

**EVV HHCS Service Bill Codes – April 1, 2024 v2.1
Revision History**

Version	Effective Date	Revision Description
1.0	1/13/2023	<p>First publication of proposed EVV Services for Home Health Care Services (HHCS)</p> <p>These services are excluded from the Cures Act Home Health Care Services and do not require EVV:</p> <ul style="list-style-type: none"> -Services delivered via Telehealth -Services performed by Early Childhood Intervention (ECI) providers -Wheelchair Seating Assessment -Speech Therapy -Nursing, Physical Therapy, and Occupational Therapy services provided outside of the member's own home or the member's family home.
1.1	3/1/2023	<p>Update to Legend:</p> <ul style="list-style-type: none"> - Clarified in the "EVV Required/Optional?" column description that Visits for EVV Optional services can be filtered in the EVV Portal searches and are excluded from the EVV Portal EVV standard reports. <p>Update to MCO:</p> <ul style="list-style-type: none"> - PDN - Change EVV Modifier Match Criteria from "N/A" to "HCPCS Only". <p>Updates to C21, CMBHS AC FFS:</p> <ul style="list-style-type: none"> - HCBS AMH NURSING - RN-Skilled Care in the Client's Home and HCBS AMH NURSING - LVN-Skilled Care in the Client's Home - Added HE Modifier to position 2. - Change EVV Modifier Match Criteria from "Mod 1 in any position on claim" to "Exact Match". <p>- PDN</p> <ul style="list-style-type: none"> - Change EVV Modifier Match Criteria from "N/A" to "HCPCS Only". <p>Updates to CMS LTC FFS:</p> <ul style="list-style-type: none"> - The current long-term care home health service Healthcare Common Procedure Coding System (HCPCS) and Modifier combinations will become the new In-Home EVV services provided in the member's own home or family home (OHFH). - Updated services descriptions to include "In-Home" and "EVV OHFH". - Updated Procedure Effective Begin Date to reflect future effective date of June 1, 2023. - No changes were made to the Service Groups, Service Codes, HCPCS or modifiers.
1.2	3/9/2023	<p>Update to Legend:</p> <ul style="list-style-type: none"> - Removed the following statement from the EVV Required/Optional? description until the functionality is available: "Visits for EVV Optional services can be filtered in EVV Portal searches and are excluded from EVV Portal EVV standard reports."

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2.0	10/1/2023	<p>Corrected "837I Type of Bill (TOB) 321" to "837I TOB 32" throughout the document.</p> <p>Update to MCO:</p> <ul style="list-style-type: none"> - Corrected the following services to include 837P Place of Service 12 as an ANSI ASC X12 837P or 837I 5010 electronic method to submit EVV claims. - G0299 NURSING - HHS OF RN EA 15 MIN - G0300 NURSING - HHS OF LPN EA 15 MIN - G0156 NURSING - HHS OF AIDE EA 15 MIN <p>Updates to CMS LTC FFS:</p> <ul style="list-style-type: none"> - Update Service Group 22 TxHmL services to reflect the new Proc Code Qualifier and HCPCS: -Service Code 7V In-Home CDS Occupational Therapy <ul style="list-style-type: none"> - Procedure Effective End Date 8/31/2023: <ul style="list-style-type: none"> - Proc Code Qualifier "ER" and HCPCS "M0232" - Procedure Effective Begin Date 9/1/2023: <ul style="list-style-type: none"> - Proc Code Qualifier "HC" and HCPCS "G0152" - Service Code 8V In-Home CDS Physical Therapy <ul style="list-style-type: none"> - Procedure Effective End Date 8/31/2023: <ul style="list-style-type: none"> - Proc Code Qualifier "ER" and HCPCS "M0235" - Procedure Effective Begin Date 9/1/2023: <ul style="list-style-type: none"> - Proc Code Qualifier "HC" and HCPCS "G0151"
2.1	4/1/2024	<p>Update to Acronyms:</p> <ul style="list-style-type: none"> - Added Flexible family support services (FFSS) <p>Update to MCO:</p> <ul style="list-style-type: none"> - 'Units Matched During EVV Claims Matching?' changed to 'No' for: -All MCO S9123 HCPCS and modifier combinations -All MCO S9124 HCPCS and modifier combinations <p>Updates to C21 AC FFS EVV Services:</p> <ul style="list-style-type: none"> - 'Units Matched During EVV Claims Matching?' changed to 'No' for: - HCBS AMH HCPCS modifier combination S9123 HK:HE - HCBS AMH HCPCS modifier combination S9124 HK:HE

