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Kaiser Foundation Health Plan of Washington

Clinical Review Criteria
Home Care Services Criteria

Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	Medicare Benefit Policy Manual Chapter 7 Home Health Services.
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None

For Non-Medicare Members

Kaiser Permanente has elected to use the MCG* Home Care Guidelines for medical necessity determinations. **

***MCG manuals are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363.

**note - Social Work is to be considered a secondary service and not a primary service

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, KPWA will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

The criteria for admission to home health services are based on the federal regulations for the Medicare home health benefit.

Evidence and Source Documents

Kaiser Permanente Home Care Services Policy HCS-06-1008.

Date Created	Date Reviewed	Date Last Revised
02/1996	01/05/2010[MDCRPC], 11/02/2010[MDCRPC], 09/06/2011[MDCRPC], 01/03/2012[MDCRPC], 11/06/2012[MDCRPC], 09/03/2013[MPC], 07/01/2014[MPC], 08/05/2014[MPC], 06/02/2015[MPC], 04/05/2016[MPC], 02/07/2017[MPC], 12/05/2017[MPC], 10/02/2018[MPC]	12/05/17

[MDCRPC] Medical Director Clinical Review and Policy Committee
[MPC] Medical Policy Committee

Revision History	Description
02/07/2016	MPC approved to adopt MCG 20th edition guidelines for home health services

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12/05/2017	MPC approved to adopt MCG 21st edition guidelines for home health services

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