

OHCA Guideline

Medical Procedure Class:	Additional Home Health Visit(s)
Initial Implementation Date:	February 2025
Last Review Date:	2/27/2025
Effective Date:	3/1/2025
Next Review/Revision Date:	February 2028
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input checked="" type="checkbox"/> New Criteria <input type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Description	
Nursing services and home health aide services are covered services on a per visit basis. Thirty-six (36) visits per calendar year of nursing and/or home health aide services for any member do not require prior authorization.	
Circumstances Requiring Prior Authorization (PA)	
Any visit surpassing the thirty-sixth (36) visit will require prior authorization and medical review.	
Approval Criteria	
Prior authorization requests for additional visits must include all the following: <ul style="list-style-type: none"> • Order for home health services that must be signed and dated by attending physician, PA, or NP – order must specify expected frequency of visits and for what period; AND • Current history and physical (within 30 days) of member detailing condition needing home nursing, such as wound care, blood draws, etc.; AND • Information that supports the medical necessity for the additional visit(s); AND • Description of services that will be provided during additional visit(s); AND • Documentation of previous nursing visits; AND • Documentation of why patient or caregivers have not been instructed on how to provide or are unable to provide a skill performed by home nursing in the previous 36 visits or additionally approved visits. 	
Additional Information	
Home health visits are billed using revenue codes and reimbursed per visit: <ul style="list-style-type: none"> • 551: nursing • 571: home health aide 	
References	
<ul style="list-style-type: none"> • Oklahoma Health Care Authority Policies & Rules, OAC 317:30-3-1(f) • Oklahoma Health Care Authority Policies & Rules, OAC 317: 30-5-547 	

- CGS Home Health Coverage Guidelines; Feb 14, 2025. Retrieved from [Home Health Coverage Guidelines](#)