

Clinical Policy: Home Health Services

Reference Number: IN.CP.MP.01

Date of Last Revision: 9/25

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

Description

This policy outlines the clinical criteria for determining when home health care is medically necessary. Home health care may include intermittent, skilled services provided by or through a licensed home health agency to individuals in their place of residence. These services may include skilled nursing, physical therapy, occupational therapy, speech-language pathology, and other clinically necessary interventions.

Policy/Criteria

- I. It is the policy of Indiana Managed Health Services that home health services are **medically necessary** when the following indications are met:
 - A. Documentation of a face-to-face encounter within 90 days prior to or 30 days following the initiation of services;
 - B. Member meets at least one of the following:
 1. At risk of respiratory failure, significant deterioration, or hospitalization without continuous monitoring;
 2. Requires total care with 24-hour supervision;
 3. Prefers to remain at home rather than transition to a long-term care facility;
 4. Experienced a medical decline necessitating short-term intensive care (documentation from a healthcare provider required).
 - C. Member requires home health caregiver support due to one or more of the following:
 1. Member lacks a primary caregiver or access to alternative care;
 2. Caregiver is unavailable due to employment or inability to provide adequate care;
 3. Caregiver has substantial child-care responsibilities (e.g., three or more children under age six or four or more under age ten);
 4. Caregiver is temporarily incapacitated due to illness or injury, with expected recovery;
 5. Temporary change in caregiver availability (e.g., military deployment);
 6. Permanent change in caregiver status (e.g., death or divorce resulting in loss of support).
- II. It is the policy of Indiana Managed Health Services that home health services are considered **not medically necessary** when both of the following apply:
 1. The treatment plan provided by the primary care physician does not demonstrate the continued need for skilled intervention;
 2. Goals have been achieved per plan of care, excluding chronic care maintenance .
- III. It is the policy of Indiana Managed Health Services that home health services are not **medically necessary** for the following:
 1. Transportation to essential locations such as grocery stores, pharmacies, and banks;
 2. Homemaker services, including shopping, laundry, cleaning, and meal preparation;

3. Errand assistance, such as prescription pickup and other routine tasks;
4. Companion care, including activity coordination and event accompaniment;
5. Respite care for primary caregivers.

Background

Home health services (HHS) are short-term, intermittent services prescribed by a licensed treating practitioner (M.D., D.O., P.A., or N.P.). These services are delivered in the member's residence to support recovery following an illness, injury, surgery, or hospital stay, or to assist in managing a chronic condition. The primary goal is to restore or maintain the member's optimal level of health and function, while preventing unnecessary hospitalizations or extended inpatient stays.

- HHS are available to Indiana Health Coverage Programs (IHCP) members of any age when the services are:
 - Medically necessary;
 - Ordered in writing by one of the following practitioners: Physician, Nurse Practitioner, Clinical Nurse specialist, or Physician Assistant.
 - Performed on a part-time and intermittent basis in accordance with the treatment plan.
- Covered Home health services are commonly delivered by the following licensed professionals:
 - Physical Therapists;
 - Occupational Therapists;
 - Speech-Language Pathologists;
 - Licensed Social Workers;
 - Registered Nurses (RNs) and Licensed Practical Nurses (LPNs).
 - Home health aides
- *Noncovered services:*
 - Transportation to essential locations such as grocery stores, pharmacies, and banks;
 - Homemaker services, including shopping, laundry, cleaning, and meal preparation;
 - Errand assistance, such as prescription pickup and other routine tasks;
 - Sitter or companion care, including activity coordination and event accompaniment.
 - Respite care for primary caregivers.

Core Factors for Authorization

- Medical condition: Severity, stability, changes, and complexity.
- Treatment plan: Goals, intensity, and time required for tasks.
- Consistency: Alignment with prior treatment plans.
- Education needs: Instruction for member or caregiver on care techniques.
- Environmental & Social Considerations:

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- Other Services: Use of Medicare, Medicaid waivers, CHOICE, ABA therapy hours, etc.
- Member activities: Work or school attendance and related assistance needs.
 - Caregiver availability;
 - Number and availability of caregivers;
 - Employment or school commitments;
 - Physical limitations and other responsibilities;
 - Coordination of care with caregiver schedules.
- Special Situations for Temporary Increase in Hours:
 - Health Deterioration: Preventing hospitalization;
 - Caregiver Illness/Injury: Temporary incapacity due to medical issues;
 - Temporary Home Changes: Military duty, job-related absence;
 - Permanent Home Changes: Loss of caregiver due to death or divorce.

Definitions:

Note: Definitions may vary by member plan. Please refer to the member-specific benefit plan document for applicable definitions.

Home Health services (HHS) in accordance with *Code of Federal Regulations 42 CFR 440.70*, the Indiana Health Coverage Programs (IHCP) is defined as services provided on a part-time and intermittent basis to Medicaid members of any age in the member's place of residence.

Custodial care refers to non-medical assistance with personal needs that can be safely provided by non-licensed caregivers. These services include support with activities of daily living (ADLs), housekeeping, meal preparation, laundry, and supervision of self-administered medications.

Place of Residence: The location where the member resides where normal life activities take place other than a hospital, nursing facility, intermediate care facility for individuals 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. HHS cannot be limited to members that are homebound. HHS do not include a hospital, nursing facility or intermediate care facility for individuals with intellectual disabilities.

Respite Care: Temporary relief for primary caregivers, provided at the member's residence, a healthcare facility, or an adult day care center. Duration may range from a few hours to several days or weeks.

