

Clinical Policy: Extended Home Health Services

Reference Number: LA.CP.MP.511c

Date of Last Revision: 04/25

[Coding Implications](#)

[Revision Log](#)

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

I. Background

Louisiana Healthcare Connections provides coverage for extended nursing services as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Coverage is based on the application of medical necessity criteria, submission of a prior authorization (PA), and an authorized healthcare provider (AHP) plan of care (POC). These services may be provided to Medicaid-eligible members/enrollees from birth through 20 years of age.

Extended home health, also referred to as extended skilled nursing services, may be provided to a member/enrollee under 21 years of age when all of the following criteria are met:

- The member/enrollee has a medically complex condition;
- A minimum of three (3) continuous hours of nursing care per day is required;
- Services are ordered by an authorized healthcare provider (AHP); and
- Services are deemed medically necessary by Louisiana Healthcare Connections.

II. Policy/Criteria

A. Medical Necessity Criteria

All home health services, including extended skilled nursing, must be medically necessary. Services are considered medically necessary when the member/enrollee's illness, injury, or functional limitations require skilled care in accordance with the Louisiana Nurse Practice Act (La. R.S. 37:911, et seq).

To qualify, services must be:

- Necessary to prevent deterioration of the condition,
- Ordered and certified by an AHP, and
- Delivered in the member/enrollee's place of residence.

All extended skilled nursing services require prior authorization by Louisiana Healthcare Connections. Requests for an increase in services are reviewed under full traditional PA processes.

B. Criteria for Medical Necessity

Medical necessity is determined when services reasonably meet **all** of the following conditions:

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1. Diagnose, cure, correct, or ameliorate defects, illnesses, and diagnosed conditions;
2. Prevent the worsening of conditions that:
 - Endanger life,
 - Cause pain,
 - Result in illness or disability, or
 - Cause physical/mental impairment or developmental delay;
3. Reduce the need for inpatient or more intensive medical services;
4. Restore or improve functionality lost or delayed due to illness, injury, or condition;
5. Assist the member/enrollee in accessing medical, social, educational, or other necessary services to support independence and quality of life.

The following are **not** considered in determining medical necessity:

1. Inconvenience to the member/enrollee or family;
2. Lack of personal transportation;
3. Lack of caregiver compliance with outpatient treatment requirements.

C. Face-to-Face Encounter

A face-to-face encounter must be completed as follows:

1. Occurs within:
 - 90 days prior to the start of services, or
 - 30 days after the start of services.
2. Must be related to the primary reason for home health services.
3. Can be performed by:
 - Physician;
 - Nurse practitioner (in collaboration with a physician);
 - Clinical nurse specialist;
 - Physician assistant;
 - Certified nurse-midwife;
 - Attending acute/post-acute physician.

Documentation must be included in the member/enrollee's record and used to support the POC.

D. Service Location

1. Services are provided in the **member/enrollee's place of residence**, defined as the setting where normal life activities occur.
2. The member/enrollee must not be in a:
 - Hospital,
 - Nursing facility,
 - Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID),
 - or
 - Any setting where Medicaid pays for room and board.

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3. Nurses may accompany the member/enrollee outside the residence when medically necessary (e.g., doctor's appointments).

E. Plan of Care (POC)

1. Must be developed and signed by the treating AHP.
2. Must certify:
 - The medical necessity of services;
 - That care is required on an intermittent basis in the residence.
3. The POC must be reviewed and updated every **60 days**.

Statements of hardship must be supported by the full medical record and not based on convenience or lack of transportation.

F. Caregiver Limitation

The need for extended skilled nursing must exceed the caregiver's ability to safely care for the member/enrollee without professional support.

G. Prior Authorization Requirements

1. Prior authorization is required for **all** extended nursing services.
2. The request must include:
 - All requested hours;
 - Signed POC; and
 - AHP's prescription.

Requests for increased hours will require full documentation to support the change.

H. Non-Covered Criteria

Extended skilled nursing services will **not** be approved under the following conditions:

1. Member/enrollee is over the age of 21;
2. Services are delivered outside of Louisiana;
3. Services are provided in any inpatient/residential setting reimbursed by Medicaid;
4. Services do not meet the medical necessity criteria described above.

III. Louisiana Healthcare Connections Responsibilities

Louisiana Healthcare Connections is responsible for:

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1. Reviewing and authorizing medically necessary extended skilled nursing requests for Medicaid-eligible members under age 21;
2. Ensuring services align with the Louisiana Medicaid Home Health Manual;
3. Assisting members/enrollees and families with identifying participating providers;
4. Communicating with providers to ensure POCs and documentation are accurate and current.

IV. Member/Enrollee Support

Members/enrollees or their legal guardians may contact Louisiana Healthcare Connections Member Services for assistance in locating a participating provider to submit prior authorization for medically necessary home health services.

Coding Implications

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HCPS Code	Modifier	Description
G0299	TT, U2, U3	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
G0300	TT, U2, U3	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes
G0156		Services of home health aide/hospice aide in home health or hospice settings, each 15 minutes.
S9123	TG, TN, TT, TU, TV, UH, UJ	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	TG, TN, TT, TU, TV, UH, UJ	Nursing care, in the home; by licensed practical nurse, per hour

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Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
Original approval date		11/21	
Changed name of policy from PDN to Extended Home Health Services. Added background including language from the LAC §305. Extended Nursing Services for Ages 0-21, pages 352. This new section replaces the Description, previous Policy/Criteria and Procedure sections. Updated Policy/Criteria section to add sections C-H. Added HCPS Codes from LDH HH FS for 00-20. Changed member to member/enrollee.	2/23	5/26/23	
Annual Review. Changed “beneficiary” to “member/enrollee”. References Reviewed and updated. Added HCPS Code G0156.	2/24	4/26/24	5/26/24
Annual Review. Format changes without changes to criteria. Reference reviewed and updated.	4/25	7/7/25	8/6/25

References

1. Louisiana Medicaid Home Health Services Provider Manual. Issued September 20, 2010.

Important Reminder

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. LHCC 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.

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 LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. 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. LHCC retains the right to change, amend or

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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.

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