signs of potential infection have abated and there is no longer a reasonable potential of infection.
- A patient has chronic non-healing skin ulcers, Diabetes Mellitus Type I, and spinal muscular atrophy. In the past, the patient's wounds have deteriorated, requiring the patient to be hospitalized. Previously, a skilled nurse has trained the patient's wife to perform wound care. The treating physician orders a new episode of skilled care, at a frequency of one visit every 2 weeks to perform observation and assessment of the patient's skin ulcers to make certain that they are not worsening. This order is reasonable and necessary because, although the unskilled family caregiver has learned to care for the wounds, the skilled nurse can use observation and assessment to determine if the condition is worsening.

Where these indications are such that there is a reasonable potential that skilled observation and assessment by a licensed nurse will result in changes to the treatment of the patient, then the

services would be covered. There are cases where patients whose condition may appear to be stable continue to require skilled observation and assessment. However, observation and assessment by a nurse is not reasonable and necessary for treatment of the illness or injury where fluctuating signs and symptoms are part of a longstanding pattern of the patient's condition which has not previously required a change in skilled services and there is no attempt to change the treatment to resolve them.

Skilled Teaching
Skilled teaching is the training of a non-medical person (for example, the patient and/or the patient's caregiver) by licensed technical or professional personnel to perform a health care service so that the service can then be delivered safely and effectively by that non-medical person. Once the skilled training has been received and the health care service can be safely and effectively performed by the non-medical person, the services will be considered Custodial Care.

Non-medical individuals (i.e., the patient or the patient's family/caregiver) can be taught to safely and effectively perform the following health services:

- Catheter care - Straight catheterization using a clean but non-sterile catheterization technique
- Diabetic care, including testing blood sugar, recognizing signs of hypo- and hyperglycemia, measuring and administering insulin
- Dressing change and skin treatment- training to apply medication for chronic conditions (e.g., psoriasis) or dressing changes
- Instruction on ventilator management, patient monitoring, and cleaning of internal ventilator components
- Intravenous, intramuscular, or subcutaneous injections and infusions, and hypodermoclysis or intravenous feedings after access has been established
- Teaching to review medication administration (including oral, rectal or subcutaneous administration, for example, low molecular weight heparin), although ongoing administration of same is not a skilled service
- Nutrition-Enteral feeding administration including via gastrostomy or jejunostomy
- Ostomy care
- Peritoneal dialysis
- Physical therapy and occupational therapy modalities
- Prosthesis care
- Respiratory therapy- administration of medical gases
- Teaching for fall prevention and/or home safety issues

Skilled Rehabilitation Services
Skilled rehabilitation services are those services included in physician-directed rehabilitation programs which require a clinically-trained therapist, such as a physical therapist, occupational therapies, or speech therapist in order to be delivered safely and effectively. Not all services offered by such therapists are skilled services. For example, passive range-of-motion exercises are not skilled services.

Skilled Care Services - Inpatient Settings
In general, coverage is available for skilled services performed in a Hospital, Skilled Nursing Facility, or Inpatient Rehabilitation Facility ("Facilities") only for the care and treatment of an injury or sickness which otherwise would require confinement in a hospital. Skilled care services provided in a Facility, must be reviewed based on the skilled nature of the service as well as consideration of the patient's overall medical condition.

Coverage for skilled care services may not be available if the skilled service could be provided in an outpatient or home setting. Skilled services provided in a Facility are not covered if they are

being provided for the delivery of personal care/custodial care or non-covered health-related services.

Under CMS guidelines, the provision of skilled care on an inpatient basis is generally considered appropriate when the required skilled services must be provided in accordance with the following timeframes:

a. If provided in a Skilled Nursing Facility (free standing skilled facility or distinct part of hospital): Minimum of 5 days a week for 1-3 hours a day;
b. If provided in a Inpatient Rehabilitation Facility (freestanding rehabilitation facility or distinct rehabilitation unit within hospital): Minimum of 5 days a week, 3 hours a day; or in certain well documented cases, an intensive rehabilitation therapy program might instead consist of at least 15 hours of intensive rehabilitation therapy within a 7 consecutive day period, beginning with the date of admission to the IR.

Additional Information: *Hourly requirements, where applicable, can be met by a combination of other skilled rehabilitation modalities, such as speech-language pathology services or prosthetic-orthotic services, when the patient's stage of recovery makes the concurrent receipt of intensive physical therapy and occupational therapy services inappropriate.*

Coverage of the use of facilities to deliver Skilled Services is not determined solely by the need of the patient to have skilled services provided, but requires that the skilled service can only be provided at an acute care hospital, inpatient rehabilitation hospital, or skilled care facility and that the requirement for facility based care is not to provide personal care/custodial services or non-health-related services.

