



# Administrative Policy

**Subject: Hospital at Home (HAH)**

**Effective Date: October 1, 2024**

This reimbursement policy serves as a guide to assist providers with accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that Wellpoint will reimburse such service. Services must meet authorization, medical necessity guidelines appropriate to the procedure and diagnosis, and potentially other factors including, the member's state of residence.

Please follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating facility providers.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Wellpoint reserves the right to request records and itemized bills for claims billed with Revenue Code 0161.

## Description

Hospitalization at Home (HAH) Programs are designed to provide the essential elements of hospital care in the home setting for those Covered Individuals who meet the applicable MCG Guidelines and Medical Necessity criteria. A patient may be admitted to Hospital at Home Services from the provider's office, the emergency room, or inpatient acute setting. Wellpoint requires prior authorizations for all admissions to Hospital at Home Services.

## Policy

Wellpoint allows reimbursement for Hospital at Home (HAH) charges at 60% of the total billed charges when revenue code 0161 is billed on a UB up to a maximum benefit of \$8,000 per occurrence, when patients are eligible for Hospital at Home (HAH) services.

Wellpoint's Hospital at Home (HAH) benefits will follow the inpatient hospital benefits that apply to services that are performed in a traditional hospital setting, which includes, but is not limited to any applicable out of pocket costs, including but not limited to, deductible, copays, and coinsurance.

A HAH stay will be treated as acute inpatient level of care for purposes of applying any applicable Wellpoint Reimbursement Policies.

Wellpoint reviews claims to determine eligibility for payment. Services such as ER or in-patient acute are considered incidental and integral to the primary service rendered, or part of a global allowance, and are not eligible for separate reimbursement.

Wellpoint will not separately reimburse for HAH services immediately preceded by an Observation stay.

Home health care services will not be covered concurrently while a member is receiving HAH Services. The HAH provider is responsible for providing all services in the home while the member remains at a HAH level of care.

Wellpoint requires prior authorizations for all acute inpatient stays and HAH stays.

**Wellpoint uses Milliman Guidelines for Hospital at Home (HAH) for the following conditions:**

- Cellulitis
- Chronic Obstructive Pulmonary Disease (COPD)
- Heart Failure
- Pneumonia
- Urinary Tract Infection (UTI)
- Acute Viral Illness
- COVID-19

Other conditions shall be reviewed using the MCG inpatient guidelines.

**In addition to meeting medical necessity criteria, the following are required for admission to the HAH program:**

1. **Covered Individuals must be eighteen (18) years of age or older**
2. **Covered Individuals and/or their surrogate must be competent for medical decision-making**
3. **Covered Individuals and/or surrogate must be able to use telecommunication technology to communicate with the Provider's care team for the HAH Program**
4. **Covered Individuals must express preference for and consent to treatment in the home setting for the HAH Program**
5. **The home setting of Covered Individuals must be safe and shall meet the following criteria:**
  - a) Have a home setting with basic services available (including, but not limited to, water, electricity, air-conditioning, heat, telephone)
  - b) Have a home setting free from neglect and/or abuse
  - c) Any firearms must be safely stored
  - d) Pets in the home that may cause a hazard should be safely separated from equipment

## Provider Requirements

Daily Visits and Evaluation. The following visits and evaluations must occur each day that a Covered Individual is admitted into the HAH Program or otherwise as stated.

1. A physician or Nurse practitioner (NP) or physician assistant (PA) must conduct an initial evaluation in person within 24 hours prior to admission to the HAH program.
2. Following the initial evaluation, a physician or Nurse practitioner or physician assistant must evaluate each Covered Individual admitted to the Program daily either in-person or through telehealth.
3. After the initial evaluation a registered nurse must evaluate each Covered Individual once daily in-person during the HAH program.
4. Provider must have the capability of an immediate, on-demand remote audio connection to immediately connect either a registered nurse, physician, NP, or PA to the Covered Individual.
5. Provider must have the ability to respond in-person to a decompensating Covered Individual within thirty (30) minutes or by deploying 911 emergency responders or emergency paramedics.
6. Provider must have the ability to provide (or contract to provide) to Covered Individuals in the Program other services as related to the admitting Diagnosis, including but not limited to:
  - a) Pharmacy
  - b) Infusion
  - c) Respiratory care including oxygen delivery
  - d) Wound care
  - e) Diagnostics (e.g., labs, radiology)
  - f) Monitoring with at least two (2) sets of the Covered Individual vitals daily
  - g) Remote patient monitoring and equipment
  - h) Transportation, including, but not limited to, ambulance transfer in the event of emergency
  - i) Food services, including meal availability as needed by the Covered Individual
  - j) Durable Medical Equipment
  - k) Routine Medical Supplies, including, but not limited to, gloves, bandages, dressings, IV poles, etc.
  - l) Nursing, Home Health Aide, and Registered Dietitian services
  - m) Physical, Occupational, and Speech Therapy
  - n) Care coordination
  - o) Social work

These services are included in the HAH provider's payment for the HAH Program and will not be separately reimbursed, even provided by another provider or vendor.

### Quality Monitoring:

Provider must have a quality monitoring program with defined outcomes and periodic reporting. Quality metrics should include, but not be limited to, clinical, safety, and operational aspects of the program, such as: unanticipated mortality, readmissions, falls resulting in serious injury, escalation rate (transfer from HAH program for admission to brick-and-mortar hospital setting), and medication errors.

**Wellpoint will continue to update billing guidance as this program evolves.**

**Use of Reimbursement Policy**

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving, and we reserve the right to review and update these policies periodically. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Wellpoint.