

Clinical Policy: Home Health Nursing/Aide Services Expanded Benefit

Reference Number: FL.CP.MP.10

Date of Last Revision: 04/25

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes the medical necessity requirements for private duty nursing (PDN) or PDN and family home health aide services as an expanded benefit for Sunshine Health's Managed Medical Assistance (MMA) and Serious Mental Illness (SMI) products. The expanded benefit applies to acute/short term conditions; therefore, services are for a period of 60 days or less.

Policy/Criteria

- I. It is the policy of Sunshine Health that *private duty nursing services* (PDN) as an expanded benefit are **medically necessary** when all of the following criteria are met:
 - A. Member must be 21 years of age or older;
 - B. Submission of a signed, completed current plan of care (POC);
 - C. Documentation of the member's medically complex condition(s), system, and organ function, including:
 1. Illness/Injury/Exacerbation/Surgery;
 2. Discharge from inpatient or skilled facility;
 - D. Documentation to support reason that the member needs more extensive and continual care than can be provided through a home health nurse visit. This would include, but not be limited to:
 1. Modification of initial or on-going treatment/medication regimen;
 2. Lack of adherence;
 3. Management of plan of care;
 4. Exacerbation of known illness;
 - E. Documentation on why the member needs services in the home, or other approved location:
 1. Assessment of home environment;
 2. Activity restrictions requiring \geq minimum assistance in transfer/bed; mobility/locomotion to leave home/residence;
 3. Isolation and/or immunocompromised host/communicable disease;
 4. Specific skilled nursing interventions needed.
 - F. Information on the member's activities of daily living (ADL) and instrumental activities of daily living (IADL) needs and level of support needed;
 - G. Summary of other services that are in place for the member in the member's residence or other requested location;
 - H. Clinical documentation on the need for the amount, duration, and scope of private duty nursing.
- II. It is the policy of Sunshine Health that *personal care services* as an expanded benefit are **medically necessary** when all of the following criteria are met:
 - A. Member must be 21 years of age or older;

Confidential/Trade secret-exempt from disclosure pursuant to section 812.081, Florida Statutes

CLINICAL POLICY



Home Health Nursing/Aide Services Expanded Benefit

- B. Member's treating physician must order the service;
- C. Documentation of:
 - 1. Acute illness/injury/exacerbation/surgery;
 - 2. Discharge from inpatient or skilled care facility;
- D. Member must have one of the following functional impairments:
 - 1. Minimal functional impairment as evidenced by one or more of the following:
 - a. ADLs requiring at least minimum assistance;
 - b. Ambulates with assist of person/device;
 - c. Transfers requiring at least minimum assistance;
 - 2. Moderate functional impairment as evidenced by two or more of the following:
 - a. ADLs requiring at least minimum assistance;
 - b. Ambulates with assist of person/device;
 - c. Transfers requiring at least minimum assistance;
 - 3. Maximum functional impairment as evidenced by all of the following:
 - a. ADLs requiring total assistance;
 - b. Non-ambulatory;
 - c. Transfers requiring one to two persons assist;
 - 4. Maximum and persistent functional impairment without available parent or legal guardian support as evidenced by all of the following:
 - a. ADLs requiring total assistance;
 - b. Non-ambulatory;
 - c. Transfers requiring one to two persons assist;
 - d. Treating physician certified that all the above impairments are present.
- E. Member has a documented medical condition or disability that substantially limits the member's ability to perform their ADLs and IADLs or has a documented cognitive impairment which prevents member from knowing when or how to carry out the personal care task.
- F. Member has a documented functional limitation and evidence is provided for one of the following:
 - 1. There is documentation that the member is incapable of learning despite efforts to train in personal care task(s);
 - 2. Member has a documented memory deficit(s) which prevents him/her from managing a personal care task;
- G. Member requires more individual and continuous care than can be provided through a home health aide visit;
- H. Member does not have a parent or caregiver able to provide ADL or IADL care;
- I. Member would normally perform the age-appropriate personal care task without the medical condition or disability, and parent or caregiver is not able to provide ADL or IADL care.
- J. The treating provider must submit the following documentation for *initial* requests for personal care services:
 - 1. A current signed, completed Plan of Care (POC);
 - 2. Documentation of the member's current medical condition, disability, cognitive limitation, or functional limitation and how this is substantially limiting the member's ability to perform specific activities of daily living (ADLs) and instrumental activities of daily living (IADLs);

