

01-99500-01/

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## Subject: Home Health Care

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

<a href="#">Position Statement</a>	<a href="#">Billing/Coding</a>	<a href="#">Reimbursement</a>	<a href="#">Program Exceptions</a>	<a href="#">Definitions</a>	<a href="#">Related Guidelines</a>
<a href="#">Other</a>	<a href="#">References</a>	<a href="#">Updates</a>			

### DESCRIPTION:

This guideline addresses coverage for the various types of health care services that could be provided in the home, as permitted by the member's contract.

Home health care is the provision of health care services to an individual in the home by health care professionals (e.g., physicians, nurses, therapists) or paraprofessionals (e.g. home health aides) to achieve and sustain an optimum state of health and independence for that individual.

Home health care services include:

- Skilled nursing care
- Physical therapy
- Occupational therapy
- Speech therapy
- Medical social services
- Home health aide services
- Nutritional guidance
- Respiratory therapy
- Medical supplies
- Drugs and biologicals.

### POSITION STATEMENT:

**NOTE:** Home health care services are covered according to the member's/subscriber's contract benefits. Member's/subscriber's contract benefits may have limitations, exclusion, or criteria applicable to certain home health care services.

Home health care services **meet the definition of medical necessity** when the individual receiving the care meets **ALL** of the following criteria:

1. The attending physician documents that the member is unable to leave his or her home without considerable effort due to one or more of the following conditions:
  - Bedridden
  - Chair bound
  - Restricted in ambulation
  - Significantly limited in physical activities due to a medical condition.

**OR**

2. The member is able to receive care in the home as an appropriate cost-effective alternative to care in another health care setting (e.g., office visits, clinics, inpatient or outpatient rehabilitation, skilled nursing facility, long term care facility, sub-acute setting, dialysis centers).

**AND**

3. Home care is prescribed by the attending physician every 60 days. The needed care is:
  - Skilled care requiring the abilities of a licensed health care professional (i.e., cannot be performed by the member/family member/caregiver);
  - Rendered by a State licensed health care professional within the scope of their license;
  - Necessary for the treatment of the member's condition;
  - Needed intermittently or part time;
  - Continued measurable progress by the member/client to achieve the desired response to the treatment/care rendered is documented in the clinical notes.

**Skilled nursing care** rendered by a licensed registered professional nurse (RN) **OR** licensed practical nurse (LPN) in the member's home, is the provision of health care services consisting of certain tasks, procedures, or interventions which may include one or more of the following services:

- Direct hands-on care to perform tasks or procedures requiring the skills and observation expertise of an RN or LPN (e.g., catheter insertion/care, wound care/training, venipuncture, tracheostomy care, intravenous administration);
- Teaching of care/treatment and direct hands-on tasks or procedures to the member, family members **OR** other caregiver;
- Teaching of health information which will prevent further regression or impact of the current disease process, improve health or prevent new disease;
- Assessment of the member's condition and environment with appropriate interventions or referrals to community, social or health care services to promote increased independence;
- Coordinating care received and functioning as primary contact with the prescribing physician.

- Specialized tracheostomy change services: Specialized tracheostomy change services must be performed by trained healthcare professionals. Specialized tracheostomy change service is limited to member's who have complex needs and are unable to be managed by a caregiver.

**Physical therapy** in the home may include:

- Evaluation/re-evaluation which is considered a [visit](#); **OR**
- Performing physical medicine modalities **OR** procedures.

Physical therapy in the home is eligible for coverage when criteria for home health care are met and the services are rendered by a licensed registered physical therapist (RPT) within the scope of the licensed therapist's practice and require the abilities of a licensed RPT to perform, (i.e., cannot be performed by the member, family member, or caregiver) AND there is continued patient/client progress toward achieving the expected restoration of a physical function, as documented by professional progress notes.

**NOTE:** The physical therapy and occupational therapy services are covered according to the member's/subscriber's contract benefits. Member's/subscriber's contract benefits may have limitations, exclusion, or criteria applicable to physical therapy services. Refer to [MCG 01-97000-01, Physical Therapy \(PT\) and Occupational Therapy \(OT\)](#).

**Occupational therapy evaluation**, initial or re-evaluation are considered visits and is eligible for coverage as home health services when **ALL** of the following conditions exist:

1. The previously defined requirements for Home Health Care are met;
2. The services:
  - Are rendered by a licensed occupational therapist, registered (OTR) within the scope of the licensed therapists' practice; **AND**
  - Require the abilities of a licensed OTR to perform, i.e., cannot be performed by the member, family member, **OR** caregiver;
3. There is continued practical improvement in the member's functional capability, as documented by professional progress notes.

