



PRACTITIONER'S GUIDE TO HOME CARE

Information in this packet is designed to assist the medical practitioner in determining whether a patient is appropriate for home care and whether services will or will not be covered by insurance. This is not a definitive guide and exceptions are always possible. Also, Medicare, which is usually the guiding force behind other insurance coverage, is constantly changing. Therefore, the information may have become outdated. When in doubt, it is best to contact the Sparrow Home Care Network (517-484-8640) for clarification.

SERVICES

Sparrow Home Care Network provides a comprehensive set of home-based services including:

- Certified Home Care
- Infusion Therapy
- Maternal Child Services

GUIDELINES

In general, if services are considered reasonable, medically necessary, can be provided safely in the home environment, and are related to the patient's diagnosis, the patient should be considered a candidate for home care. Sparrow Home Care also requires that a willing and able caregiver be available to the patient. This being the case, several requirements must be met for services to be covered by Medicare and most other insurance policies.

1. The patient must be under the care of a physician.
2. The physician must provide written orders for services.
3. Care must require the skills of a Registered Nurse, Physical Therapist, or Speech Therapist. The patient may qualify for reimbursement of other services but only if one or more of these disciplines is required.
4. Services must be part-time and intermittent.
5. The patient must be homebound. Leaving the home must require a "considerable and taxing effort" on the part of the patient. They do not necessarily need to be confined to a bed. The reason for the homebound status must be related to the patient's medical diagnosis or illness. If you restrict a patient's ability to drive, but leaving the home is in no other way impaired, they are not considered homebound. The patient may leave the home for medical treatment not available in the home, if leaving requires a considerable and taxing effort. The patient may also leave the home for social activities i.e. trip to the

beauty salon, social visit, religious services, etc. if the absences from the home are “infrequent” and for a “short duration”.

If you have specific questions about whether a patient qualifies, or would like to determine if a specific treatment will be allowed under Medicare, please contact our office, we will be glad to help.

PRIVATE INSURANCE

Most private insurance policies now allow for home care services. Often, the criteria are very similar to Medicare. Also, there may be a deductible for services. If your patient has a private insurance policy, we will be glad to determine the extent of the coverage.

SERVICES COVERED BY MEDICARE

- Skilled Nursing
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Medical Social Work
- Home Health Aides
- Nutritionists

NURSING SERVICES

In order for Medicare to pay for home nursing services, care must be provided by or under the supervision of a Registered Nurse and be safe and effective. Care must be reasonable and necessary to the diagnosis and treatment of client’s injury or illness. The need for care should be based on the client’s unique condition and individual needs without regard to whether the illness or injury is acute, chronic, terminal or expected to extend for a long period of time. If all of the above criteria are met, including those general requirements described earlier, nursing services may be provided. Nursing services generally fall into three categories.

Observation and Assessment

1. A skilled nurse is required to identify and assess need for modification of treatment or initiation of medical treatment
2. There is a reasonable potential for complications or progression to an acute episode.

Teaching and Training Activities

Teaching and training include activities or treatments that require the nurse to teach the client or caregiver how to manage the treatment regimen. If it is determined that the patient/caregiver will not or can not learn, or be trained, to provide the care, coverage will cease.

Activities include but are not limited to:

1. When complexity of wound, overall condition of client or the ability of the caregiver makes teaching necessary.
2. Administration of gastrostomy and enteral feedings, medications, or complex range of medications, gases medications, including signs of side effects and avoidance of interaction with other medications and food.
3. Care and application of any specialized dressing or skin treatment.
4. Transfer techniques, i.e. wheelchair to bed
5. Maintenance of therapeutic diet
6. Ostomy, or reinforcement of ostomy care, when bowel or bladder dysfunction exists
7. Maintenance of peripheral and central venous lines and IV medication administration through these lines.
8. Activities of daily living when assistive devices and or special techniques are required.

Skilled Treatments

1. Injections
2. Wound care
3. Intravenous medication administration
4. In-dwelling catheter insertion
5. Nasogastric tube insertion

Maternal/Child Services

In order for a patient to qualify for Sparrow's Maternal-Child services the patient must meet the guidelines of participating insurance carriers. In General, the patient must:

1. be under a physician's care
2. require skilled nursing care
3. require part-time intermittent care

Services provided by our maternal child program include in part:

A. Observation and Evaluation

1. Where the patient's condition may change
2. Where the physical assessment skills of a RN are required to evaluate assess and report significant findings to the physician.

B. Teaching, training and treatment

The patient, family members, and others may be taught to perform certain procedures or treatments.

1. Treatment of open and or infected wounds, surgical incisions, burns, weight loss,
2. Poor feed prognosis and failure to thrive.
3. Administration of injections, intravenous therapy, and medications requiring supervision.
4. Reinforcement of teaching related to peripheral and central line care.

5. Monitoring vital signs, oxygen therapy, and respiratory treatments
6. Home environmental evaluation/assessment for patients frequently admitted to the hospital.
7. Asthma management
8. Apnea monitor teaching, follow-up, and assessment.
9. Jaundice treatment with photo-therapy in home
10. Inserting and or replacing drainage tubes, catheters, and nasal/oral gastric tubes.
11. Pre-natal assessment for high-risk mothers.
12. Breast feeding assistance.
13. Assessment of mother-baby and premature/high risk infants after delivery/discharge.
14. Observation and teaching regarding special duties or gavage feedings.

THERAPY SERVICES

In order for Medicare to cover Therapy services the service must:

1. Require that it be performed by or under the supervision of licensed therapist.
2. A therapist's skills are needed to manage and periodically re-evaluate the appropriateness of a maintenance program due to intensified danger to the client.
3. Medical complications require supervision and/or observation of the client.
4. There is an expectation that services will result in improvement in a reasonable and predictable time period or are necessary to establish a safe and effective maintenance program.
5. Services must be specific and effective treatment for a client's condition
6. Must be consistent with the nature and severity of the illness or injury.

If all of the above criteria are met, including those general requirements described earlier, the patient may be eligible for therapy services.

The following is a list of covered therapy services with a non-inclusive list of examples of the types of service that may be provided.

Physical Therapy Services

1. Assessment of rehab needs and potential
2. Therapeutic exercises
3. Gait training, range of motion, ultrasound
4. Short-wave and microwave therapy
5. Hot packs
6. Home maintenance programs
7. Therapy and potential assessment

Speech Pathology

1. Processing of speech
2. Language communication
3. Swallowing ability

Occupational Therapy (Must be provided in conjunction with Nursing, PT or ST)

1. Rehab potential assessment
2. Services to restore physical function
3. Services to restore sensory integrative function
4. Services to improve independence in ADLs
5. Fitting of orthotic devices

Social Services (Must be provided in conjunction with Nursing, PT or ST)

1. Services designed to resolve problems that are expected to impede improvement in the client's medical condition
2. Referrals to and from community resources
3. Assistance with obtaining financial aid with nursing home placement

Health Aide Services (Must be provided in conjunction with Nursing, PT or ST)

Maintenance of treatment and care (NOTE: The reason for the visit must be related to the diagnosis and treatment plan. The visit cannot be for ancillary services only, such as light housekeeping, linen changes, etc.)

1. Hair and nail care
2. Non-sterile dressing changes
3. Personal Hygiene