



HOME HEALTH AIDE

Policy # 82

Implementation Date: 10/7/13

Review Dates:

Revision Dates: 1/1/14, 1/1/24

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

Home health aides (HHA) provide routine individualized healthcare such as changing bandages, dressing wounds, and applying topical medications to convalescents, persons with disabilities, or elderly patients in their homes. They also monitor, or report changes in health status, and provide personal care such as bathing, dressing, and grooming of patients. Typically, home health aides are supervised by a nurse or some other medical professional.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Select Health does NOT cover home health aides. Services rendered by a home health aide are considered an exclusion of benefits.

As of January 1, 2014, Home Health Aides will be covered under hospice situations only for Idaho Small Employer and Idaho Individual Plans (Preauthorization Required).

As of January 1, 2024, for Colorado based plans, services provided by a home health aide are not covered, except when receiving Home Healthcare and Hospice Care. When covered, there is a limitation of 28 hours/week; combined.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the **Select Health Commercial policy applies.** For the most up-to-date Medicare policies and coverage, please visit their search website <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&> or [the manual website](#)

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the **Select Health Commercial criteria will apply.** For the most up-to-date Medicaid policies and coverage, please visit their website <http://health.utah.gov/medicaid/manuals/directory.php> or the [Utah Medicaid code Look-Up tool](#)

Applicable Codes

CPT Codes	Descriptions
99509	Home visit for assistance with activities of daily living and personal care
HCPCS Codes	
G0156	Services of home health aide in home health or hospice setting, each 15 minutes
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
T1004	Home health aide or certified nurse assistant, per visit
T1021	Home health aide or certified nurse assistant, per visit

Sources

1. Bercovitz, A. (2011). An overview of home health aides: United States, 2007. Natl Health StatReport - 19-MAY (34): 1-31.
2. Bureau of Labor Statistics. (2012). Occupational Employment Statistics: Occupational Employment and Wages, May 2011; 31-1011 Home Health Aides. Available: <http://www.bls.gov/oes/current/oes311011.htm>. Updated: March 27, 2012.
3. Hays, B. J., and Willborn, E. H. (1996). "Characteristics of clients who receive home health aide service." *Public Health Nurs*, 13(1): 58-64.

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801) 442-3692.

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