

Program Operations Manual System (POMS)

Effective Dates: 09/15/1989 - Present

HI 00601.330 Definition of Intermittent

To be considered in need to “intermittent” skilled nursing care, an individual must require a skilled nursing service at least once every 60 days. Cases in which a skilled nursing service is required only once every 60 days are the exception rather than the rule. Since the need for an intermittent skilled nursing service makes the individual eligible for other covered home health services, home health claims based on such a service are carefully reviewed by the intermediary. Intermittent skilled nursing care could include infrequent, yet intermittent, observation and evaluation visits for the blind diabetic at least every 90 days, or the changing of an indwelling silicone catheter at 90-day intervals. A one-time nursing service is not considered a need for intermittent skilled nursing care. However, when the need for a skilled nursing visit at least once every 60 days is medically predictable, but a situation arises after the first visit making additional visits unnecessary, e.g., the patient dies or is hospitalized, the one visit made is reimbursable.

Although most patients require services no more frequently than several times a week, medicare will pay for part-time medically reasonable and necessary skilled nursing care 7 days a week for a *short* period of time (2-3 weeks).

A person expected to need more or less full-time skilled nursing care over an extended period of time; i.e., a patient who requires institutionalization, would usually not qualify for home health benefits.

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HI 00601.330 - Definition of <Quote>Intermittent</Quote> - 09/15/1989

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Program Operations Manual System (POMS)

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HI 00601.350 Skilled Nursing Services—Examples

A. Teaching and training activities

Teaching and training activities which require the skills or knowledge of a nurse constitute skilled nursing services. These include but are not limited to teaching or training the patient, a family member or others to:

1. Give an injection;
2. Irrigate a catheter;
3. Care for a colostomy or ileostomy;
4. Administer medical gases;
5. Prepare and follow a therapeutic diet;
6. Apply dressings to wounds involving prescription medications and aseptic techniques;
7. Carry out bladder training;
8. Carry out bowel training (only when bowel incontinency exists);
9. Perform activities of daily living (dressing, eating, personal hygiene, etc.) for themselves through use of special techniques and adaptive devices where they have suffered a loss of function;

10. Align and position a bed-bound patient;
11. Perform transfer activities, e.g., bed to chair or wheelchair, wheelchair to bathtub or toilet; and
12. Ambulate by means of crutches, walker, cane, etc.

In determining the reasonable and necessary number of teaching visits consideration is given to whether the home teaching constitutes a reinforcement of that provided in an institution or is the initial instruction received by the patient.

B. Supervisory activities

A nurse performs various types of supervisory services. Those which require a nurse's particular skill, knowledge, and judgment constitute skilled nursing service.

1. Direct supervision of the performance of a skilled nursing service performed by other than a nurse

The direct supervision provided by a licensed nurse of the performance of a skilled nursing service by other than a nurse constitutes a skilled nursing service, e.g., supervising a student nurse in giving an intravenous or intramuscular injection.

2. Supervision by a registered nurse of home health aide services

The fact that the conditions of participation require a R.N. to visit the patient's home at least every 2 weeks in order to provide *general supervision* to the aide and to evaluate the patient's continuing *personal care* needs does not affect the unskilled nature of the service rendered by the home health aide. Nor do such activities of the supervising nurse represent skill nursing care. Such supervisory visits are not reimbursable as skilled nursing visits.

C. Insertion of a catheter

The insertion of a catheter is a skilled nursing service and is considered reasonable and necessary when the individual has suffered a permanent or temporary loss of bladder control.

1. Bladder training

When the loss of control necessitating the use of the catheter is temporary, visits made by the nurse to change the catheter must also include *instruction* of the patient and/or family in bladder training methods. (The actual carrying out of the bladder training, e.g., forcing fluids, or other measures does not require the skills of a nurse.) After the catheter has been removed a reasonable number of visits by the nurse may be necessary to observe and evaluate the effectiveness with which the bladder training has been carried out.

