



**BlueCross BlueShield  
of Illinois**

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

# Home Health Care Services

## Benefit

Home health care is a covered benefit. When services are obtained from a contracting home health care provider, the HMO pays the charges. If the IPA uses a non-contracting provider for approved home health care services, all charges are the financial responsibility of the IPA. **In addition, the IPA is financially responsible for one hundred percent of covered charges for home health care services ordered for ambulatory patients for whom care could have been provided in the office or an outpatient setting.**

## Interpretation

Comprehensive coverage is available to a homebound member as long as care is medically necessary, skilled, approved by the IPA physician, and provided through an agency meeting the criteria mentioned below. There should be medical reasons why services cannot be provided in the office or other ambulatory setting.

Coordinated Home Care Program means an organized skilled patient care program in which care is provided in the home. Care may be provided by a Hospital's licensed home health department or by other licensed home health agencies. The member must be homebound (that is unable to leave home without assistance and requiring supportive devices or special transportation) and must require Skilled Nursing Service on an intermittent basis under the direction of a Physician. This program includes Skilled Nursing Service by a registered professional nurse, the services of physical, occupational and speech therapists, hospital laboratories and necessary medical supplies. The program does not include and is not intended to provide benefits for Private Duty Nursing Service. It also does not cover services for activities of daily living (personal hygiene, cleaning, cooking, etc.).

A home health care visit is considered an intermittent skilled nursing visit of not more than two hours duration that may be ordered multiple times per day or week at a specified interval. Visits of longer duration are considered private duty nursing. Outpatient private duty nursing may not be in benefit (see Benefit Interpretation – for Private Duty Nursing).

Comprehensive coverage includes:

- Skilled nursing care visits
- Injectable medications
- Supplies, dressings
- Equipment
- Physical therapy
- Administration of blood components
- Total parenteral nutrition
- Foley catheter care
- Decubitus and wound care
- Home hemodialysis

A Home Health Agency must meet the following requirements:

- Is primarily engaged in providing skilled nursing services or therapeutic skilled services in home or places of residence
- Has policies established by professional personnel
- Is supervised by a Physician or Registered Professional Nurse
- Is licensed according to applicable state and local laws, and is certified by the Social Security Administration for participation under Title XVIII, Health Insurance for the Aged and Disabled
- Is certified as a Medicare Provider or licensed by the state
- Maintains clinical records on all members served

Each home health visit is charged to the Utilization Management Fund as cited in the Medical Service Agreement.

<b>Paid by</b>	Home Health Services (for a homebound member and when provided by a contracted provider)	<b>HMO</b>
	Home Health Services (for an ambulatory member or when Provided by a non-contracted provider)	<b>IPA</b>
	Outpatient lab services billed independently of the Home Health Services	<b>IPA</b>

**Note:** Benefit coverage and/or exclusions may vary for certain employer groups. To ensure current member benefit determination, please refer to the BCBS Benefit Matrix and/or contact customer service to confirm member coverage.

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