For an Inpatient Rehabilitation Facility (IRF),SNF or distinct part of a hospital stay to be considered reasonable and necessary (medical necessity), the patient does not have to be expected to achieve complete independence in the domain of self-care or return to his or her prior level of functioning. However, to justify the need for a continued IRF stay, the documentation in the IRF medical record must demonstrate the patient's ongoing requirement for an intensive level of rehabilitation services.

Periodic Review
When services are determined to be skilled, it is essential to review the clinical circumstances at appropriate intervals. For example, a post-operative patient may require short-term skilled services, but over time, the same services may become maintenance therapy, and therefore classified as custodial care.

Coverage Limitations and Exclusions

Custodial Care
Custodial care is generally defined as:

1. Non-health-related services, such as domiciliary care and personal care/assistance in activities of daily living (examples include feeding, dressing, bathing, transferring and ambulating).
2. Health-related services which do not seek to cure or which are provided during periods when the medical condition of the patient who requires the service is not changing.
3. Services that do not require administration by trained medical personnel in order to be delivered safely and effectively.
4. Services that can be trained by skilled personnel for non-skilled personnel to perform

Additional Information*: The mere provision of Custodial Care by trained medical personnel, such as a Physician, licensed nurse or registered therapist, does not cause the services to be*

classified as skilled services. If the nature of the services can be safely and effectively performed by a trained non-medical person, the services will be considered Custodial Care.

Non-Skilled Services
The following are non-skilled health services:

- Personal care/ domiciliary care/custodial services are those services that:
  - Do not require clinical training in order to be performed safely and effectively
  - Do not seek to cure or which are provided during periods when the medical condition of the patient is not changing or are non-health related services for activities of daily living (ADLs). Examples of such services that assist with ADLs include bathing, dressing, toileting, transfer, continence, and feeding.
- Custodial services include, but are not limited to, the following caregiving activities:
  - ADLs: Assistance in dressing, eating, and using the toilet
  - Braces and related devices- Routine care in connection with braces and similar devices
  - Cast care - General maintenance care in connection with a plaster and other casts
  - Catheters - Routine services to maintain satisfactory functioning of indwelling bladder catheters, clean, non-sterile insertion and/or removal of a straight catheter
- Exercises
  - General supervision of exercises which have been taught to the patient to maintain function, including the actual carrying out of maintenance programs
  - Repetitious exercises to improve gait, maintain strength, or endurance; passive exercises to maintain range-of-motion in paralyzed extremities, and assistive walking do not constitute skilled rehabilitation services
- Respiratory therapy
  - Routine administration of medical gases after a regiment of therapy has been established. For example, adjustment of oxygen flow rates and/or mode of delivery based upon Oximetry according to prescribed treatment algorithm or protocol
  - Routine use of small volume nebulizers, cough stimulation devices, administering of chest physiotherapy, postural drainage
- Nutrition - Gastrostomy and jejunostomy feedings which would include cleaning and care of the tube site
- Prolonged oral feedings (e.g., child with neuromuscular disorder who is spoon-fed taking hours to complete each meal, although based upon the ongoing risk of aspiration, alternative methods of feeding should be considered)
- Heat application - Use of heat as a palliative and comfort measure, such as whirlpool and hydrocollator
- Incontinence care - Routine care of the incontinent patient, including use of diapers and protective sheets
- Medication administration - Administration of routine oral medications, eye drops, ointments, and SC injections (i.e. insulin, low molecular weight heparin, rectal administration)
- Ostomy care - General maintenance care of colostomy and ileostomy
- Skin care
  - Prophylactic and/or palliative skin care, including bathing and application of creams, or treatment of minor skin problems
  - Turning and positioning: Period turning and position in bed
  - Topical application of ointments or dressing changes for grade I or II ulcers

Respite Care (refer to enrollee's plan documents for exclusion)
Respite care relieves the caregiver of the need to provide services to the patient. Services that can be provided safely and effectively by a non-clinically trained person are not skilled when a non-skilled caregiver is not available.

DEFINITIONS

Custodial Care: Services that are any of the following:

- Non-health-related services, such as assistance in activities of daily living (examples include feeding, dressing, bathing, transferring and ambulating).
- Health-related services that are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function (even if the specific services are considered to be skilled services), as opposed to improving that function to an extent that might allow for a more independent existence.
- Services that do not require continued administration by trained medical personnel in order to be delivered safely and effectively. (2011 COC)

Inpatient Rehabilitation Facility (IRF): A long term acute rehabilitation center, Hospital (or a special unit of a Hospital designated as an Inpatient Rehabilitation Facility) that provides rehabilitation health services (including physical therapy, occupational therapy and/or speech therapy) on an inpatient bases as authorized by law. (2001 – 2011 Generic COC)

Intermittent Care: (2007 - 2011 Generic COC Definition Only; not to be used for other plans. Definition does not appear in 2001 Generic COC. Please consult enrollee's specific plan documents.)

