



Policy Number: CP-IFP20-004A

Original Effective Date: January 1, 2021
Last Review Date: October 1, 2025

Home Health Services

Home health services are covered when they are provided as medically necessary rehabilitative or habilitative care, terminal care or maternity care. These services must be ordered by a doctor and be part of a written care plan.

Home health services are not a substitute for a primary caregiver in the home or as relief (respite) for a primary caregiver in the home. Family members or members in a member's home are not reimbursed for services.

Limitations

- Home health services are limited to 120 visits per year.
- Member must be homebound.
- **Members do not need to be homebound to receive TPN/ IV therapy**

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Home Health Services

Definitions or summary

- **Activities of daily living (ADL's)** are everyday activities such as eating, bathing, dressing, toileting, transferring, continence, personal hygiene and mobility necessary to complete these activities.
- **Custodial Care** describes supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel.
- **Extended Hours Skilled Nursing Care (Private Duty Nursing):** Extended hours home care are continuous and complex skilled nursing services greater than two consecutive hours per date of service in the member's home. Extended hours skilled nursing care services provide complex, direct, skilled nursing care to develop caregiver competencies through training and education to optimize the member's health status and outcomes.
- **Home health services** include one or more of the following disciplines: skilled nursing, physical therapy, occupational therapy, speech therapy, respiratory therapy, home health aide, registered dietician, and intravenous therapy (IV).
- **Homebound** means inability to leave home without considerable effort due to a medical condition. Lack of transportation does not qualify for homebound status.
- **Palliative Care.** specialized medical care for members living with a serious illness or life-limiting condition. The goal is to improve quality of life for both the member and their family, providing essential support at any age or stage of serious illness or condition, often together with curative treatment.
- **Rehabilitative therapy** is therapy provided by a PT, OT or ST as a restorative service, provided for the purpose of obtaining significant functional improvement, within a predictable period of time, toward a member's maximum potential ability to perform functional activities of daily living.
- **Skilled Care:** Services from licensed nurses or other licensed health care providers.

Coverage policy

Covered

- Home health services are limited to 120 visits per year.
- Skilled Nursing visit/services (i.e. wound care)
- Home health aide services, and other eligible home health services provided in the member's home, when member meet homebound criteria.
- Physical therapy, occupational therapy, speech therapy, respiratory therapy and services provided by a registered dietician.
- High-risk prenatal services, supplies and equipment,
- Phototherapy for newborns with high bilirubin levels Total parenteral nutrition or intravenous (TPN/IV) therapy, equipment, supplies and drugs related to IV therapy. Member does not need to be homebound to receive TPN or IV therapy
- Home visits by a registered nurse for post-delivery care. Services provided by the registered nurse include but are not limited to parent education; help and training in breast and bottle feeding; and necessary and appropriate clinical tests.

- * 120 hours of services from a private duty nurse or personal care assistant to assure proper training of staff to communicate with a ventilator-dependent patient (when member is admitted to a hospital or skilled nursing facility).

Services not covered include but not limited to

- Planned home births
- Custodial care in-home and residential care that provides general protection and support
 - includes training or
 - educational services,
 - rest cures and
 - recovery care.
- Services when member stays in a facility or residence is meant to help with activities of daily living or provide a setting for ease and comfort
- Home health services are not a substitute for a primary caregiver in the home or as relief (respite) for a primary caregiver in the home. UCare does not reimburse family members, friends or residents.

Prior authorization**May be required for some services****Related policies and documentation***References to other policies or documentation that may be relevant to this policy*

Policy Number	Policy Description
CP-IFP21-006A	DME
CP-IFP21-010A	Palliative Care
CP-IFP20-005A	Home Hospice Services
CP-IFP23-34A	Maternity Services
CP-IFP20-002A	DME: Enteral/Total Parenteral Nutrition

References and source documents*Links to the UCare contracts, Center for Medicare, and Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy*[Individual & Family Plan Member Contract](#)[Minnesota Statute 62A.155 Coverage for Services Provided to Ventilator-Depended Persons](#)**Coverage policy development and revision history**

Version	Date	Note(s)
V1	Jan 1, 2021	New policy
V2	Dec. 14, 2021	Added approved definition of palliative care and related policies, updated policy number to CP-IFP20-004B
	Nov. 30, 2022	Annual review; no changes
	Oct.29, 2023	Annual review: added reference to Maternity Services Coverage Policy which includes information on home care visits post-delivery.
	May 8, 2024	Added language to align with member contract.
	Oct. 5, 2024	Annual review; no substantive changes.
	April 16, 2025	March 2025, DHS guideline requirement
	Oct. 1 2025	Annual Review: Updated TPN/ IV language with updated 2026 contract language; Removed Skilled Nursing statement from the summary to align with 2026 contract update. Changed none covered heading to match contract (Services not covered include but not limited to)