2. Use of male orderlies

It is established practice to have urinary catheters inserted in male patients by male orderlies. In recognition of this practice, this service by the male orderly may be considered a skilled nursing service even though not performed under the direct supervision of a licensed nurse. This constitutes an exception to the definition of skilled nursing care.

D. Administration of medications

1. Intravenous and intramuscular injections

Intramuscular and intravenous injections of medications constitute skilled nursing services. However, if the drug injected is not considered an effective treatment for the condition given, or a medical reason does not exist for providing it by injection rather than by mouth, the injection is not considered reasonable and necessary to the treatment of the individual's illness. Also, if the patient or a member of their family has been taught to administer an intramuscular injection it would not be deemed reasonable and necessary to have a nurse administer the injection. Intravenous injections may only be given by a professional medical person.

The drugs and biologicals injected are specifically excluded from coverage under the home health benefit.

a. Vitamin B-12 injections

Vitamin B-12 injections are considered specific therapy only for the following conditions:

1. CERTAIN ANEMIAS

Pernicious anemia: megaloblastic anemias, macrocytic anemias; fish tapeworm anemia;

2. CERTAIN GASTROINTESTINAL DISORDERS

Gastrectomy; malabsorption syndromes such as sprue and idiopathic steatorrhea; surgical and mechanical disorders such as resection of the small intestine, strictures, anastomoses and blind loop syndromes;

3. CERTAIN NEUROPATHIES

Posterolateral sclerosis; other neuropathies associated with pernicious anemia; during the acute phase or acute exacerbation of a neuropathy due to malnutrition and alcoholism.

b. Insulin injections

Insulin injections are specific therapy for diabetes. However, if the individual or a family member has been taught to give the injection it is not considered reasonable and necessary to the treatment of the individual's illness to have a nurse administer such injections. If the patient is mentally and physically able to be taught to give themselves the injection but refuses to learn to do so, visits by a nurse to administer the injections are *not* considered reasonable and necessary and would not be reimbursable under the program. If a patient has a psychological block to giving themselves an insulin injection, they would be considered mentally unable to be taught to render the self-injection.

2. Oral medications

Usually, the administration of oral medications does not require the skills of a licensed nurse in the home setting. However, this would not preclude payment in the unusual situation in which the complexity of the patient's condition and the number of drugs prescribed require the skills of a nurse to detect and evaluate side effects or reactions.

E. Intravenous and hypodermoclysis feedings

These feedings require the skills of a nurse. However, due to the time required for feedings and the fact that an individual requiring such feedings generally requires a higher level of care than can be provided in the home setting, it is expected that they will be furnished in the home only when the individual is waiting to be institutionalized or is in the terminal stages of an illness.

F. Skin care

1. Extensive decubitus ulcers or other widespread skin disorder

The existence of extensive decubitus ulcers or other widespread skin disorder *may* necessitate skilled care. The principal indication of whether skilled care is required is the physician's orders for treating the skin, rather than the patient's diagnosis.

2. Routine prophylactic and palliative skin care

Activities such as bathing the skin, applying creams, etc., do not constitute skilled services. Nor does the presence of a small decubitus ulcer, rash, or other relatively minor skin irritation generally indicate a need for skilled care.

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Program Operations Manual System (POMS)

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HI 00601.340 When Skilled Nursing Care is Reimbursable

A. General

Reimbursable skilled nursing care consists of those services reasonable and necessary to the treatment of an illness or injury (see F. below) which must be performed by, or under the direct supervision of, a licensed nurse (R.N., L.P.N. or L.V.N.) if the safety of the patient is to be assured and the medically desired result achieved.

B. Consideration is given to both the inherent complexity of the service and the condition of the patient

In many instances a service is classified as a skilled nursing service on the basis of its complexity alone, e.g., intravenous and intramuscular injections or insertion of catheters. In others, the classification requires a consideration of both the nature of the services *and* the condition of the patient, i.e., in a given case the patient's condition may be such that a service which would normally be classified as unskilled can only be provided safely and effectively by a skilled individual. For example, in some situations a patient who has had rectal surgery may be given an enema safely and effectively only by a nurse.