Home Health Nursing/Aide Services Expanded Benefit

- a. ADLs include eating (oral feedings and fluid intake), bathing, dressing, toileting, transferring, and maintaining continence (examples include taking care of a catheter or colostomy bag or changing a disposable incontinence product while the member is unable to control his/her bowel or bladder).
 - b. IADLs include personal hygiene, light housekeeping, laundry, meal preparation, transportation, grocery shopping, using the telephone to take care of essential tasks (examples include paying bills and setting up medical appointments), medication management, and money management.
3. Documented need for services that cannot be provided by a home health aide, including information on the reason that the member requires more individual and continuous care than can be provided through a home health aide visit.
4. Description of parent or caregiver ability to support member's ADLs and IADLs, including:
 - a. Information on the level of ADL and IADL support that the parent or caregiver is able to safely provide.
 - b. If training is required to enable the parent or caregiver to safely provide ADL or IADL support, description of the level of training needed.
5. Provide information on the member's housing situation for members aged 21 and up; one of the following:
 - a. Lives alone;
 - b. Lives with family (with consideration of the number of days and hours that family members are not available to assist the member);
 - c. Lives with non-family (with consideration of the number of days and hours that non-family members are not available to assist the member);
6. Provide information related to the age appropriateness of the member being able to perform the specific ADL or IADL task, such as grocery shopping, preparing meals, money management medication administration, laundry, or light housekeeping.

Redetermination

*Prior to the expiration of the initial authorization period, the requesting provider must submit information on the member's status to Sunshine Health's utilization management department in order for a review for a subsequent approval using *Criteria I.* for private duty nursing and *Criteria II.* for personal care services above.*

III. It is the policy of Sunshine Health that home health nursing/aide services as an expanded benefit are **not medically necessary** for the following indications:

- A. Member is less than 21 years of age;
- B. A skill level other than what is prescribed in the physician order and approved POC;
- C. Babysitting;
- D. Certification of the POC by a physician;
- E. Nursing assessments related to the POC;
- F. Professional development training or supervision of home health staff or other home health personnel;
- G. Respite care to facilitate the parent or caregiver attending to personal matters;
- H. Services funded under section 110 of the Rehabilitation Act of 1973 or under the provisions of the Individuals with Disabilities Educational Act;

Home Health Nursing/Aide Services Expanded Benefit

- I. Services furnished by relatives as defined in section 429.02(18), F.S., household members, or any person with custodial or legal responsibility for the recipient (except as described in section 4.2.1);
- J. Services rendered prior to the development and approval of the POC;
- K. Travel time to or from the recipient's place of residence;
- L. Housekeeping (except light housekeeping), homemaker, and chore services, including any shopping;
- M. Services to a recipient residing in a community residential facility when those services duplicate services the facility or institution is required to provide;
- N. Transportation services (except when necessary to protect the health and safety of the recipient and no other transportation service is available);
- O. Escort services;
- P. Care, grooming, or feeding of pets and animals;
- Q. Yard work, gardening, or home maintenance work;
- R. Companion sitting or leisure activities;
- S. Services to an adult recipient enrolled in hospice when the services are related to the treatment of the terminal illness or associated condition;
- T. Medicaid does not reimburse for home health services provided in any of the following locations:
 - 1. Hospitals;
 - 2. Nursing facilities;
 - 3. Intermediate care facility for individuals with intellectual disabilities (ICF/IID) (see exceptions for ICF/IIDs in 42 CFR 483, Subpart I);
 - 4. Day care centers for children or adults.

