

## **Health Education**

### **Benefit Coverage**

Information regarding personal health behavior and health care, and recommendations related to the optional use of health care services.

### **Benefit Exclusion**

Exercise classes (fitness centers), diet counseling (weight control programs), done outside the participating physician's office and not offered as part of the health plan's wellness program, are not covered unless they are prior authorized by the IPA.

### **Examples of Covered Benefits**

1. Member Education - provided by PCP or IPA:
  - a. Use of clinical preventive services.
2. Patient Education - provided by IEHP:
  - a. Diabetes.
  - b. Asthma.
  - c. Injury prevention.
  - d. Health education materials developed by IEHP and distributed through PCP and IPA.

### **Examples of Non-Covered Benefits**

1. Exercise classes outside the participating physician's office that are not part of the health plan's wellness program.
2. Diet counseling outside the participating physician's office that are not part of the health plan's wellness program, and not prior authorized by the IPA.

## **Hearing Aids and Services**

### **Benefit Coverage**

Audiological evaluation to measure the extent of hearing loss and hearing aid evaluation to determine the most appropriate make and model of hearing aid. Children with qualifying conditions should be referred to the CCS Program.

Hearing aids: Monaural or binaural hearing aids including ear mold(s), the hearing aid instrument, the initial battery, cords and other ancillary equipment. Visits for fitting, counseling, adjustments, repairs, etc., at no charge, for one-year period following the provisions of covered hearing aid.

Limitation: This benefit is limited to a maximum of \$1,000 per member every thirty-six months for the hearing instrument and ancillary equipment.

### **Benefit Exclusion**

The purchase of batteries or other ancillary equipment, except those covered under the terms of the initial hearing aid purchase and charges for a hearing aid which exceeds specifications prescribed for correction of a hearing loss. Replacement parts of hearing aids, repair of hearing aid after the covered one-year warranty period, replacement of a hearing aid more than once in any period of thirty-six months, and surgically implanted hearing devices.

### **Examples of Covered Benefits**

1. Hearing aid, hearing aid cords, receivers, and ear molds.
2. Initial hearing aid batteries supplied with the hearing aid are covered. Subsequent hearing aid batteries are the patient's responsibility.

### **Examples of Non-Covered Benefits**

1. Replacements of hearing aid batteries are not covered.
2. Replacement of hearing aid more than once in any 36-month period.
3. Surgically implanted hearing device.
4. Hearing aid changes, which exceed specifications, prescribed for correction of hearing loss.

## Hemodialysis

### Benefit Coverage

Hemodialysis for a chronic condition is covered as an outpatient service. Prior authorization from the contracted IPA must be obtained for dialysis, physician services, medical supplies, equipment and drugs required for dialysis services, when provided by renal dialysis centers or community hemodialysis units. Inpatient hemodialysis is covered for temporary kidney failure due to an acute illness or injury.

### Benefits Exclusion

Ongoing hemodialysis for a chronic condition in an inpatient facility.

### Examples of Covered Benefits

Hemodialysis or peritoneal dialysis is a benefit for patients with kidney failure secondary to an acute injury, illness or drug overdose. The following services are considered to be a part of hemodialysis:

1. Services in an outpatient dialysis center.
2. Dialysis services while confined as an inpatient for acute kidney failure.
3. Ultrafiltration in cases where excess fluid cannot be removed easily during the regular course of hemodialysis.
4. Hemoperfusion when used in the treatment of an acute drug overdose.
5. Hemofiltration (diafiltration) is an alternative to hemodialysis and peritoneal dialysis in high risk, unstable patients with cardiovascular diseases or diabetes.

### Examples of Non-Covered Benefits

1. Home water purification systems.
2. Adjustable chairs.
3. Hemodialysis for the treatment of schizophrenia.

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## **Home Health Care**

### **Benefit Coverage**

Home health agency services are covered for Members only as specified below when prior authorization is obtained from the contracted IPA. Services are provided at the home of the Member in accordance with a written treatment plan which the physician reviews every 60 days. The plan shall indicate the need for one or more of the following:

1. Part-time or intermittent skilled nursing services by licensed nursing personnel.
2. Physical, occupational, or speech therapy.
3. Medical social services.
4. The services of a home health aide.
5. Provision of medical supplies, other than drugs and biologicals.
6. The use of medical appliances, provided for under an approved treatment plan.
7. The Member must be confined to home secondary to physical limitation (homebound).

All home health services, including evaluations, generally require prior authorization by the contracted IPA.

Authorizations may be granted for home health services only when the patient is homebound and requires either home nursing care or other covered services, exclusive of physician services.

In-home medical care services are covered when authorized by a physician and provided at the patient's place of residence in accordance with a written treatment plan indicating the need for in-home medical services. All in-home medical care services are subject to prior authorization, which will be granted only:

1. If the patient would otherwise require care in an inpatient acute care hospital for an extended period of time; and
2. If the cost of providing in-home medical care services is less than the cost of providing care to the patient in an inpatient acute care hospital.

## **Home Health Care** (continued)

### **Benefit Exclusion**

Non-homebound patients (patients who are capable of getting to an outpatient setting). Custodial care and long term physical therapy and rehabilitation.

### **Examples of Covered Benefits**

1. Services of a registered nurse (R.N.) or a licensed practical nurse (L.P.N.).
2. Home Health Aide.
3. Instructions to the patient and/or household members on use of equipment, or training for giving of injections.
4. Sterile dressing changes to open wound.
5. Intravenous infusions.
6. Medical supplies including diapers, rubber sheets, bandages.
7. Physical/Occupational/Speech Therapy, subject to visit limitation (See: PT/OT/Speech Therapy).

### **Examples of Non-Covered Benefits**

1. Custodial care (routine) or convalescent care not requiring skilled nursing.
2. Maintenance care of colostomy, ileostomy, percutaneous tubing, gastrostomy and tracheotomy wounds.
3. Routine home health care when the medical condition is stable and the services could be provided by a non-licensed individual and when professional monitoring of the patient on a daily basis is no longer medically necessary.
4. Long-term physical therapy and rehabilitation.  
(See: PT/OT/Speech Therapy)

## **Hospice Care**

### **Benefit Coverage**

Hospice care means the provision of palliative and supportive treatment and services to an individual who has been certified by a physician to be terminally ill, with a life expectancy of twelve months or less, and who has voluntarily elected to receive such care in lieu of curative treatment related to the terminal condition.

Eligible services include:

1. Nursing services.
2. Physical, occupational and speech therapy.
3. Medical social services under the direction of a physician.
4. Home Health aide and homemaker services.
5. Medical supplies and appliances.
6. Drugs and biologicals.
7. Physician services.
8. Short-term inpatient respite care.
9. Counseling and bereavement services.
10. In-patient care for pain control and symptom management.

### **Benefit Exclusion**

A patient who is being actively treated for the terminal illness cannot elect hospice services.

### **Examples of Covered Benefits**

1. Nursing services when provided by or under the supervision of a registered nurse.
2. Counseling services when provided to the terminally ill individual and the family member or other persons caring for the individual at home.
3. Short-term inpatient respite care.
4. Home health aide services.
5. Drugs and biologicals when used primarily for the relief of pain and symptom control related to the individual's terminal illness.

### **Examples of Non-Covered Benefits**

1. Patient is actively being treated for the terminal illness (e.g., a patient cannot continue receiving chemotherapy and elect hospice services).