Skilled care services are medically necessary interventions provided by licensed healthcare professionals in the member's home. These may include, but are not limited to:

- Medical or psychological evaluations;
- Wound care;
- Medication, education, and management;
- Pain management;
- Disease-specific education and management;
- Physical, occupational, or speech therapy.

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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.

CPT® Codes	Description
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
99503	Home visit for respiratory therapy care (e.g., bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)
99504	Home visit for mechanical ventilation care
99505	Home visit for stoma care and maintenance including colostomy and cystostomy
99506	Home visit for intramuscular injections
99507	Home visit for care and maintenance of catheter(s) (e.g., urinary, drainage, and enteral)
99509	Home visit for assistance with activities of daily living and personal care
99511	Home visit for fecal impaction management and enema administration
99512	Home visit for hemodialysis
99600	Unlisted home visit service or procedure
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)
99602	Home infusion/specialty drug administration, per visit , each additional hour

HCPCS Codes	Description
G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0069	Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0070	Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other

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	highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
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
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes
G0320	Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system

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HCPCS Codes	Description
G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system
G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)
G0493	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0494	Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0495	Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0496	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes
G2168	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
G2169	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
Q5001	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
Q5002	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
Q5009	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
S5035	Services of clinical social worker in home health or hospice settings, each 15 minutes
G0161	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
G0162	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
G0299	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes

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HCPCS Codes	Description
G0300	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
G0320	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
G0321	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
G0322	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes
G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
Q5001	Hospice or home health care provided in patient's home/residence
Q5002	Hospice or home health care provided in assisted living facility
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)
S5035	Home infusion, therapy, routine service of infusion device (e.g., pump maintenance)
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)
S5108	Home care training to home care client; per 15 minutes
S5109	Home care training to home care client; per session

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HCPCS Codes	Description
S5110-S5111	Home care training, family
S5115-S5116	Home care training, non-family
S5180-S5181	Home health respiratory therapy
S5497-S5523	Home infusion therapy, catheter care maintenance and supplies (includes codes S5497, S5498, S5501, S5502, S5517, S5518, S5520, S5521, S5522, S5523)
S9061	Home administration of aerosolized drug therapy (e.g., pentamidine); per diem
S9097	Home visit for wound care
S9122	Home health aide or certified nurse assistant, providing care in the home, per hour
S9123	Nursing care, in the home; by registered nurse, per hour
S9124	Nursing care, in the home; by licensed practical nurse, per hour
S9127	Social work visit, in the home, per diem
S9128	Speech therapy, in the home, per diem
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy, in the home, per diem
S9209-S9214	Home management of complications of pregnancy (includes codes S9209, S9211, S9212, S9213, S9214)
S9325-S9328	Home infusion therapy, pain management infusion, per diem (includes codes S9325, S9326, S9327, S9328)
S9329-S9331	Home infusion therapy, chemotherapy infusion, per diem (includes codes S9329, S9330, S9331)
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin); per diem
S9338	Home infusion therapy, immunotherapy; per diem
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor VIII); per diem
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); per diem
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); per diem
S9351	Home infusion therapy, continuous antiemetic infusion therapy; per diem
S9353	Home infusion therapy, continuous insulin infusion therapy; per diem
S9357	Home infusion therapy, enzyme replacement intravenous therapy (e.g., Imiglucerase); per diem
S9361	Home infusion therapy, diuretic intravenous therapy; per diem
S9363	Home infusion therapy, antispasmodic therapy; per diem
S9364-S9368	Home infusion therapy, total parenteral nutrition (TPN); per diem (includes codes S9364, S9365, S9366, S9367, S9368)
S9370	Home therapy, intermittent antiemetic injection therapy; per diem

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HCPCS Codes	Description
S9372	Home therapy, intermittent anticoagulant injection therapy (e.g., Heparin), per diem
S9373-S9377	Home infusion therapy, hydration therapy; per diem (includes codes S9373, S9374, S9375, S9376, S9377)
S9379	Home infusion therapy, infusion therapy not otherwise classified; per diem
S9490	Home infusion therapy, corticosteroid infusion; per diem
S9494-S9504	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; per diem (includes codes S9494, S9497, S9500, S9501, S9502, S9503, S9504)
S9538	Home transfusion of blood product(s); per diem
S9542	Home injectable therapy, not otherwise classified; per diem
S9560	Home injectable therapy, hormonal therapy (e.g., leuprolide, goserelin); per diem
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); per diem
S9810	Home therapy, professional pharmacy services, per hour
T1001	Nursing assessment/evaluation
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes
T1004	Services of a qualified nursing aide, up to 15 minutes
T1021	Home health aide or certified nurse assistant, per visit
T1022	Contracted home health agency services, all services provided under contract, per day
T1030	Nursing care, in the home, by registered nurse, per diem
T1031	Nursing care, in the home, by licensed practical nurse, per diem

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy created.	9/25	

References

1. Indiana Family & Social Services Administration. Indiana Health Coverage Programs: Provider Reference Module-Home health services.
<https://www.in.gov/medicaid/providers/files/modules/home-health-services.pdf>. Published October 3, 2023. Accessed August 21, 2025.
2. State of Indiana. Indiana health coverage programs. [IHCP Home Health Services](#). Accessed August 19, 2025.
3. Centers for Medicare and Medicaid Services, HHS. §440.70 Home health services.
<https://www.govinfo.gov/content/pkg/CFR-2010-title42-vol4/pdf/CFR-2010-title42-vol4-sec440-70.pdf>. Published September 29, 1978 (revised January 5, 1998). Accessed August 19, 2025.

Important Reminder

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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.

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.



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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.

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