SKILLED CARE AND CUSTODIAL CARE SERVICES

Policy Number: REHABILITATION 036.6 T2
Effective Date: September 1, 2016

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Related Policies
• Home Health Care
• Private Duty Nursing Services (PDN)

INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Please refer to the Member’s certificate of coverage, summary of benefits, and/or health benefits documentation for specific details regarding benefit coverage, exclusions, limitations and/or maximums.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.
**COVERAGE RATIONALE**

**Indications for Coverage**
- Skilled Care in the member’s place of residence (see definition below). Skilled Care includes:
  - Skilled nursing
  - Skilled teaching
  - Skilled rehabilitation (physical therapy, occupational therapy and speech therapy)
- For Skilled Care to be covered in the member’s place of residence, the following criteria must be met:
  - Be ordered and directed by a licensed practitioner or specialist (M.D., D.O., P.A. or N.P).
  - A plan of care must be established and periodically reviewed and updated by the treating practitioner or specialist.
  - The care must be delivered or supervised by a licensed nurse, technical or professional medical personnel in order to obtain a specified medical outcome.
  - It must not be Custodial Care (see definition below).
  - The patient’s condition must be documented to be such that they cannot receive the skilled care in a setting other than the member’s place of residence.

**Coverage Limitations and Exclusions**
- Skilled Care does not include Custodial Care (see definition below), including but not limited to domiciliary care, respite care, or rest cures.
- Services provided by personal care attendants, family members or nonprofessional caregivers.
- A service is not skilled care simply because there is not an available caregiver.
- Homemaker services unrelated to the member’s care or home meal delivery services (e.g., Meals-on-Wheels) or transportation services (e.g., Dial-a-Ride).
- Private Duty Nursing (please check the member specific benefit plan document).
- Home Health Services beyond benefit limits (e.g., visits).
- Services provided as part of another benefit.

**DEFINITIONS**

**Custodial Care:**
- Non-health-related services, such as assistance in activities of daily living (examples include feeding, dressing, bathing, transferring and companion services).
- Health-related services that are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function (even if the specific services are considered to be skilled services), as opposed to improving that function to an extent that might allow for a more independent existence.
- Services that do not require continued administration by trained medical personnel in order to be delivered safely and effectively.

**Place of Residence:** Wherever the patient makes his/her home. This may include his/her dwelling, an apartment, a relative's home, home for the aged, or a custodial care facility.

**Skilled Care:**
- Skilled Nursing
- Skilled Teaching
- Skilled Rehabilitation (physical therapy, occupational therapy and speech therapy)

To be skilled, the service must meet all of the following requirements:
- It must be delivered or supervised by licensed technical or professional medical personnel in order to obtain the specified medical outcome, and provide for the safety of the patient.
- It is ordered by a Physician.
- It is not delivered for the purpose of assisting with activities of daily living (dressing, feeding, bathing or transferring from bed to chair).
- It requires clinical training in order to be delivered safely and effectively, and
- It is not Custodial Care.

**APPLICABLE CODES**

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. 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 coverage for health services is determined by the member specific benefit plan.
This policy describes coverage for custodial and skilled services. Please refer to the Member's certificate of coverage, summary of benefits, and/or health benefits plan documentation for specific details regarding benefit coverage, exclusions, limitations and/or maximums.

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare coverage determination guideline that was researched, developed and approved by the UnitedHealthcare Coverage Determination Committee. [CDG.008.06]

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