Occupational therapy evaluation/re-evaluation may include one or more of the following:

- Assessment of family/significant other support;
- Evaluating level of functioning through special testing;
- Choosing and teaching therapeutic activities to restore physical function;
- Carrying out therapy programs;
- Implementing therapeutic tasks to restore sensory function;
- Teaching techniques to enable independence in activities of daily living;
- Assessing the need for orthotic or self-help devices;
- Assessing for vocational training.

Occupational therapy evaluation/re-evaluation includes evaluating the level of functioning through special testing. The testing may include the following components:

- Independent living/daily living skills and performance
- Sensorimotor skill and performance components
- Cognitive skill and performance components
- Therapeutic adaptations
- Specialized evaluations.

**Speech therapy** provided in the home may include one or more of the following services:

- Evaluation of communication disorder and assessment of family/significant other support;
- Audiometric testing **OR** auditory training/therapy;
- Oral muscular exercise, teaching swallowing techniques, recommending diet modifications;
- Therapy to help relearn language and speech skills;
- Increasing conscious control of speech motor movements;
- Strengthening speech production muscles and compensatory techniques;
- Correcting voice production through proper control of vocal and respiratory systems;
- Teaching the production of speech using neck muscles **OR** using electronic devices following a laryngectomy.

Speech therapy is considered a visit and is eligible for coverage when **ALL** of the following exist:

1. The previously defined requirements for home health care are met;
2. The services:
  - Are rendered by a licensed speech therapist (ST) within the scope of the licensed therapists' practice; **AND**
  - Require the abilities of a licensed ST to perform, i.e., cannot be performed by the member, family member, or caregiver; **AND**
  - There is continued steady member progress toward restorative potential, as documented by professional progress notes.

**NOTE:** The speech therapy services are covered according to the member's/subscriber's contract benefits. Member's/subscriber's contract benefits may have limitations, exclusion, or criteria applicable to speech therapy services. Refer to [MCG 01-92506-01, Speech Therapy Services](#).

**Medical social services/counseling** may include one or more of the following:

- Social evaluation;
- Assessment of emotional factors;
- Counseling;
- Seeking financial assistance;

- Placement assistance; **AND**
- Arrangements for meals.

Medical social services/counseling is considered a visit and is eligible for coverage when **ALL** of the following exist:

1. The previously defined requirements for home health care are met;
2. The services:
  - Are rendered by a qualified medical social worker (MSW) within the scope of the qualification; **AND**
  - Require the abilities of a qualified MSW to perform, i.e., cannot be performed by the member, family member, or caregiver; **AND**
3. The member is also receiving covered nursing care, physical therapy, occupational therapy **OR** speech therapy.

**Home health aide (HHA) services** are considered a visit and are eligible for coverage when **ALL** of the following are met:

1. The previously defined requirements for home health care is met;
2. The patient is also receiving covered skilled nursing care, physical therapy, occupational therapy, or speech therapy.
3. The home health aide services support the skilled disciplines rendered.
4. The services:
  - Are rendered by a certified home health aide;
  - The services require the abilities of a HHA to perform (i.e., cannot be performed by the member, family member, or caregiver);
  - The HHA services are not provided at the time of skilled nursing services.

**HHA services** without skilled care that include the following custodial care services **do not meet the definition of medical necessity** and are generally considered contract exclusions:

- Bathing or shampooing;
- Skin care;
- Oral hygiene;
- Changing bed linens;
- Transferring or assisting with ambulation;
- Preparing or assisting in the preparation of meals.

**Nutrition guidance** may include:

- Nutritional assessment

- Assessment of family/significant other support
- Diet instruction **AND**
- Dietary lifestyle adaptations.

**Respiratory therapy** may include one or more of the following:

- Assessment of the member's respiratory status, home environment, and response to respiratory therapy;
- The performance of chest physiotherapy, inhalation therapy and ventilator management;
- Teaching required respiratory care/treatment to the member/family member/caregiver.

Respiratory therapy is considered a visit and is eligible for coverage when the following exist:

1. The previously defined requirements for home health care is met;
2. The services:
  - Are rendered by a licensed registered respiratory therapist (RRT) within the scope of the licensed therapists' practice; **AND**
  - Require the abilities of a licensed RRT to perform, i.e., cannot be performed by the member, family member, or caregiver; **AND**
3. There is continued progress by the member/family member/caregiver toward achieving independence in the performance of respiratory therapy/care, as documented by professional progress notes.

For coverage of respiratory therapy rendered by a physician, see [01-94010-07 Outpatient Pulmonary Rehabilitation Services](#).

**Medical supplies** are items designed only to serve a medical purpose and include items such as, but not limited to:

- Catheters, catheter trays;
- Needles, syringes;
- Wound dressings.

