

Document ID:	Title: Aetna Medicaid Administrator (AMA) 7200.72 Home Health and Extended Home Health Louisiana Policy	
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PURPOSE

The purpose of this policy is to describe the health plan’s process for prior authorization decision-making conditions in which Home Health Services and Extended Home Health may be authorized according to the directives from state of Louisiana Medicaid.

SCOPE

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing authorization requests for Home Health and Extended Home Health.

POLICY

It is the policy of the Plan that specific state directives, in addition to MCG criteria are used when processing authorization requests for Home Health and Extended Home Health or Private Duty Nursing (PDN). Louisiana state qualifications, authorization and documentation requirements must be met. This policy defines additional Louisiana state qualifications and authorization and documentation requirements.

PROCEDURE

NA

STANDARD

The codes listed for home health visits do require authorization including extended home health or private duty nursing. The health plan confirms decisions and notifications associated with the utilization review of Extended Home Health are compliant with the Louisiana Medicaid Program Manual. Covered Home Health services include skilled nursing visits and extended visits, home health aide services, rehabilitation (therapy) services and medical supplies.¹

Provider Responsibilities²

Providers must be licensed and on the state and Aetna Better Health of Louisiana registry to provide services.

- The provider must be a preferred provider for the health plan. Non-preferred providers will be considered for authorization if no in-network provider is available in the

¹ 2023 Louisiana Department of Health Provider Manual Chapter 23.1: Home Health Services p. 1 of 6

² 2023 Louisiana Department of Health Provider Manual Chapter 23.4: Home Health Services p. 1 of 5

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member's area.

- Providers must clock hours and visits provided in the Electronic Visit Verification (EVV) system for claims to be processed and to be reimbursed for services.
- Providers must request prior authorization for extended home health services prior to providing services.
- Skilled nursing services may be provided on a part time or intermittent basis by an RN or a supervised LPN.
- The member's place of residence cannot be a hospital, nursing home, or an intermediate care facility for individual with intellectual disabilities(ICF-IID), or any setting in which payment is or could be made under Medicaid for Inpatient services that include room and board.³
- A signed order by an authorized healthcare provider is required, obtained by the agency.
- Providers must have services available at least eight hours a day, five days a week and available for an emergency basis twenty-four hours a day, seven days a week.⁴
- Members should have need for skilled nursing service needs and at least one other defined service.⁵
- The agency should have patient care and personnel policies and procedures for administration of drugs and biologicals, clinical record documentation and maintenance.
- The agency should be able to provide services to an individual in need within twenty-four hours of a referral unless otherwise ordered.
- Each agency should have a designated director of nurses and administrator who are available as needed and meets the listed criteria in the Louisiana Revised Statute 40:2116.34.
- Home health aide visits are covered if only home health aide visits are required but must have nursing supervision visits.⁶

Beneficiary Criteria⁷

- Home health services are available to all members that qualify with medically necessary needs.
- Extended Skilled Nursing services or Extended Home Health are only available to members birth through age 20 when determined to be medically necessary to receive a minimum of three hours of nursing a day.
- Do not have to be homebound in order to receive extended home health services⁸

³ 2023 Louisiana Department of Health Provider Manual Chapter 23.4: Home Health Services p. 1 of 5

⁴ 2022 HHC Louisiana State Legislature Revised Statute 40:2116.34

⁵ 2022 HHC Louisiana State Legislature Revised Statute 40:2116.34

⁶ 2023 Louisiana Department of Health Provider Manual Chapter 23.1: Home Health Services p. 3 of 6

⁷ 2023 Louisiana Medicaid Services Provider Manual Chapter 23.5: Home Health Services p.5

⁸ 2023 Louisiana Medicaid Services Provider Manual Chapter 23: Home Health Services p.5

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- Must have a Practitioner Referral and a signed order by an authorized healthcare provider, noting the hours requested and reviewed in the Plan of Care (POC) every 60 day.
- The ordering healthcare provider must be an authorized healthcare provider, screened and enrolled with the state, as well as on the health plan’s registry.
- Psychiatric Services must be provided in accordance with state requirements as published in the Minimum Standards for Home Health Agency. Only Registered Nurse (RN) will make psychiatric nurse visits. The RN ‘s must have experience within the last five years or show documentation of re-training , classes or continued education units.
- Periodic supervisory visits of the home health aide are required by a licensed member of the agency, randomly every fourteen (14) days. The RN supervisor must be present in the residential setting while the home health aide is present. Services in a residential setting, including skilled nursing, home health aide, physical therapy, occupational therapy and speech therapy for communication or swallow treatments, and audiology services, at least every sixty-two (62) days.
- For ages twenty-one (21) or older, only one visit per profession, per day will be reimbursed.⁹

Authorizations

Skilled nursing services may include but are not limited to the following:

- Frequent monitoring blood pressure, fluid status or blood glucose
- More rigorous assessment of symptoms, including pain, dyspnea or constipation,
- Management of complex wounds
- Patient education around therapy such as home glucose monitoring and insulin administration
- Assessment of medication adherence.

