KAISER PERMANENTE®

Kaiser Foundation Health Plan of Washington

Clinical Review Criteria
Advanced Care at Home

Criteria

For Medicare & Non-Medicare Members

Please note that availability of ACAH may be dependent on geography. Also, individual riders/contracts may vary in benefit design impacting member cost shares for services billed.

A. To receive advanced care in the home, the member must meet **ALL of the following:**
- The member must be referred into the advanced care program by the managing provider such as in an emergency room setting
- Advanced Care at Home requires preauthorization based on the member's health status, treatment plan, and home setting or another appropriate care location within the service area
- The clinical condition must meet inpatient medical necessity criteria, per MCG care inpatient hospitalization guidelines appropriate to the patient's clinical condition
- The member must consent to receiving advanced care described in the treatment plan
- The care location, such as the member's residence, must be within 30 minutes ground travel time of an emergency department **AND**
- The care location, such as the member's residence, must have cell service

B. Advanced Care at Home is provided through Medically Home, Kaiser Permanente's network provider, and will provide the following services in the member's home or appropriate care location:
- Home visits by RNs, physical therapists, occupational therapists, speech therapists, respiratory therapists, nutritionist, health aides, and other healthcare professionals in accordance with the Advanced Care at Home treatment plan and the provider's scope of practice and licensure.
- Communication devices to allow the member to contact the medical command center 24 hours a day, 7 days a week. This includes needed communication technology to support reliable connection for communication, and a personal emergency response system alert device to contact the medical command center if the member is unable to get to a phone.

C. Additional services covered under this benefit include:
- The following equipment necessary to ensure that the patient is monitored appropriately in home: blood pressure cuff/monitor, pulse oximeter, scale, and thermometer
- Mobile imaging and tests such as X-rays, ultrasounds, and EKGs
- Safety items when medically necessary, such as shower stools, raised toilet seats, grabbers, long handled shoehorn, and sock aids
- Meals when medically necessary while patient is receiving advanced care at home

In addition, the following services and items are covered under this benefit when prescribed as part of the Advanced Care at Home treatment plan:
- Durable Medical Equipment
- Medical Supplies

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- Member transportation to and from network facilities when member transport is medically necessary
- Physician Assistant and Nurse Practitioner house calls
- Emergency Department visits associated with this benefit

Exclusions: Private Duty Nursing; housekeeping or meal services not part of the Advanced Care at Home treatment plan; any care provided by or for a family member; any other services rendered in the home which are not specified in the member's Advanced Care at Home treatment plan

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, Kaiser Permanente 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

Advanced Care at Home is a personalized, patient-centered program that provides care for patients with certain clinical conditions in their homes, or at another appropriate care location.

Advanced Care at Home services must be associated with an acute episode and the treatment plan may include restorative care associated with the acute episode. The duration of an episode of care (which includes acute and restorative phases) is limited to a total of 30 days.

Applicable Codes

Member contracts differ in health plan benefits. Always consult the patient's Evidence of Coverage or call Kaiser Permanente Member Services at 1-888-901-4636 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. to determine coverage for a specific medical service.

******To verify authorization requirements for a specific code by plan type, please use the **Pre-authorization Code Check**.

Date Created	Date Reviewed	Date Last Revised
08/02/2022	08/02/2022[MPC], 08/01/2023[MPC], 12/03/2024[MPC]	08/06/2024

[MPC] Medical Policy Committee

Revision History	Description
08/06/2024	MPC approved the updated changes so that the standard cost-sharing rules will apply based on the type of service billed by qualified providers; 60-day notice required, effective 01/01/2025.

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