Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP287

Section: Medical Benefit Policy

Subject: Shift Care

Applicable Lines of Business

Commercial	**X**	**CHIP**	**X**
Medicare	**X**	**ACA**	**X**
Medicaid	**X**		

I. Policy: Shift Care

II. Purpose/Objective:

To provide a policy of coverage regarding shift care

III. Responsibility:

A. Medical Directors
B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

INDICATIONS: <u>REQUIRES PRIOR AUTHORIZATION by a Plan Medical Director or designee</u>.

Applicable to Medicaid Business Segment Only

Skilled Nursing Care in Home or Outside of Home

In accordance with PA Code § 1249.53 skilled nursing care is considered medically necessary. Shift skilled nursing is considered medically necessary when ordered by the member's attending physician and **ALL** of the following criteria are met:

The services are performed by a registered nurse or licensed practical nurse; and
The services are reasonable and necessary for the treatment of an illness or injury and is:

- consistent with the member's medical needs as determined by the attending physician
- consistent with accepted standards of medical practice

The skilled nursing care includes, but is not limited to, any of the following:

- Observation and evaluation
- Teaching/training the member or the member's family to provide care such as:
    - Giving injections
    - Irrigation of a catheter
    - Applying wound dressings involving prescription medication and using aseptic techniques
    - Proper use of medications
- Insertion of sterile catheters
- Bladder training
- Administering injections
- Administering enteral and intravenous total parenteral nutrition
- Treating decubitus ulcers and other skin disorders
- Tracheostomy care
- Ventilator Care
- Ostomy Care
- Positioning/lifting techniques,
- Nutritional diets (such as diabetic diet)

The following documentation is required:

- Letter of Medical Necessity (LOMN) dated within one (1) month of submission
    - LOMN should include Medical Necessity reasoning for why the Nurse or Aide is needed, what services they are to provide, and the hours needed. The LOMN should also include information such as, seizures (most recent), weight and feeding management, diabetic management etc.
- Plan of care (PA 485 Home Health Certification)
- Social history inclusive of home situation; other special needs children in the home and any Primary Care Giver (PCG) disability
- Parent/guardian's "medical certification" of inability to care for the child (when applicable)
- Monthly breakdown of hours along with the daily breakdown (EX: 8 hours/day, 5 days/week for parent's work)
- Parent/guardian's work schedule and commuting time (when applicable); Work verification from employer
- Letter from caregiver's MD if saying they are disabled or have restrictions
- Child's school schedule and transportation time, after school activity schedule (when applicable)
- Any additional information the family or provider wants to have considered in the decision

For Re-authorizations, all of the above are needed and the most recent recertification note, inclusive of any logs needed (i.e. Seizure logs, weight management, feeding logs etc.)

Guidelines for Authorization requests (guidelines only, each request is reviewed on individual basis of need)

- Shift Care Hours: Shift Care Approvals would be considered as needed up to sixteen (16) hours per day (Exception based of medical necessity following in-patient hospitalizations and need up to Twenty-Four (24) hours x 2 weeks for PCG teaching and Member stabilization at home)
- Requests for parental sleep may equal eight (8) hours/night; must be medically necessary
- Requests for Medical Appointment accompaniment may equal up to twelve (12) hours/month (requests for visits requiring more time or overnight stays need to be reviewed prior to appointments)
- Requests for parent's work/commute will be based on work verification. If parent own's their own business must provide EIN number with work verification
- Requests for school coverage/ transportation accompaniment will be based on information provided in school letter. School letter needs to specify the school start and end time and bus/Van pick up and drop off times if including transportation with nurse/aide accompaniment.
- Requests for assistance in the home may equal up to eight (8) hours a day. Amount determined by home situation such as; single parent, one parent in home while other is working and other special needs children in home, PCG disability, extensive chronic care medical situation, requirement of at least two people for care, other situations would be considered based on an individual basis.
- Requests for social activities (e.g., summer camp) must have proof of Medical Necessity, inability of primary care giver to provide.
- Requests for Extended Household Duties (EHHD) (shopping, paying bills, running errands) may equal up to eight (8) hours per week.

Re-authorizations require any noted changes to Member or Household. Routine Services or Services where PCG has been taught and is proficient and able to provide those services would be reviewed for changes in authorization hours and or Medical Need.

LIMITATIONS:

- Activities such as, but not limited to, the administration of eye drops, topical ointments, applying creams, and bathing the skin do not constitute skilled care. Each request for this type of service will be evaluated on an individual basis for determination of medical necessity.

- Skilled nursing is not covered once the member is 21 years of age

- A minimum number of specified hours [e.g., four (4) continuous hours] considered to be medically necessary cannot be required in order to authorize services. Each request submitted must be reviewed for medical necessity on its own merit and an appropriate decision rendered.

- A request may not be denied because the service will be provided in a location outside of the child's home, such as, but not limited to, a school setting. Each request submitted must be reviewed for medical necessity on its own merit and an appropriate decision rendered.

- A request may not be denied because it is believed that the service should be covered as part of a child's Individualized Education Program (IEP) or Section 504 Plan. Each request submitted must be reviewed for medical necessity on its own merit and an appropriate decision rendered.

Home Health Aide in Home or Outside of Home

In accordance with PA Code § 1249.54, home health aide service is considered medically necessary when ALL of the following criteria are met:

- The home health aide service is provided in conjunction with skilled care or, when personal care services are medically necessary; and
- There is documentation of communication between the home health aide and a supervisory nurse regarding the member during recertification (60 days); and
- The assignment of home health aide services is made in accordance with a written treatment plan established by the member's attending physician which indicates a need for personal care services, and the specific services to be furnished by the home health aide is determined by a registered nurse. If skilled care is not required, the members attending physician must certify that the personal care services are medically necessary.

Personal care services that may be performed by a home health aide include, but are not limited to, assisting the member with:

- Bathing and personal hygiene;
- Dressing
- Feeding
- Toileting
- Ambulation and transfer;
- Exercise;
- Retraining the member in necessary self-help skills

LIMITATIONS:
Domestic and/or housekeeping services that are unrelated to the member's care such as, but not limited to, vacuuming, dusting, floor mopping, kitchen and bathroom maintenance, washing, mending and ironing clothes, child care do not constitute home health aide services.

Home health aide service is not covered once the member is 21 years of age

PROCESS: Please refer to Medical Management Procedure MM0008.

CODING ASSOCIATED WITH: Shift Care
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements

S9123 Nursing care, in the home; by registered nurse, per hour
S9124 Nursing care, in the home; by licensed practical nurse, per hour
T1019 home health aide or certified nursing assistant, proving care in the home; per 15 minutes

LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:
Pennsylvania health Choices: Managed Care Operations memorandum. General Operations: MCOPS Memo #03/210-7. Unstaffed Authorized Hours of Shift Nursing Care.

055 PA Code § 1249.53 Payment Conditions for Skilled Nursing Care

055 PA Code § 1249.54 Payment Conditions for Home Health Aide Services

This policy will be revised as necessary and reviewed no less than annually.

Devised: 8/16

Revised: 12/16, 7/17, 8/20 (added maximum age limitation); 8/22 (revise documentation requirements)

Reviewed: 7/18, 7/19, 8/21

Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at https://www.geisinger.org/health-plan/providers/ghp-clinical-policies