Skilled nursing services are consistent with established Medicaid policy, the nature and severity of the member’s illness or injury , the member’s particular needs and accepted standards of medical and nursing practice. The services must be part-time or intermittent unless ordered as “extended home health” or “private duty nursing.” Care must be delivered or supervised by a licensed professional in order to obtain a specific medical outcome, be skilled in nature, be clinically appropriate and not more costly than an alternative health service.

Home Health Aide services may be provided alone for Medicaid members and are not required to be in conjunction with skilled services such as nursing services or therapy services.¹⁰

⁹ 2023 Louisiana Department of Health Provider Manual Chapter 23.2: Home Health Services p. 1 of 2

¹⁰ 2023 Louisiana Medicaid Services Provider Manual Chapter 23.1 : Home Health Services p.3 of 6

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Therapy visits can be provided for treatment of the member’s illness or injury or restoration and maintenance of function. ¹¹Therapy may include Physical therapy, Occupational therapy or Speech therapy. Therapy is provided with the expectation that the members condition will improve, materially, within a reasonable and generally predictable period of time. Home health agencies should provide documentation of improvement when requesting additional services.

Chisholm Children¹²

Chisholm children are a group of children 0-20 years old with special needs that are waiting for a waiver to be offered. Chisholm children are monitored closely by the state. Chisholm children requests that are approved, must notify the member or guardian, the ordering medical professional and the provider. Chisholm children may also have a state provided Support Coordinator who can assist with authorizations, appointments and obtaining clinical for authorizations. The support coordinator must be included in all approval and denial letters. Denials for Chisholm children must be approved by the state before the denials are sent. The prior authorization department provides a UM Prior Authorization Liaison (PAL) to assist with and facilitate authorizations. The UM PAL should be notified of any Chisholm denials to help obtain the state’s approval.

Home Health for Children

There are no annual service limits for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) home health for birth through age 20. Prior authorization is required for multiple visits on the same day when medically necessary. A prior authorization is required for extended home health services. Services in a residential setting, including skilled nursing, home health aide, physical therapy, occupational therapy and speech therapy for communication or swallow treatments, and audiology services.

Adult Home Health Ages Twenty-one (21) or older

Members twenty-one (21) or older will only be reimbursed for one visit per profession per day. ¹³ A prior authorization is required for all nursing and rehabilitation services in a residential setting, including skilled nursing, home health aide, physical therapy, occupational therapy and speech therapy for communication or swallow treatments, and audiology services.

High Complexity Needs ¹⁴

The TG modifier may be authorized for members aged birth through 20 with highly complex needs requiring EHH services. The provider will submit all necessary documentation for authorization as well as additional documentation to support the highly complex nature of the beneficiary. Examples of high complexity may include but are not limited to:

¹¹ 2023 Louisiana Medicaid Services Provider Manual Chapter 23.1 : Home Health Services p..5 of 6

¹² 2023 Chisholm Compliance Manual

¹³ 2023 Louisiana Department of Health Provider Manual Chapter 23.2: Home Health Services p. 1 of 2

¹⁴ 2023 Louisiana Medicaid Services Provider Manual Chapter 23.5 : Home Health Services p.6 of 11

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- Repeated seizures requiring treatment, intervention or both
- Frequent oropharyngeal or tracheostomy suctioning;
- With or without nebulization treatments, repeated administration of percussion physiotherapy, high frequency chest wall oscillation physiotherapy or use of a cough assist device;
- Ventilator, CPAP or BIPAP dependence during the nurse’s care hours;
- Continuous oxygen dependence with continuous oxygen saturation monitoring and frequent oxygen desaturations requiring intervention;
- Continuous or frequent tube feeding for a member with gastroesophageal reflux, recurrent aspiration or recurrent nausea, vomiting or abdominal pain;
- Parenteral nutrition;
- Intravenous therapies ; or
- Repeated or extensive care of complex wounds.

This list does not guarantee authorization. Each request will be considered on an individual basis and reviewed based on medical necessity and documentation provided.

Home Health Supplies¹⁵

Home health supplies are reimbursable under the durable Medical Equipment (DME) program. Prior authorization for covered supplies must be obtained.

