

Home Health



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Description

Home health services are provided on a **part-time intermittent basis** in the individual's place of residence and include skilled nursing, home health aide assistance, and skilled therapies (physical therapy, occupational therapy and speech-language pathology).

Home health services may be provided in any setting in which normal life activities take place other than a hospital, nursing facility, Intermediate Care Facilities for individuals with Intellectual disability (ICF/ID) or any setting in which payment is, or could be, made under Medicaid for inpatient services.

Coverage Determination

Authorization, Review and Recertification

Initial authorization is for a duration of 90 days of service. The qualified attending practitioner must review the treatment plan **every 60 days and reorder the service if medically necessary**. Subsequent requests for recertification authorizations should be extended for an additional **90 days**.

Humana Healthy Horizons members may be eligible under the Plan for **home health services** when all the following are met:

- The service is medically necessary; **AND**
- [Documentation requirements are met](#); **AND**
- Ordered in writing by one of the following licensed practitioners:
 - Physician
 - Nurse Practitioner
 - Clinical Nurse Specialist
 - Physician Assistant

AND

- Signed plan of treatment; **AND**
- [Face-to face encounter has occurred](#); **AND**
- Performed on a part-time and intermittent basis in accordance with a written plan of treatment; **AND**
- At least one of the following:
 - Individual is at risk of respiratory failure, severe deterioration or hospitalization without constant monitoring; **OR**
 - Individual requires total care – monitoring 24 hours per day; **OR**
 - Individual desires to stay in the home, rather than in a long-term care (LTC) facility; **OR**
 - Medical condition of the individual has deteriorated, creating the need for more intense short-term care (practitioner’s statement required);

AND at least **one** of the following;

- Individual does not have a primary caregiver or access to other care; **OR**
- Caregiver is employed and absent from the home or is unable to provide the necessary care; **OR**
- Caregiver has additional child-care responsibilities, disallowing the time needed to care for the individual (three or more children under 6 years of age, or four or more children under the age of 10); **OR**
- Caregiver has additional children with special needs to care for (one or more children with special healthcare needs requiring extensive medical and physical care); **OR**

- Caregiver is experiencing a major illness or injury, with expectation of recovery; **OR**
- There is a temporary but significant change in the availability of a caregiver (eg, military service); **OR**
- There is a significant permanent change in a caregiver's status (eg, death or divorce with loss of one caregiver)

Determination of Appropriate Service Hours for Home Health Authorizations

Between **3 – 7 hours** a day of home health services may be authorized when the following criteria are met:

- Individual requires primarily heavy physical care with some skilled nursing monitoring to avoid deterioration; **AND**
- At least one of the following:
 - Congenital anomalies; **OR**
 - Neuromuscular disorders; **OR**
 - Central nervous system disorder; **OR**
 - Paraplegia or quadriplegia; **OR**
 - Other disorders that severely disrupt the capacity to care for one's self

Up to **8 hours** a day of home health services may be authorized when the following criteria are met:

- Individual requires extensive care and daily monitoring of their medical/physical conditions; **AND**
- At least one of the following (not all inclusive list):
 - Chronic, debilitating conditions, such as quadriplegia or severe forms of cerebral palsy, muscular dystrophy, spina bifida or other congenital anomalies; **OR**
 - Conditions that require equipment or treatment needs with potential for serious complications for example, central lines, Hickman catheters, or nutrition provided by hyperalimentation or gastrostomy tube feedings; **OR**
 - Conditions that require frequent treatments, such as physical or occupational therapy; **OR**
 - Individual requiring skilled nursing assistance to attend school; **OR**
 - Individual receiving multiple medications that require monitoring for severe side effects or responses

Up to **12 hours** a day of home health services may be authorized when the following criteria are met:

- Individual requires 24-hour monitoring; **AND**
- Severe respiratory conditions resulting from one or more of the following (not all inclusive list):
 - Pulmonary disorders, such as bronchopulmonary dysplasia
 - Cystic fibrosis, bronchitis or asthma
 - Central nervous system disorders
 - Cardiovascular disorders, such as cardiac anomalies
 - Neuromuscular disorders, such as muscular dystrophy and Guillain-Barré syndrome; **OR**
- Dependency on mechanical ventilator assistance; **OR**
- Tracheostomy