**Drugs and biologicals** administered by a health care professional in the home are eligible for coverage when:

1. The previously defined requirements for home health care are met;
2. The drug **OR** biological is administered by subcutaneous/intramuscular injection **OR** intravenous injection/infusion; **AND**
3. The services:
  - Are rendered by a licensed registered professional nurse (RN) or a qualified Licensed Practical Nurse (LPN) within the scope of the licensed nurses' practice;

- Require the abilities of a licensed nurse (RN or LPN) to perform, i.e., associated skilled nursing care **OR** cannot be performed by the member, family member, or caregiver.

**Visits** provided by health care professionals of differing specialties or by a paraprofessional on the same day, are considered separate visits and are covered services subject to the coverage guidelines outlined above.

Skilled nursing services, physical therapy services, occupational therapy, speech therapy, medical social services are eligible for coverage subject to the previously outlined coverage guidelines when provided:

- By a licensed home health agency which employs or contracts with RN's, LPN's, RPT's, ORT's, ST's and MSW's;
- By a nurse registry which contracts with RN's, LPN's, RPT's, ORT's, ST's and MSW's; **OR**
- Independently by RN's, LPN's, RPT's, ORT's, ST's and MSW's.

Home health aid services, nutritional guidance, and respiratory therapy are eligible for coverage subject to the coverage guidelines outlined above and only when provided by a licensed home health agency that employs or contracts with nutritionists/dietitians, HHA's and RRT's.

**NOTE:** All [custodial care](#) and [respite care](#) are non-covered as these services are generally contract exclusions.

## BILLING/CODING INFORMATION:

### CPT Codes:

92507	Treatment of speech, language, voice communication, and/or auditory processing disorder; individual
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 (e.g., 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) (e.g., 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 (non-covered)
99511	Home visit for fecal impaction management and enema administration
99512	Home visit for hemodialysis
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)

99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)
97010 – 97799	Physical therapy modalities, therapeutic procedures, wound care, tests and measurements, orthotic management, and prosthetic management

### HCPCS Codes:

A0160	Non-emergency transportation: per mile - case worker or social worker (non-covered)
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 Care Setting, Each 15 Minutes
G0162	Skilled services by a registered nurse (RN) in the delivery of management & 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 achieve 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 license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF qualified social worker or psychologist in a CORF)
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
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)

S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes, per month (non-covered)
S5108	Home care training to home care client; per 15 minutes (non-covered)
S5109	Home care training to home care client; per session (non-covered)
S5110	Home care training, family; per 15 minutes (non-covered)
S5111	Home care training, family; per session (non-covered)
S5115	Home care training, nonfamily; per 15 minutes (non-covered)
S5116	Home care training, nonfamily; per session (non-covered)
S5498 – S5502	Home infusion therapy
S5517 – S5523	Home infusion therapy
S9098	Home visit, phototherapy services (e.g., Bili-lite) including equipment rental, nursing services, blood draw, supplies, and other services, per diem
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 are 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
S9208 – S9214	Home management
S9325 – S9379	Home infusion therapy
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem
S9490 – S9538	Home infusion therapy
S9542 – S9563	Home injectable therapy
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)

### LOINC Codes:

The following information may be required documentation to support medical necessity: e.g., attending physician history and physical, attending physician visit notes, other pertinent information such as nursing home records, home health agency records, and records from other healthcare professionals.

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Attending physician visit note	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

Physician initial assessment	18736-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy initial assessment	18735-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan, plan of treatment	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Clinical notes and chart section (i.e., nursing home records, home health agency records, and other health care professional	28650-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

## REIMBURSEMENT INFORMATION:

**NOTE:** Reimbursement for home health care services is covered according to the member's/subscriber's contract benefits. Member's/subscriber's contract benefits may have limitations, exclusion, or criteria applicable to home health care services. Refer to member's benefit plan limitations and maximums for home health care services.

Reimbursement for skilled nursing care in the home is limited to no more than 12 hours per day, 7 days per week unless otherwise limited by the contract language.

Reimbursement for physical therapy evaluation/re-evaluation: Refer to member's/subscriber's contract benefits. Member's/subscriber's contract benefits may have limitations, exclusion, or criteria applicable to physical therapy services. Services may be subject to medical review of documentation (e.g., physician history and physical, physician progress notes, plan of treatment [narrative], physical therapy treatment plan, progress notes and attainment of goals, reason to continue and justification) for determination of medical necessity.

Reimbursement for occupational therapy (OT) evaluation or occupational therapy re-evaluation in the home is limited to one (1) service per day and 8 visits within a 60-day period unless documented as to medical necessity for medical review.

Additionally, reimbursement for initial OT evaluations is limited to one (1) in 6 months.

Reimbursement for a speech therapy session is limited to one (1) visit per day unless documented as to medical necessity for medical review.

Reimbursement for respiratory therapy in the home is limited to one (1) visit per day for one month, unless documented as to medical necessity for medical review.

Reimbursement for medical social services/counseling is limited to one (1), one-hour visit per day, unless documented as to medical necessity for medical review.