Prior Authorization for Extended Home Health¹⁶

Prior authorization is required for extended home health also known as private duty nursing prior to providing services. Documentation must show a plan of care signed by the treating authorized healthcare provider and must show a face-to-face visit. Birth through age twenty have no annual service limitations.

Home Health Modifiers are available to reflect specific scenarios and all modifier requests must be prior authorized and approved except for the overtime modifier. Modifiers reflect high complexity(TG), rural setting (TN), weekends and holiday (TV) and evening (UH) or night (UJ) services. Overtime modifier of (TU) does not require prior authorization.

APPLICABLE HCPCS CODES

This policy applies the additional definitions, qualifications, criteria and documentation requirements to the procedure codes listed below. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit

¹⁵ 2023 Louisiana Medicaid Services Provider Manual Chapter 23.5 : Home Health Services p.9 of 11

¹⁶ 2023 Louisiana Medicaid Services Provider Manual Chapter 23.5 : Home Health Services p.9 of 11

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coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS	Description	HCPCS	Description
G0151	Physical Therapy	G0157	Physical Therapy Assistant
G0152	Occupational Therapy	G0158	Occupational Therapy Assistant
G0153	Speech Therapy	G0162	RN (Registered Nurse)
G0154	Skilled Nurse	G0163	LPN (Licensed Practical Nurse)
G0155	MSW – Social Worker	G0164	Skilled Nurse Teaching
G0156	Home Health Aide	92507-92508	Speech Therapy
G0159	Physical Therapy Maintenance Program	99500-99602	Physical Therapy
G0160	Occupational Therapy Maintenance Program	96110-97167	Occupational Therapy
S9123	Extended Home Health Registered nurse	S9124	Extended Home Health Licensed Practical nurse

DEFINITIONS:

- Bureau of Health Services Financing BHSF:** The Bureau within the Louisiana Department of Health responsible for the administration of the Louisiana Medicaid Program. This is a group of statewide offices that assist all members with their Medicaid program and designate members as “Chronic Health Care Needs” members.
- Chisholm Members:** Chisholm is a designation to medically fragile children ages 0-20 who have been deemed by the Office of Citizens for Developmental Delays (OCDD) as requiring close monitoring to ensure needed services are provided as a response to a lawsuit. Any denials for these services for Chisholm members must have state prior approval. These children are also offered a case manager or support coordinator and must be included in decision notifications.
- Early Periodic Screening EPSDT:** Group of benefits for all children 0-20 to ensure basic services are provided to optimize health growth and development
- Electronic Visit Verification (EVV):** A computer-based system that records the actual time the provision of home health services begins and ends. LaSRS® (Louisiana Service Reporting System) is the state sponsored system for housing all home health services authorizations so providers can clock their start and stop time and validates their presence in the home. The state mandates that after April 2024, no claim payments can be made for providers who do not clock in the EVV system.

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5. **Extended Home Health:** Provides nursing care from a home health agency in a home setting for three (3) hours up to twenty-four (24) hours per day. Provides services of a Licensed practical nurse (LPN) or a Registered Nurse (RN).
6. **Home Health:** A Home Health agency providing intermittent nursing, therapy and/or aide in services in the home setting for less than three (3) hours at a time.
7. **MCG**® A set of nationally standardized criteria used to make medical necessity determinations for authorization requests.
8. **Practitioner Reviewer:** A physician who conducts utilization review on behalf of the health plan’s Medicaid health plan. The reviewer can be either employed by the health plan or contracted by the health plan to perform utilization review. This does not include individuals who are employed or contracted by entities to which a health plan has delegated utilization management decision-making. Chisholm denials must be confirmed by the Chief Medical Officer for Louisiana and send a state approved denial letter to the provider, physician member and support coordinator.
9. **Support Coordinator:** An outside case management agency offered by the state to assist members to find services, providers and assist with obtaining information for authorization. The provider must request the service. The support coordinator must be notified of approvals and denials for all Chisholm requests and can assist with obtaining information to process authorization requests.

REVIEW AND REVISION HISTORY

Date	Revision No.	Reason for Change	Sections Affected
2/9/2024	New Policy		

Aetna Better Health of Louisiana

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RELATED MATERIALS

NA

RESOURCES

- Federal and State regulations
- National Committee for Quality Assurance (NCQA) Standards and Guidelines for the Accreditation of Health Plans
- State contract requirements
 - 2023 Louisiana Medicaid Managed Care Organization Attachment A Model Contract,
 - 2023 Louisiana Medicaid Managed Care Organization (MCO) Manual
 - 2023 Louisiana Medicaid Services Manual Chapter 23.2 Home Health Provider Manual
 - Aetna Medicaid Administrator (AMA) 7100.05 Prior Authorization Policy – Louisiana Amendment