C. A service is not considered a skilled nursing service merely because it is performed by, or under the direct supervision of, a licensed nurse

When services can be safely and effectively performed (or self-administered) by the average, non-medical person without the direct supervision of a licensed nurse, the services cannot be regarded as a skilled nursing service. For example, the giving of a bath does not generally require the skills of a nurse. Consequently, it does not constitute a skilled nursing service even though it is performed by a nurse.

D. A skilled nursing service taught to the patient does not negate the skilled aspect of the service when performed by the nurse

It is customary to teach the patient and/or a family member the skills required to administer insulin injections safely and effectively. Once the patient or other nonmedical person has mastered these skills, they are to all intents and purposes functioning as a *skilled* person when administering or self-administering the injection. If a patient is unable to learn these skills or is physically or mentally incapable of performing the service for themselves, e.g., they are blind, senile, or spastic, and there is no one else willing and able to learn and perform the service for them, the administration of the injection by a nurse constitutes a skilled nursing service.

E. A service which could be performed by the average nonmedical person is not converted to a skilled nursing service when a competent person is not available

For example, an individual who suffers from constipation requires an enema from time to time. There is no doubt that the enema is of great importance to them. However, since it can be performed by the average nonmedical person, the fact that no one is available in the home to provide this service does not change it to a skilled nursing service.

F. Reasonableness of, and necessity for, skilled nursing care

Program payment may be made for skilled nursing services required by an individual only if they are found to be reasonable and necessary for the *treatment* of the individual's illness or injury. To be considered reasonable and necessary for the treatment of an illness or injury, the services furnished must be consistent with the nature and severity of the individual's illness or injury, their particular *medical* needs and accepted standards of medical practice.

Services directed to the prevention of illness or injury are not covered under the program.

G. Observation and evaluation

Effective with services furnished on or after 5-17-78, observation and evaluation of a patient's condition is a skilled nursing service. The observation and evaluation services, including the frequency of the visits and any subsequent changes in the frequency, must be ordered by a physician. These services are considered reasonable and necessary when the possibility exists that significant changes (which may require institutionalization or changes in the treatment plan) may occur in the patient's condition.

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HI 00601.400 Services of a Home Health Aide

The primary function of a home health aide is the personal care of a patient under the supervision of a registered professional nurse and, if appropriate, a physical, speech, or occupational therapist. The assignment of a home health aide to a particular case must be made in accordance with a written plan of treatment established by a physician which indicates the patient's need for personal care services. The specific personal care services to be provided by the home health aide must be determined by a registered professional nurse and not by the home health aide.

Personal care duties which may be performed by a home health aide include assistance in the activities of daily living, e.g., helping the patient to bathe, to get in and out of bed, to care for their hair and teeth, to exercise, and to take medications specifically ordered by a physician which are ordinarily self-administered, and retraining the patient in necessary self-help skills. Covered home health aide services usually last 1-3 hours per visit and generally are provided 2 or 3 times a week.

While the primary need of the patient for home health aide services furnished in the course of a particular visit may be for personal care services furnished by the aide, the home health aide may also perform certain household services which are designated to the home health aide in order to prevent or postpone the patient's institutionalization.

These services may include keeping a safe environment in areas of the home used by the patient, e.g., changing the bed, light cleaning, rearrangements to assure that the beneficiary can safely reach necessary supplies of medication, laundering essential to the comfort and cleanliness of the patient, etc., seeing to it that the nutritional needs (which may include the purchase of food and assistance in the preparation of meals) of the patient are met, and washing utensils used in the course of the visit. If these household services are incidental and do not substantially increase the time spent by the home health aide, the cost of the entire visit would be reimbursable. Housekeeping services would materially increase the amount of time required to be spent by the home health aide to make the visit above the amount of time necessitated by care for the patient are not reimbursable. Where another member of the household is an equally aged and feeble or ill person, e.g., an aged spouse or parent of the beneficiary, certain services performed by the home health aide may be advantageous to both members of the household but would nevertheless be reimbursable if the amount of time spent by the aide is not materially increased in order to serve the nonbeneficiary member.