Skilled nursing care that is provided or needed either:

- Fewer than seven days each week; or
- Fewer than eight hours each day for periods of 21 days or less.

Exceptions may be made in exceptional circumstances when the need for additional care is finite and predictable. Home health services, provided by a Home Health Agency, will be provided on a part-time, intermittent schedule and when skilled care is required.

Maintenance Program (MP): a program established by a therapist that consists of activities and/or mechanisms that will assist a beneficiary in maximizing or maintaining the progress he or she has made during therapy or to prevent or slow further deterioration due to a disease or illness.

Mechanical Ventilation: Mechanical ventilation may be defined as a life support system designed to replace or support normal ventilatory lung function. Ventilator dependence is caused by an imbalance between ventilatory capacity and demand. "A ventilator-assisted individual (VAI) may require mechanical aid for breathing to augment or replace spontaneous ventilatory efforts to achieve medical stability" or to maintain life. The patient eligible for invasive long term mechanical ventilation in the home (HIMV) requires a tracheostomy tube for ventilatory support but no longer requires intensive medical and monitoring services. This guideline refers to patients ventilated by positive pressure via a tracheostomy tube in the home.

Skilled Care:

- Skilled Nursing
- Skilled Teaching
- Skilled Rehabilitation.

To be skilled, the service must meet all of the following requirements:

- It must be delivered or supervised by licensed technical or professional medical personnel in order to obtain the specified medical outcome, and provide for the safety of the patient,
- It is ordered by a Physician,

- It is not delivered for the purpose of assisting with activities of daily living (dressing, feeding, bathing or transferring from bed to chair),
- It requires clinical training in order to be delivered safely and effectively, and
- It is not Custodial Care (This last bullet does not appear in 2001 and 2007 Generic COCs)

Skilled Nursing Facility: A Hospital or nursing facility that is licensed and operated as required by law. (2011 COC)

APPLICABLE CODES

The Current Procedural Terminology (CPT®) codes and HCPCS codes listed in this guideline are for reference purposes only. Listing of a service code in this guideline does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the enrollee specific benefit document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment. Other policies and coverage determination guidelines may apply.

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Limited to specific procedure codes?	☐ YES ☒ NO

CPT® Procedure Code	Description
CUSTODIAL CARE Code 99509 may or may not be considered custodial care depending on whether care is provided as part of a skilled service or not.	
99509	Home visit for assistance with activities of daily living and personal care

HCPCS Procedure Code	Description
CUSTODIAL/NON SKILLED CARE SERVICES	
S5100	Day care services adult; per 15 min
S5101	Day care services adult; per half day
S5102	Day care services adult; per diem
S5105	Day care services, ceneter-based; services not included in program fee per diem
S5120	Chore services; per 15 minutes
S5121	Chore services; per diem
S5125	Attendant care services; per 15 min
S5126	Attendant care serivces; per diem
S5130	Homemaker service, nos; per 15 min
S5131	Homemaker service, nos; per diem
S5135	Companion care, adult (e.g., iadl/adl); per 15 minutes
S5136	Companion care, adult (e.g. iadl/adl); per diem
S5140	Foster care, adult; per diem
S5141	Foster care, adult; per month
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem
S5175	Laundry service, external, professional; per order
RESPITE CARE	
S9125	Respite care in the nome per diem
T1005	Respite care services, up to 15 minutes

HCPCS Procedure Code	Description
DOMICILIARY CARE	
S5170	Home delivered meals/ including perparation; per meal
S5175	Laundry service, external, professional; per order

Limited to specific diagnosis codes?	☐ YES ☒ NO
Limited to place of service (POS)?	☐ YES ☒ NO
Limited to specific provider type?	☐ YES ☒ NO
Limited to specific revenue codes?	☐ YES ☒ NO

