

MEDICA® **UTILIZATION MANAGEMENT POLICY**

TITLE: EXTENDED HOURS HOME CARE (SKILLED NURSING SERVICES)

EFFECTIVE DATE: August 20, 2018

FOR MEDICAID PRODUCTS, SEE RELATED MEDICA UTILIZATION MANAGEMENT POLICY, MEDICAID HOME CARE NURSING SERVICES.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica plans. Please refer to the member's plan document for specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage.

With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage.

Medica may use tools developed by third parties, such as MCG Care Guidelines®, to assist in administering health benefits. Medica utilization management (UM) policies and MCG Care Guidelines are not intended to be used without the independent clinical judgment of a qualified health care provider taking into account the individual circumstances of each member's case. Medica UM policies and MCG Care Guidelines do not constitute the practice of medicine or medical advice. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica UM policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

PURPOSE

To promote consistency between reviewers in utilization management decision-making by providing the criteria that generally determine the medical necessity of extended hours home care (skilled nursing services). The Benefit Considerations box below outlines the process for addressing the needs of individuals who do not meet these criteria.

MEDICAL NECESSITY CRITERIA

For medical necessity criteria, Medica uses MCG™ Care Guidelines, 21st edition, 2017: *ORG: PDN-2001 (HC), Private Duty Nursing.*

Note: The services addressed in this policy are referred to using a number of different terms.

- For commercial products, Medica defines extended hours home care as continuous and complex skilled nursing services greater than two consecutive hours per day provided in the member's home. The intent of extended hours home care is to assist the member with complex, direct, skilled nursing care, to develop caregiver competencies through training and education, and to optimize the member's health status and outcomes. The skilled nursing tasks must be required so frequently that the need is continuous.
- MCG Care Guidelines call these services private duty nursing services, which they define as follows: "Private duty nursing (PDN) services are for patients with acute complex medical needs that exceed the scope of intermittent care."
- Medicaid refers to these services as Home Care Nursing (HCN) Services, also known as hourly nursing. HCN services are nursing services ordered by a physician and performed by a RN or LPN within the scope

of practice as defined by the Minnesota Nurse Practice Act under section 148.171 to 148.285, in order to maintain or restore a recipient's health. HCN Services may be covered for fully-insured commercial members who are also covered under Minnesota Medical Assistance (refer to UM Policy III-HOM.05 *Medicaid Home Care Nursing (HCN) Services*).

BENEFIT CONSIDERATIONS

1. Prior authorization **is required** for extended hours home care (skilled nursing services). Please see the prior authorization list for product specific prior authorization requirements.
2. Coverage may vary according to the terms of the member's plan document.
 - The number of services and/or covered hours of care may be limited per the member's plan document.
 - If more than one type of home health service occurs in a day, a separate copayment/coinsurance applies to each service.
3. The request must comply with the requirements related to the member's homebound (or confined to the home) status, per the member's plan document.
4. Home Health Aide (HHA) services for hands on personal care may be needed to facilitate the treatment plan (refer to UM Policy III-HOM.02 *Home Health Aide*).
5. The following services are generally excluded from coverage. Refer to member's plan document for details.
 - Companion and homemaker services
 - Personal Care Assistance services, other than for members who are covered by Minnesota Medicaid and Minnesota Senior Health Options (MSHO) (refer to UM Policy III-HOM.03 *Personal Care Assistance*)
 - Custodial/supportive care and other nonskilled services
 - Services provided by a member of the family, other than as described in the UM Policy III-HOM.03 *Personal Care Assistance* [for members who are covered by Minnesota Medicaid and Minnesota Senior Health Options (MSHO)]
 - Respite care or rest care except as otherwise covered in Hospice Services
 - Services provided in an inpatient facility, outpatient facility, hospital, physician's office or other medical care setting.
 - Private duty nursing defined as skilled or unskilled services provided by an independent nurse who is ordered by the member or the member's representative, and not under the direction of a physician.
6. If the Medical Necessity and Coverage Criteria are met, Medica will authorize benefits within the limits in the member's plan document.
7. If it appears that the Medical Necessity and Coverage Criteria are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals process in their Medica Provider Administrative Manual.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at:
 - <http://www.cms.hhs.gov/mcd/search.asp?>
 - Medicare Benefit Policy Manual. Chapter 7: Home Health Services: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html>

DOCUMENT HISTORY

Original Effective Date	January 1 , 2001
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Began use of MCG™ Care Guidelines	12/01/2016 (20 th edition)
MCG Care Guidelines Edition Updates (<i>Medica Effective Date</i>)	21 st edition: 08/31/2017, 21 st edition reaffirmed: 08/20/2018
Administrative Update(s)	05/01/2017