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Legend**

Column Title	Column Description
837P POS; 837I TOB	<p>Providers and FMSAs bill for EVV services using the ANSI ASC X12 837P or 837I 5010 electronic specifications. This field identifies the Place of Service (POS) for 837P claims or Type of Bill (TOB) for 837I claims which require the use of EVV.</p> <p>When submitting EVV claims, providers and FMSAs must follow the payer's claims submission guidelines and must input the appropriate POS or TOB based on the location of service.</p> <p>Instructions:</p> <ul style="list-style-type: none"> - "837P POS 12" means only claims with POS 12 are required to use EVV. - "837I TOB 32" means only claims with TOB 32 are required to use EVV. - N/A: Follow the program billing guidelines
Effective Date for EVV Claim Denial for No Matching Visit	<p>The begin date (based on date of service) that a claim for an EVV-relevant service will be denied when there isn't an accepted EVV visit transaction that matches the claim. The EVV visit transaction must be accepted in the EVV Portal prior to billing the claim.</p>
End Date for EVV Claim Denial for No Matching Visit	<p>The end date (based on date of service) that a claim for an EVV-relevant service will be denied when there isn't an accepted EVV visit transaction that matches the claim. The EVV visit transaction must be accepted in the EVV Portal prior to billing the claim.</p>
EVV Modifier Match Criteria	<p>The modifiers listed in the EVV Service Bill Code Tables represent the authorized service modifiers and will be the modifiers listed in the EVV systems and on EVV visit transactions.</p> <p>Some billing practices require informational pricing modifiers that must be submitted for reimbursement purposes but are not required for prior authorization. These modifiers will not be listed in the EVV systems or EVV visit transactions.</p> <p>When submitting EVV claims, providers and FMSAs must follow the program billing guidelines and use all modifiers required for reimbursement purposes. When submitting EVV claims, providers and FMSAs must follow the modifier position instructions in the EVV Modifier Match Criteria field for each service listed in the EVV Service Bill Code Tables.</p> <p>Instructions:</p> <ul style="list-style-type: none"> - HCPCS Only – The HCPCS is required on the claim. Providers and FMSAs can also add informational modifiers in any position and the claim will be adjudicated. - Mod 1 in any position on claim – The HCPCS and the code listed in Mod 1 are required. The code listed in Mod 1 can be used in any modifier position. Providers and FMSAs can also add informational modifiers in any position and the claim will be adjudicated. - Exact Order – The HCPCS and the codes listed in Mods 1-4 are required. The codes listed in Mods 1-4 must be submitted in the exact order listed in the EVV Service Bill Code Tables for the claim to be adjudicated. - N/A – No EVV claims matching.