Reimbursement for home health aide services provided when the member is also receiving skilled care, PT, OT, or ST and the HHA services support skilled nursing care being rendered, is limited to one visit per day unless documented as to medical necessity.

Reimbursement for nutritional guidance provided by a dietitian, nutritionist, LPN or RN is included in the basic allowance of the nursing visit.

Reimbursement for visits provided by health care professionals of differing specialties is limited to one per day for each different professional. Additional visits are subject to medical review of medical necessity.

**NOTE:** The industry standard definition of a home health “visit” is a visit up to two (2) consecutive hours of treatment.

## **PROGRAM EXCEPTIONS:**

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage Products:** No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) was found at the time of the last guideline reviewed date. Centers for Medicare and Medicaid Services (CMS) Medicare Benefit Policy Manual. Chapter 7 - Home Health Services. Palmetto GBA home Health.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

## **DEFINITIONS:**

**Biologicals:** medicinal preparations (i.e., serums, vaccines, antigens, and antitoxins).

**Drugs:** chemical compounds used for medicinal purposes.

**Custodial care:** care that serves to assist an individual in the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, and using the toilet, preparation of special diets, and supervision of medication that usually can be self-administered. Custodial care essentially is personal care that does not require the continuing attention of trained medical or paramedical personnel. In determining whether a person is receiving custodial care, consideration is given to the level of care and medical supervision required and furnished. A determination that care received is custodial is not based on the patient's diagnosis, type of condition, degree of functional limitation, or rehabilitation potential.

**Homebound:** when there is a condition due to illness or injury that restricts the ability to leave the place of residence except with the aid of supportive devices, or special transportation, or assistance of another person, or a condition exists that leaving home is medically contraindicated. This does not include the aged person who does not leave home because of feebleness and insecurity due to advanced age unless the above conditions exist. "Homebound" is not synonymous with "bedridden".

**Respite care:** care that provides relief to a primary caregiver who is maintaining and supporting a chronically dependent individual in their home, but who, for a variety of reasons, is temporarily unable to perform that role.

## RELATED GUIDELINES:

[Durable Medical Equipment \(DME\), 09-E0000-01](#)

[Hospice Care, 01-99500-03](#)

[Hyperalimentation, 09-A4000-04](#)

[Orthotics, 09-L0000-03](#)

[Outpatient Pulmonary Rehabilitation Services, 01-94010-07](#)

[Physical Therapy \(PT\) and Occupational Therapy \(OT\), 01-97000-01](#)

[Speech Therapy Services, 01-92506-01](#)

## OTHER:

None applicable.

## REFERENCES:

1. Agency for Health Care Administration Home Health Services, 2023.
2. Centers for Medicare and Medicaid Services (CMS) Medicare Benefit Policy Manual. Chapter 7 - Home Health Services, 06/06/22.
3. Florida Statutes, Chapter 400, Part III, "Home Health Services Act", ss. 400.461-400.54, 2023.

## COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 10/23/25.

## **GUIDELINE UPDATE INFORMATION:**

04/08/99	Medical Coverage Guideline Reformatted.
04/15/02	Reviewed, revised to correct typographical and formatting errors; limitations for skilled nursing care changed.
10/01/02	Local codes removed (HIPPA-AS).
11/15/03	Add coverage statement regarding home health care services for non-homebound individuals
10/15/05	Scheduled review (consensus review); no change in guideline.
04/15/06	Revision consisting of adding clarification of reimbursement limitation for skilled nursing care in the home.
12/15/06	Revision consisting of adding Program Exception information for Medicare Advantage products.
09/15/07	Review, coverage statements maintained, guideline reformatted, references updated.
11/15/09	Revision of reimbursement statement regarding physical therapy evaluation/re-evaluation.
08/15/11	Revision of Billing and Coding section to include CPT and HCPCS codes; formatting changes.
06/15/12	Revision of Position Statement, changing recertification period to 60-days.
02/15/13	Review and revisions of Position Statement to clarify coverage criteria; formatting changes; references updated.
07/01/13	3rd Quarter HCPCS coding update: Added Q5001, Q5002, and Q5009; Program Exceptions section updated.
01/01/16	Annual HCPCS code update. Deleted G0154. Added G0299 and G0300.
01/01/17	Annual HCPCS code update. Deleted 97001-97006, G0163 and G0164. Added G0493, G0494, G0495 and G0496.
11/15/18	Review and revision. Format changes. Revised related guideline information section. Updated coding and references.
11/15/20	Review and revision. Clarified statement for home health aide. Format changes. Updated references.
11/15/21	Review and revision. Updated program exceptions and references.
04/01/22	Annual CPT/HCPCS coding update. Added code S9563.
05/23/23	Update to Program Exceptions section.
11/15/23	Review; no change in position statement.
11/15/25	Added statement for specialized tracheostomy change services.