



# MEDICAL POLICY STATEMENT

## Ohio MyCare

Policy Name & Number	Date Effective
Home Health Services-OH MyCare-MM-1271	04/01/2024

Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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5. The home health services will be provided by a Medicare Certified Home Health Agency (MCHHA).
6. The services are provided on a part-time or intermittent basis as follows:
  - a. Total Hours Per Visit: four hours (individuals who require more than four hours of care per visit may qualify for private duty nursing, which is outside the scope of this policy)
  - b. Total Hours Per Day: eight hours combined per day of home health nursing, home health aide, and skilled therapies
  - c. Total Hours Per Week: fourteen hours combined per week of home health nursing and home health aide services

NOTE: additional hours of care may be considered based upon medical necessity.
- B. Following discharge from an inpatient hospital stay , home health services are considered medically necessary when ALL the following criteria are met:
  1. There has been a face-to-face encounter between the individual and a qualifying treating physician, advanced practice registered nurse, or physician assistant.
  2. The face-to-face encounter occurred within 90 days prior to the start of home health services, or within 30 days following the start of home health services.
  3. There

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

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