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Column Title	Column Description
EVV Required/Optional?	<p>EVV Optional services are services which are commonly delivered in situations similar to EVV required services. HHSC allows, but does not require, these services to be documented using the EVV system.</p> <p>Visits for EVV Optional services, if verified by the program provider, FMSA, or CDS employer are transmitted to the EVV Portal.</p> <p>Visits for EVV Optional services are subject to the same system requirements and edits as an EVV visit.</p> <p>EVV claims matching is not performed on claims for EVV Optional services.</p> <p>Program providers, FMSAs, and CDS employers must follow Medicaid program requirements for documenting service delivery.</p> <p>Instructions:</p> <ul style="list-style-type: none"> - Required – The use of EVV is required for these services. - Optional – The use of EVV is optional for these services. Service providers may use the EVV system to capture EVV visits for these services. EVV claim matching is not performed on claims for EVV Optional services.
Healthcare Common Procedure Coding System (HCPCS)	A collection of codes that represent procedures and services provided to individuals.
Mod 1-4	A modifier provides how the reporting physician or provider can indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. There can be up to 4 modifiers associated with a HCPCS code.
Payer	<p>The organization that processes the claim for payment or denial. Payers include:</p> <ol style="list-style-type: none"> 1. The Texas Health and Human Services Commission (HHSC) - Claims are for EVV Acute Care services in Fee-for-Service (FFS) and processed by the Texas Medicaid & Healthcare Partnership (TMHP) Compass21 system on behalf of HHSC. 2. Long-Term Care (LTC) - Organization that processes claims for LTC services in FFS. 3. Managed Care Organization (MCO) - Organization that processes claims for services in Managed Care. HHSC will provide a date when all EVV claims for Managed Care services must be submitted to TMHP for claims matching. Once the claims matching result is obtained, the claim will be forwarded to the MCO with whom the individual member is enrolled at the time of service delivery for final processing.
Proc Code Qualifier	Procedure code for the service.
Procedure Effective Begin Date	The date when the service billing code became available for use in the Texas Medicaid Program. The date corresponds to the service delivery date, not the claim submission date.
Procedure Effective End Date	The date when the service billing code is no longer to be used. The date corresponds to the service delivery date, not the claim submission date. If the date is 12/31/9999 this means that there is no effective end date.

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Legend

Column Title	Column Description
Program	The name of the program which services are available.
Service	The description of the service.
Service Code	A code that identifies the LTC service within the program and is only used in the FFS programs for LTC.
Service Group	A code that identifies the LTC program for the service and is only used in the FFS programs for LTC.
Unit Type	The amount of time assigned to a single unit when delivering the service to a member e.g. 15 minute increments, one hour increments.
Units Matched During EVV Claims Matching?	A 'Yes' or 'No' in this column indicates if the number of Units on the EVV-relevant claim is matched to the number of Units on the EVV visit transaction. Some services are not designed for this type of match.

**EVV HHCS Service Bill Codes – April 1, 2024 v2.1
Acronyms**

Acronym	Description
837I	ANSI ASC X12 5010 Institutional Claims
837P	ANSI ASC X12 5010 Professional Claims
AC	Acute Care
C21	Compass 21
CDS	Consumer Directed Services
CFC	Community First Choice
CLASS	Community Living Assistance and Support Services
CMBHS	Clinical Management for Behavioral Health Services
CMS	Claims Management System
DBMD	Deaf-Blind with Multiple Disabilities
EVV	Electronic Visit Verification
FFS	Fee-for-Service
FFSS	Flexible Family Support Services
FMSA	Financial Management Services Agencies
HCBS	Home and Community-Based Services
HCBS-AMH	Home and Community-Based Services–Adult Mental Health
HCPCS	Healthcare Common Procedure Coding System
HCS	Home and Community-Based Services 1915(c) waiver program
HHCS	Home Health Care Services
HHS	Home Health Service
HHSC	Health and Human Services Commission
LOC	Level of Care
LPN	Licensed Practical Nurse
LTC	Long-term Care
LVN	Licensed Vocational Nurse
MCO	Managed Care Organization
MDCP	Medically Dependent Children Program
MMP	Medicare-Medicaid Plan
OHFH	Own Home or Family Home
OT	Occupational Therapy
PCS	Personal Care Services
POS	Place of Service
PT	Physical Therapy
RN	Registered Nurse
SRO	Service Responsibility Option
STAR	State of Texas Access Reform
TOB	Type of Bill
TxHmL	Texas Home Living

