

## Home Health Care (HHC) Services - CalPERS

### Benefit Coverage

Home health care or home infusion services are a covered benefit when medically necessary and authorized by the Primary Care Physician and Blue Shield HMO. See the separate guideline for Hospice Services. Covered home health care services include:

1. Intermittent and part-time home visits by a home health care agency to provide skilled services up to 4 visits per day, 2 hours per visit (8 hours total) by any of the following professional providers:
  - Registered Nurse (RN)
  - Licensed Vocational Nurse (LVN)
  - Physical Therapist (PT), Occupational Therapist (OT), Speech Therapist (ST), or Respiratory Therapist (RT)
  - Certified Home Health Aide (CHHA) in conjunction with services of an RN or LVN
  - Licensed Medical Social Worker (LMSW) for consultation and evaluation of the home health care treatment plan

Skilled Nursing Services are defined as a level of care that includes services that can only be performed safely and correctly by a licensed nurse (either a registered nurse or a licensed vocational nurse).

2. In conjunction with the professional services rendered by a home health care or home infusion agency, medical supplies, disposable medical supplies, limited durable medical equipment required for medication delivery, and medications administered by the home infusion agency necessary for the home health treatment plan are also a covered benefit. Benefits are also provided for infusion therapy provided in infusion suites associated with a Participating Home Health Care and Home Infusion agency.
3. Related pharmaceutical and laboratory services to the extent the services would have been provided had the member remained in the hospital or skilled nursing facility.
4. Medically necessary home visits by a physician.
5. Home infusion therapy including parenteral and enteral nutrition services for tube feedings and associated supplies and solutions.
6. Medically necessary FDA-approved self-injectable medications when prescribed by the Primary Care Physician or Specialist and prior authorized by Blue Shield. Self-injectable medications may be obtained from a Blue Shield participating Specialty Pharmacy under their outpatient prescription benefit. Specialty drugs that require a clinician to monitor the patient during the administration of a drug or cannot be self-administered are covered under the medical benefit and can be obtained from a home infusion pharmacy for home administration or from the physician if the drug is being given in the office.

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### Benefit Coverage *(cont'd.)*

Specialty Drugs are defined as specific drugs used to treat complex or chronic conditions that usually require close monitoring. Specialty Drugs may be self-administered by injection, inhalation, orally or topically. These drugs may also require special handling, special manufacturing processes, have limited prescribing or limited pharmacy availability. Specialty Drugs must be considered safe for self-administration by Blue Shield's Pharmacy & Therapeutics Committee, prior authorized for medical necessity by Blue Shield and obtained from a Blue Shield Specialty Pharmacy. Specialty Drugs are listed in the Blue Shield Outpatient Drug Formulary.

### Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for member copayments for:

*Home Health Care (HHC)*

*Physician Home Visit*

*Agency visit*

*Medical Supplies/IV Solutions*

*Durable Medical Equipment*

*Prosthetics/Orthotics*

### Benefit Exclusions

The following services are excluded:

- Services for private duty nursing
- Services for custodial, maintenance, or domiciliary care, services for rest, or services to control, or to change a person's environment

### Benefit Limitations

IFP: The combined visit limitation for home health care includes visits by providers from a home health care agency, home infusion agency, or hospice agency (RN, LVN, PT, OT, ST, RT, CHHA, or LMSW). See the separate guideline for hospice services for group members.

Home self-injectable medications are limited to a quantity not to exceed a 30-day supply. Prescriptions may be refilled at a frequency that is considered to be medically necessary.

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### Examples of Covered Services

- Intermittent nursing visits for wound care, IV medication treatments
- Intermittent physical therapy visits for home traction treatment
- Home infusion therapy, visits for chemotherapy for cancer catheterization, medical supplies used during a covered visit, and pharmaceuticals administered intravenously
- Parenteral/enteral nutritional services and associated supplies and solutions provided by a home health agency or by a home infusion agency
- Hemophilia factor or other injectables used to treat hemophilia and associated home infusion services that may require prior authorization that are provided by a network Hemophilia Infusion Provider or home infusion nurse

### References

*Evidence of Coverage*

*HMO Benefits Guidelines for:*

*Chemotherapy*  
*DME*  
*Hospice Care*  
*Orthoses*  
*Prostheses*

*Blue Shield HMO IPA/Medical Group Procedures Manual*

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