Background

Home health services are provided under a plan of care that is established and reviewed periodically by a physician and delivered via a home health agency. Services are provided on a visiting basis in the individual's home or in the community and may include the following: intermittent skilled nursing care; home health aide services; private duty nursing; personal care services; physical therapy, speech therapy, and/or occupational therapy; medical social services; and medical supplies and durable medical equipment.^{2,3}

An assessment for medical necessity for private duty nursing could consider criteria such as the member's home environment and any care required in the home or other authorized setting. The assessment could include current documentation of organ system dysfunction including but not limited to:

- Genitourinary system
 - Initiate/continue teaching of self-catheterization and voiding schedule
 - Catheter change/irrigation/reinsertion
 - Post void residual
 - Suprapubic tube
- Cardiovascular system
 - Significant arrhythmias
 - Blood pressure monitoring
 - Signs of congestive heart failure

CLINICAL POLICY

Home Health Nursing/Aide Services Expanded Benefit



- Endocrine system
 - Fluid monitoring for diabetes insipidus
 - Care for diabetes mellitus including
 - Insulin injections/pump
 - Blood sugar testing/monitoring
 - Diet/Meal planning
 - Eye/foot/skin care
- Gastrointestinal system and nutrition
 - Initiate/continue teaching of prescribed bowel regimen
 - Manual disimpaction
 - Aspiration precautions
 - Feeding tube care (includes pump management)
 - Total Parental Nutrition (TPN)
 - Formula medication administration
 - Site care/dressing
- Hematologic system
 - Administration of injectable anticoagulants
- Neurologic system
 - Seizure precautions/interventions
 - Vagal nerve stimulator
- Musculoskeletal system
 - Cast care Wound care
 - Decubiti/pressure ulcers
- Respiratory system
 - Tracheostomy care
 - Technology dependent child

The Health Plan may also use tools developed by third parties, such as the InterQual™ Guidelines, and other consensus guidelines and evidence-based medicine, to assist in administering health benefits. The InterQual™ Care Guidelines and others 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.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPSC Codes	Description
S9123	Nursing care, in the home; by registered nurse, per hour

CLINICAL POLICY



Home Health Nursing/Aide Services Expanded Benefit

HCPSC Codes	Description
S9124	Nursing care, in the home; by licensed practical nurse, per hour
S9122	Home health aide or certified nursing assistant, providing care in the home, per hour

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date		06/22
Annual review; updated policy ID, footer with full policy name		06/01/23
Transitioned policy to new state specific template and sent to market for approval; policy number changed from FL.UM.24.00 to FL.CP.MP.10.	06/15/23	
Annual review. Updated description with clarifying language added to I.C. Criteria II.C. added for alignment and clarity. HCPSC codes added. References reviewed and updated. Florida Health Plan disclaimer added to footer.	04/25	

References

1. Agency for Health Care Administration. Statewide Medicaid Managed Care Expanded Benefits.
<https://ahca.myflorida.com/content/download/25560/file/Health%20Plan%20Expanded%20Benefits%20Grid%202025%20-%202011-7-2024.xlsx.pdf>. Effective February 1, 2025.
Accessed May 2, 2025.
2. Centers for Medicare and Medicaid Services (CMS) Final Rule. Conditions of participation for home health agencies. <https://www.federalregister.gov/documents/2017/01/13/2017-00283/medicare-and-medicaid-program-conditions-of-participation-for-home-health-agencies>. Published January 13, 2017. Accessed May 2, 2025.
3. Agency for Health Care Administration. Florida Medicaid home health visit services coverage policy. https://ahca.myflorida.com/content/download/7034/file/59G-4-130_Home_Health_Visit_Services_Coverage_Policy.pdf. Published September 2024.
Accessed May 2, 2025.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

CLINICAL POLICY

Home Health Nursing/Aide Services Expanded Benefit

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

CLINICAL POLICY



Home Health Nursing/Aide Services Expanded Benefit

©2022 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.