**EVV HHCS Service Bill Codes – April 1, 2024 v2.1
Managed Care**

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	837P POS; 837I TOB	Procedure Effective Begin Date	Procedure Effective End Date	EVV Required/Optional?	Effective Date for EVV Claim Denial for No Matching Visit	End Date for EVV Claim Denial for No Matching Visit	EVV Modifier Match Criteria
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	NURSING - HHS OF RN EA 15 MIN	HC	G0299					per 15 min	No	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	HCPCS Only
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	NURSING - HHS OF LPN EA 15 MIN	HC	G0300					per 15 min	No	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	HCPCS Only
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	NURSING - HHS OF AIDE EA 15 MIN	HC	G0156					per 15 min	No	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	HCPCS Only
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	OT - ELECTRIC STIMULATION THERAPY	HC	97014	GO				Per Occurrence	No	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	PT - ELECTRIC STIMULATION THERAPY	HC	97014	GP				Per Occurrence	No	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	OT - PHYSICAL MEDICINE PROCEDURE	HC	97799	GO				Per Occurrence	No	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	PT - PHYSICAL MEDICINE PROCEDURE	HC	97799	GP				Per Occurrence	No	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	OT - ELECTRICAL STIMULATION	HC	97032	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	PT -ELECTRICAL STIMULATION	HC	97032	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	OT - THERAPEUTIC EXERCISES	HC	97110	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	PT - THERAPEUTIC EXERCISES	HC	97110	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	OT - NEUROMUSCULAR REEDUCATION	HC	97112	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	PT - NEUROMUSCULAR REEDUCATION	HC	97112	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	OT - GAIT TRAINING THERAPY	HC	97116	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	PT - GAIT TRAINING THERAPY	HC	97116	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	OT - THERAPEUTIC PROCEDURE	HC	97124	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	PT - THERAPEUTIC PROCEDURE	HC	97124	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	OT - MANUAL THERAPY 1/> REGIONS	HC	97140	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	PT - MANUAL THERAPY 1/> REGIONS	HC	97140	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	OT - THERAPEUTIC ACTIVITIES	HC	97530	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	PT - THERAPEUTIC ACTIVITIES	HC	97530	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	OT - SELF CARE MNGMENT TRAINING	HC	97535	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	PT - SELF CARE MNGMENT TRAINING	HC	97535	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	OT - COMMUNITY/WORK REINTEGRATION	HC	97537	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	PT - COMMUNITY/WORK REINTEGRATION	HC	97537	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	OT - WHEELCHAIR MNGMENT TRAINING	HC	97542	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	PT - WHEELCHAIR MNGMENT TRAINING	HC	97542	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	OT - PHYSICAL PERFORMANCE TEST	HC	97750	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR, STAR Kids, Star Health, STAR+PLUS, MMP	PT - PHYSICAL PERFORMANCE TEST	HC	97750	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
MCO	STAR Health, STAR Kids	RN Assessment of delegation of PCS tasks	HC	G0162	U1				per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Kids	RN Assessment of delegation of PCS tasks (MDCP)	HC	G0162	U1	U6			per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids	RN Assessment of delegation of CFC tasks	HC	G0162	U2				per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Kids	RN Assessment of delegation of CFC tasks (MDCP)	HC	G0162	U2	U6			per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order