Up to **16 hours** a day of home health services may be authorized when the following criteria are met:

- The above criteria for 12 hours per day of services is met; **AND**
- A single caregiver is available, and that caregiver also works full-time (or a significant number of part-time hours), whether that work is performed in-person or remotely. This situation applies in cases where there is only one adult caregiver in the home and in situations where there may be two adults present, but one is unable to provide any care (or only a very limited amount of care) due to physical disability or severe physical limitations; **OR**
- Caregiver has significant additional childcare responsibilities defined as any of the following:
 - Three or more children under the age of 6; **OR**
 - Four or more children under the age of 10; **OR**
 - One or more children with special medical care needs requiring extensive medical and physical care above and beyond the needs of the average well child

Coverage Limitations

Humana Healthy Horizons members may **NOT** be eligible under the Plan for **home health services** for any of the following indications:

- Custodial Care
 - Transporting an individual to errands (eg, grocery store, pharmacy, bank, etc.)

- Homemaker services (eg, shopping, laundry, cleaning, meal preparation, etc.)
- Sitter or companion services
- Respite Care

Note: Custodial services are covered under the waiver program (eg, attendant care)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
99600	Unlisted home visit service or procedure	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
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	
S5111	Home care training, family; per session	
S5116	Home care training, nonfamily; per session	
T1005	Respite care services, up to 15 minutes	
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	

References

1. Indiana Department of Health. Indiana Health Coverage Programs. Provider Reference Module: Home health services. <https://in.gov/medicaid>. Published October 3, 2023.
2. Indiana Department of Health. Indiana Health Coverage Programs. IHCP Bulletin BT202525: IHCP provides updated guidance for home health services prior authorization documentation. <https://in.gov/medicaid>. Published February 20, 2025.

3. Indiana Department of Health. Indiana Health Coverage Programs. IHCP Bulletin BT2025102: IHCP updates the prior authorization and utilization management hierarchy for MCEs. <https://in.gov/medicaid>. Published July 1, 2025.
4. Indiana Department of Health. Indiana Health Coverage Programs. IHCP Bulletin BT2025104: Face-to-face and documentation requirements clarified for home health PA requests. <https://in.gov/medicaid>. Published July 8, 2025.

Appendix

Appendix A – Home Health Documentation Requirements

- Parent/caregiver work calendars and employment confirmation letters
- Member school calendars
- Comprehensive home health assessment, which must identify all other supportive services and therapies the member is receiving, including but not limited to:
 - Medicaid waiver services such as Structured Family Caregiving and Attendant Care hours
 - Other shift/hour services such as applied behavior analysis (ABA) therapy
 - If the agency staff providing home health services are also the parent or legally responsible individual for the member
 - Signed plan of care (must be signed by the agency representative completing the assessment and the patient/legal responsible individual)
- Physician face-to-face, medical necessity attestation required for ongoing home health services within the previous 30 days of request for a new authorization or expiration of current authorization
- Place of service (POS) code 13 – Assisted living facility required for home care services provided to a beneficiary residing in an assisted living facility
 - To prevent any payment denials, verification is required by home health providers with the assisted living facility that home health services are not duplicative of the services the assisted living facility is required to provide under room and board.

Appendix B – Face-to-face Encounter Requirements

- The face-to-face encounter must be documented by the qualified treating practitioner and include:
 - The date(s) the practitioner saw the patient
 - Detailed clinical findings from the visit(s)
 - Clear connections between clinical findings and home health care needs
 - Practitioner signatures and dates on all required documents

Note: It is unacceptable for the practitioner to verbally communicate the encounter to the home health agency, where the home health agency would then document the encounter as part of the certification for the provider to sign.

Face-to-face encounters can be conducted via telehealth.

The face-to-face encounter requirement will be on a rolling 12-month basis that is within 90 days prior or 30 days after the previous year's face-to-face date.

Change Summary

10/07/2025 New Policy.