The discussion of part-time or intermittent services in HI 00601.440 is applicable to home health aides.

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Home health basics

Home health care includes a wide range of health and social services delivered in your home to treat illness or injury. Services covered by Medicare's home health benefit include intermittent skilled nursing care, therapy, and care provided by a home health aide. Depending on the circumstances, home health care will be covered by [either Part A or Part B](#).

Medicare covers your home health care if:

1. You are [homebound](#), meaning it is extremely difficult for you to leave your home and you need help doing so.
2. You need skilled nursing services and/or skilled therapy care on an intermittent basis.
 - a. Intermittent means you need care at least once every 60 days and at most once a day for up to three weeks. This period can be longer if you need more care, but your care needs must be predictable and finite.
 - b. Medicare defines skilled care as care that must be performed by a skilled professional, or under their supervision.
 - c. Skilled therapy services refer to physical, speech, and occupational therapy.
3. You have a face-to-face meeting with a doctor within the 90 days before you start home health care, or the 30 days after the first day you receive care. This can be an office visit, hospital visit, or in certain circumstances a face-to-face visit facilitated by technology (such as video conferencing).
4. Your doctor signs a home health certification confirming that you are homebound and need intermittent skilled care. The certification must also state that your doctor has approved a [plan of care](#) for you and that the face-to-face meeting requirement was met.
 - a. Your doctor should review and certify your home health plan every 60 days. A face-to-face meeting is not required for recertification.

And, you receive care from a Medicare-certified home health agency (HHA).

Note: You cannot qualify for Medicare home health coverage if you only need occupational therapy. However, if you qualify for home health care on another basis, you can also get occupational therapy. When your other home health needs end, you can continue receiving Medicare-covered occupational therapy under the home health benefit if you need it.

If you meet all the requirements, Medicare should pay for skilled care in your home and/or home health aide services. If you have questions or experience billing issues, call 1-800-MEDICARE.

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Home health services

Home health is a wide range of health care services that you can get in your home for an illness or injury. Home health care is usually less expensive, more convenient, and just as effective as care you get in a hospital or skilled nursing facility (SNF).

Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) cover eligible home health services as long as you need part-time or intermittent skilled services and you're "homebound," which means:

- You have trouble leaving your home without help (like using a cane, wheelchair, walker, or crutches; special transportation; or help from another person) because of an illness or injury.
- Leaving your home isn't recommended because of your condition.
- You're normally unable to leave your home because it's a major effort.

Covered home health services include:

- Medically necessary part-time or intermittent skilled nursing care, like:
 - Wound care for pressure sores or a surgical wound
 - Patient and caregiver education
 - Intravenous or nutrition therapy
 - Injections
 - Monitoring serious illness and unstable health status
- [Physical therapy](#)
- [Occupational therapy](#)
- [Speech-language pathology services](#)
- Medical social services
- Part-time or intermittent home health aide care (only if you're also getting skilled nursing care, physical therapy, speech-language pathology services, or occupational therapy at the

same time), like:

- Help with walking
 - Bathing or grooming
 - Changing bed linens
 - Feeding
-
- Injectable [osteoporosis drugs](#) for women
 - [Durable medical equipment](#)
 - Medical supplies for use at home
 - Disposable negative pressure wound therapy devices

A doctor or other health care provider (like a nurse practitioner) must assess you face-to-face before certifying that you need home health services. A doctor or other health care provider must order your care, and a Medicare-certified home health agency must provide it.

If your provider decides you need home health care, they should give you a list of [agencies that serve your area](#). They must tell you if their organization has a financial interest in any agency listed.