REFERENCES

1. Levels of Reimbursement for SNF Levels of Care (source UHC National SNF Contract)
2. Medicare Benefit Policy Manual Chapter 1- Inpatient Hospital Services Covered Under Part A Section 110.2.3 Ability to Participate in Intensive Rehabilitation Program available @ http://www.cms.gov/manuals/Downloads/bp102c01.pdf
3. Medicare Benefit Policy Manual (Pub. 100-2), Chapter 7-Coverage of Extended Care (SNF) Services Under Hospital Insurance, Available @ http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf
4. Medicare Benefit Policy Manual (Pub. 100-2), Chapter 8-Coverage of Extended Care (SNF) Services Under Hospital Insurance, Available @ *http://www.cms.hhs.gov/manuals/Downloads/bp102c08.pdf*
5. Medicare Benefit Policy Manual (Pub 100-2) Chapter 15- Covered Medical and Other Health Services; Available@ http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
6. MLN Matters MM8458 Revised Manual Updates to Clarify Skilled Nursing Facility (SNF), Inpatient Rehabilitation Facility (IRF), Home Health (HH), and Outpatient (OPT) Coverage Pursuant to Jimmo vs. Sebelius; Available @ http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8458.pdf
7. *AARC Clinical Practice Guideline, Long-Term Invasive Mechanical Ventilation in the Home: [Respir Care1995;40(12:1313-1320)], Available @ http://www.rcjournal.com/cpgs/pdf/08.07.1056.pdf*
8. Centers for Medicare & Medicaid Services Local Coverage Determination (LCD) for Physician Certification and Recertification of Home Health Services (L29467), Available @ *Local Coverage Determination (LCD) for Physician Certification and Recertification of Home Health Services (L29467)*

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
05/01/2014	• Revised coverage rationale/indications for coverage: ***Skilled Care Services*** o Updated guidelines for **respiratory therapy** to indicate: ▪ Lay caregivers (e.g., family members, personal care attendants, and non-credential health care personnel such as nurse's aides) can be taught skills and techniques of care for a specific ventilator-assisted individual (VAI); appropriately trained lay caregivers must

Date	Action/Description
	demonstrate that they can safely and effectively perform services (should be documented by the vendor) ▪ Patients or family/caregivers must have an adequate means of communicating patients' needs and desires and to summon help in the case of emergency o Added guidelines for **restorative/rehabilitative therapy** to indicate: ▪ In evaluating a claim for skilled therapy that is restorative/rehabilitative (i.e., whose goal and/or purpose is to reverse, in whole or in part, a previous loss of function), it would be entirely appropriate to consider the beneficiary's potential for improvement from the services ▪ We note that such a consideration must always be made in the Inpatient Rehabilitation Facility setting, where skilled therapy must be reasonably expected to improve the patient's functional capacity or adaptation to impairments in order to be covered o Added guidelines for **maintenance therapy** to indicate: ▪ Even if no improvement is expected, under the Skilled Nursing Facility, Home Health and Outpatient Physical Therapy coverage standards, skilled therapy services are covered when an individualized assessment of the patient's condition demonstrates that skilled care is necessary for the performance of a safe and effective maintenance program to maintain the patient's current condition or prevent or slow further deterioration ▪ Skilled maintenance therapy may be covered when the particular patient's special medical complications or the complexity of the therapy procedures require skilled care ***Skilled Observation & Assessment*** o Updated coverage guidelines to indicate observation and assessment of the patient's condition by a nurse are reasonable and necessary skilled services where there is a reasonable potential for change in a patient's condition that requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment or initiation of additional medical procedures until the patient's clinical condition and/or treatment regimen has stabilized(e.g., the patient's respiratory status is unpredictable requiring frequent ventilator changes) o Updated listed of examples: ▪ Removed: - A patient was hospitalized following a heart attack, and following treatment but before mobilization, is discharged home; because it is not known whether exertion will exacerbate the heart disease, skilled observation is reasonable and necessary as mobilization is initiated until the patient's treatment regimen is essentially stabilized ▪ Added: - A patient was hospitalized following a heart attack. Following treatment he was discharged home. Because it is not known whether increasing exertion will exacerbate the heart disease, skilled observation is reasonable and necessary as mobilization is initiated in the patient's home until the patient's treatment regimen is essentially stabilized - A patient has chronic non-healing skin ulcers, Diabetes Mellitus Type I, and spinal muscular atrophy. In the past, the patient's wounds have deteriorated, requiring the patient to be hospitalized. Previously, a skilled nurse has trained the patient's wife to perform wound care. The treating physician orders a new episode of skilled care, at a frequency of one visit every 2 weeks to perform

Date	Action/Description
	observation and assessment of the patient's skin ulcers to make certain that they are not worsening. This order is reasonable and necessary because, although the unskilled family caregiver has learned to care for the wounds, the skilled nurse can use observation and assessment to determine if the condition is worsening ***Skilled Care Services - Inpatient Settings*** o Added language to indicate: - For an Inpatient Rehabilitation Facility (IRF), SNF or distinct part of a hospital stay to be considered reasonable and necessary (medical necessity), the patient does not have to be expected to achieve complete independence in the domain of self-care or return to his or her prior level of functioning; however, to justify the need for a continued IRF stay, the documentation in the IRF medical record must demonstrate the patient's ongoing requirement for an intensive level of rehabilitation services • Revised definitions: o Removed definition of "custodial and skilled care (2001-2007 Generic COC)" o Added definition of "maintenance therapy" • Archived previous policy version CDG.008.01