In most cases, "part-time or intermittent" means you may be able to get skilled nursing care and home health aide services up to 8 hours a day (combined), for a maximum of 28 hours per week. You may be able to get more frequent care for a short time (less than 8 hours each day and no more than 35 hours each week) if your provider determines it's necessary.

Medicare **doesn't** pay for:

- 24-hour-a-day care at your home
- Home meal delivery
- Homemaker services (like shopping and cleaning) unrelated to your care plan
- Custodial or personal care that helps you with daily living activities (like bathing, dressing, or using the bathroom), when this is the only care you need

You won't qualify for the home health benefit if you need more than part-time or "intermittent" skilled care. You may leave home for medical treatment or short, infrequent absences for non-medical reasons, like attending religious services. You can still get home health care if you attend adult day care.

Your costs in Original Medicare

- \$0 for covered home health care services.
- After you meet the Part B deductible, 20% of the Medicare-approved amount for Medicare-covered medical equipment.

Before you start getting your home health care, the home health agency should tell you how much Medicare will pay. The agency should also tell you (both verbally and in writing) if Medicare won't pay for any items or services they give you, and how much you'll have to pay for them. The home health agency should give you a notice called the "Advance Beneficiary Notice" (ABN) before giving you services and supplies that Medicare doesn't cover.

If you get your Medicare benefits through a Medicare Advantage Plan (Part C) or another Medicare health plan, check with your plan for more information about your home health benefits. If you have a Medicare Supplement Insurance (Medigap) policy or other health insurance coverage, tell your doctor or other provider so your bills get paid correctly.

If you get services from a home health agency in Florida, Illinois, Ohio, North Carolina, or Texas, you may be affected by a Medicare demonstration program. Under this demonstration, your home health agency may submit a request for pre-claim review of coverage for home health services to Medicare. This helps you and the home health agency know earlier in the process if Medicare is likely to cover the services. Medicare will review the information and cover the services if the services are medically necessary and meet Medicare requirements.

Your Medicare home health services benefits aren't changing and your access to home health services shouldn't be delayed by the pre-claim review process. For more information, call us at 1-800-MEDICARE. TTY users can call 1-877-486-2048.

Things to know

- Once your doctor or other provider refers you for home health services, the home health agency will schedule an appointment to talk to you about your needs and ask you some questions about your health.
- The home health agency staff will also talk to your doctor or other provider about your care plan and keep them updated on your progress. [What's a home health care plan? ⓘ](#)
- It's important that home health staff visit you as often as the doctor or other provider ordered. [What health care services will my home health staff provide? ⓘ](#)

Related resources

[Medicare & Home Health Care](#)

[Find home health services](#)

[How do I file a complain about the quality of my home health care?](#)

[Learn about quality of patient care star ratings](#)

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[Last Review](#)

03/25/2024

Effective: 05/15/1998

Next Review: 02/13/2025

[Review History](#)

[Definitions](#)

Policy

Scope of Policy

This Clinical Policy Bulletin addresses skilled home health care nursing services.

I. Medical Necessity

A. Skilled nursing care consists of those services that must be performed by a registered nurse or licensed practical (vocational) nurse, and meet *all* of the following criteria for

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skilled nursing services:

1. Pursuant to physician orders, the service(s) is so inherently complex that it can be safely and effectively performed only by, or under the supervision of, a licensed nurse to achieve the medically desired result; *and*
2. The skilled nursing care must be provided on an intermittent* or hourly** basis; *and*
3. The skilled nursing service is not custodial*** in nature; *and*
4. The skilled nursing service(s) must be reasonable and necessary for the treatment of the illness or injury, that is, the services must be consistent with the unique nature and severity of the member's illness or injury, his or her particular medical needs, and accepted standards of medical and nursing practice, without regard to whether the illness or injury is acute, chronic, terminal, or expected to last a long time.

B. Skilled home health nursing care is the provision of intermittent skilled services to a member in the home for the purpose of restoring and maintaining his or her maximal level of function and health. These services are rendered in lieu of hospitalization, confinement in an extended care facility, or going outside of the home for the service.

Subject to applicable benefit plan terms and limitations, Aetna considers skilled home health nursing services medically necessary when *all* of the following criteria are met:

1. The member is homebound because of illness or injury (i.e., the member leaves home only with considerable and taxing effort and absences from home are infrequent, or of short duration, or to receive medical care); *and*
2. The nursing services provided are not primarily for the comfort or convenience of the member or custodial in nature; *and*
3. The services are ordered by a physician, physician assistant, or nurse practitioner and are directly related to an active treatment plan of care established by the provider; *and*

4. The services are provided in lieu of a continued hospitalization, confinement in a skilled nursing facility (SNF), or receiving outpatient services outside of the home;
and
5. The skilled nursing care is appropriate for the active treatment of a condition, illness, disease, or injury to avoid placing the member at risk for serious medical complications; *and*
6. The skilled nursing care is intermittent or hourly in nature *;
and
7. The treatment provided is appropriate for the member's condition including the amount of time spent providing the service as well as the frequency and duration of the services.

* Intermittent or part time skilled home care nursing is defined as a visit of up to 4 hours in duration.

** Home health skilled nursing care is defined as a consecutive 4-hour period of time (i.e., an 8-hour shift equals 2 visits).

*** Custodial care is defined as services and supplies furnished to a person mainly to help him or her with activities of daily life.

Custodial care includes services and supplies:

1. Furnished mainly to train or assist the insured family member in personal hygiene and other activities of daily living rather than to provide therapeutic treatment;
2. That can be safely and adequately provided by persons without the technical skills of a health care provider (e.g., nurse).

Custodial care can be prescribed by a physician or given by trained medical personnel. It may involve artificial methods such as feeding tubes, ventilators or catheters. Examples of custodial care include:

- Routine patient care such as changing dressings, periodic turning and positioning in bed, administering oral

medications;

- Care of a stable tracheostomy (including intermittent suctioning);
- Care of a stable colostomy/ileostomy;
- Care of stable gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings;
- Care of a stable indwelling bladder catheter (including emptying/changing containers and clamping tubing);
- Watching or protecting a member (examples include but not limited to pulse oximetry monitoring, monitoring of respiratory status, and seizure monitoring and observation in a person who is stable without cardiorespiratory compromise);
- Respite care, adult (or child) day care, or convalescent care;
- Institutional care, including room and board for rest cures, adult day care and convalescent care;
- Help with the daily living activities, such as walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating or preparing foods;
- Any services that a person without medical or paramedical training could be trained to perform; *and*
- Any service that can be performed by a person without any medical or paramedical training.

II. Policy Limitations and Exclusions

- A. Benefit plan documents may include a more specific definition of custodial care that would supersede the general definition of custodial care provided in this CPB. Please check benefit plan descriptions for details.
- B. This CPB does not pertain to home infusion services. Home infusion services, including the related nursing service, are not considered to be part of the Home Health Care or Skilled Home Health Care Nursing Services benefit and do not accumulate toward any associated Home or Skilled Nursing benefit limits.
- C. Under traditional (e.g., Managed Choice POS, PPO, and indemnity) plans and out-of-network care in QPOS plans, additional benefits for nursing services beyond those that are provided for under the home health care benefit (outlined

above) may be available through the visiting or private duty nursing benefit. Please check benefit plans for details. See [CPB 0136 - Skilled Home Private Duty Nursing Care \(./100_199/0136.html\)](https://www.aetna.com/cpb/medical/data/200_299/0201.html) for information on criteria and limitations for the visiting or private duty nursing benefit.

III. Related Policies

- [CPB 0136 - Skilled Home Private Duty Nursing Care \(./100_199/0136.html\)](https://www.aetna.com/cpb/medical/data/200_299/0201.html)

CPT Codes / HCPCS Codes / ICD-10 Codes

Information in the [brackets] below has been added for clarification purposes. Codes requiring a 7th character are represented by "+".

Code	Code Description
CPT codes covered if selection criteria are met:	
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
99501	Home visit for postnatal assessment and follow-up care
99502	Home visit for newborn care and assessment
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)
99511	Home visit for fecal impaction management and enema administration

Code	Code Description
99512	Home visit for hemodialysis
Other CPT codes related to the CPB:	
99509	Home visit for assistance with activities of daily living and personal care
99510	Home visit for individual, family, or marriage counseling
HCPCS codes covered if selection criteria are met:	
G0162	Skilled services by a registered nurse (RN) in the delivery of management & 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 achieve 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 license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
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

Code	Code Description
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
S9124	Nursing care, in the home; by licensed practical nurse, per hour
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem
T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
T1001	Nursing assessment/evaluation
T1002	RN Services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes
T1030	Nursing care, in the home, by registered nurse, per diem
T1031	Nursing care, in the home, by licensed practical nurse, per diem
HCPCS codes not covered for indications listed in the CPB:	
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes, per month
S5100 - S5105	Day care services
S5120 - S5121	Chore services
S5125- - S5126	Attendant care services
S5130 - S5131	Homemaker service
S5135 - S5136	Companion care, adult
S5140 - S5141	Foster care, adult
S5150 - S5151	Unskilled respite care
S5170	Home delivered meals, including preparation; per meal
S5175	Laundry service, external, professional; per order
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by a home health aide or certified nurse assistant)

Code	Code Description
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by a home health aide or certified nurse assistant)
Other HCPCS codes related to the CPB:	
G0156	Services of a home health aide in home health setting, each 15 minutes
S5108	Home care training to home care client; per 15 minutes
S5109	Home care training to home care client; per session
S5110	Home care training, family; per 15 minutes
S5111	Home care training, family; per session
S5115	Home care training, nonfamily; per 15 minutes
S5116	Home care training, nonfamily; per session
S9098	Home visit, phototherapy services (e.g., Bili-lite) including equipment rental, nursing services, blood draw, supplies, and other services, per diem
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
T1004	Services of a qualified nursing aide, up to 15 minutes
T1021	Home health aide or certified nurse assistant, per visit

Background

Skilled nursing care is health care given when a person needs skilled nursing staff (registered nurse (RN) or licensed practical nurse (LPN)) to manage, observe, and evaluate care. Skilled nursing care requires the involvement of skilled nursing staff in order to be given safely and effectively. Care that can be given by non-professional staff is not

considered skilled nursing care. The goal of skilled nursing care is to help improve the patient's condition or to maintain the patient's condition and prevent it from getting worse.

Custodial care is care that helps persons with usual daily activities like walking, eating, or bathing. It may also include care that most people do themselves, like using eye drops, oxygen, and taking care of colostomy or bladder catheters.

Coverage of skilled home health care nursing services are limited to persons who are homebound. CMS guidelines state the following:

Any absence of an individual from the home attributable to the need to receive health care treatment, including regular absences for the purpose of participating in therapeutic, psychosocial, or medical treatment in an adult day-care program that is licensed or certified by a State, or accredited, to furnish adult day-care services in the State shall not disqualify an individual from being considered to be confined to his home. Any other absence of an individual from the home shall not so disqualify an individual if the absence is of infrequent or of relatively short duration. For purposes of the preceding sentence, any absence for the purpose of attending a religious service shall be deemed to be an absence of infrequent or short duration.

Glossary of Terms

Term	Definition
Custodial care	Services and supplies furnished to a person mainly to help him or her with activities of daily life
Home health skilled nursing care	A consecutive 4-hour period of time (i.e., an 8-hour shift equals 2 visits)
Intermittent or part time skilled home care nursing	A visit of up to 4 hours in duration

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