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Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	837P POS; 837I TOB	Procedure Effective Begin Date	Procedure Effective End Date	EVV Required/Optional?	Effective Date for EVV Claim Denial for No Matching Visit	End Date for EVV Claim Denial for No Matching Visit	EVV Modifier Match Criteria
MCO	STAR Health, STAR Kids	RN Training and Supervision of Delegated tasks	HC	G0495					per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Kids	RN Training and Supervision of Delegated tasks (MDCP)	HC	G0495	U6				per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	Respite Care LVN, (Agency)	HC	T1005	TE	U1			per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	Respite Care LVN, Service (SRO)	HC	T1005	TE	U2			per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	Respite Care LVN, (CDS)	HC	T1005	TE	UC			per 15 min	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	Respite Care Specialized LVN, (Agency)	HC	T1005	TE	U7	U1		per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	Respite Care Specialized LVN, (SRO)	HC	T1005	TE	U7	U2		per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	Respite Care Specialized LVN, (CDS)	HC	T1005	TE	U7	UC		per 15 min	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	Respite Care RN, (Agency)	HC	T1005	TD	U1			per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	Respite Care provided by a RN, (SRO)	HC	T1005	TD	U2			per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	Respite Care provided by a RN, (CDS)	HC	T1005	TD	UC			per 15 min	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	Respite Care Specialized RN, (Agency)	HC	T1005	TD	U7	U1		per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	Respite Care Specialized RN, (SRO)	HC	T1005	TD	U7	U2		per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	Respite Care Specialized RN, (CDS)	HC	T1005	TD	U7	UC		per 15 min	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	FFSS LVN, (Agency)	HC	S9482	TE	U1			per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	FFSS LVN, (SRO)	HC	S9482	TE	U2			per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	FFSS LVN, (CDS)	HC	S9482	TE	UC			per 15 min	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	FFSS Specialized LVN, (Agency)	HC	S9482	TE	U7	U1		per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	FFSS Specialized LVN, (SRO)	HC	S9482	TE	U7	U2		per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	FFSS Specialized LVN, (CDS)	HC	S9482	TE	U7	UC		per 15 min	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	FFSS RN (Agency)	HC	S9482	TD	U1			per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	FFSS RN (SRO)	HC	S9482	TD	U2			per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	FFSS RN (CDS)	HC	S9482	TD	UC			per 15 min	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	FFSS Specialized RN, (Agency)	HC	S9482	TD	U7	U1		per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	FFSS Specialized RN, (SRO)	HC	S9482	TD	U7	U2		per 15 min	Yes	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR Health, STAR Kids (MDCP)	FFSS Specialized RN, (CDS)	HC	S9482	TD	U7	UC		per 15 min	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	Nursing Services - RN Agency	HC	S9123	U3				per hour	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	Nursing Care - RN Agency (Specialized)	HC	S9123	U3	UA			per hour	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	CDS Nursing Care - RN	HC	S9123	U3	UC			per hour	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	CDS Nursing Care - RN (Specialized)	HC	S9123	U3	UC	UA		per hour	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	SRO Nursing Care - RN	HC	S9123	U3	UD			per hour	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	SRO Nursing Care - RN (Specialized)	HC	S9123	U3	UD	UA		per hour	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	Nursing Care - LVN Agency	HC	S9124	U3				per hour	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order

**EVV HHCS Service Bill Codes – April 1, 2024 v2.1
Managed Care**

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	837P POS; 837I TOB	Procedure Effective Begin Date	Procedure Effective End Date	EVV Required/Optional?	Effective Date for EVV Claim Denial for No Matching Visit	End Date for EVV Claim Denial for No Matching Visit	EVV Modifier Match Criteria
MCO	STAR+PLUS HCBS, MMP	Nursing Care - LVN Agency (Specialized)	HC	S9124	U3	UA			per hour	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	CDS Nursing Care - LVN	HC	S9124	U3	UC			per hour	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	CDS Nursing Care - LVN (Specialized)	HC	S9124	U3	UC	UA		per hour	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	SRO Nursing Care - LVN	HC	S9124	U3	UD			per hour	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	SRO Nursing Care - LVN (Specialized)	HC	S9124	U3	UD	UA		per hour	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	Occupational Therapy Agency	HC	S9129	U3				Per Occurrence	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	Occupational Therapy / CDS	HC	S9129	U3	UC			Per Occurrence	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	Occupational Therapy / SRO	HC	S9129	U3	UD			Per Occurrence	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	Physical Therapy Agency	HC	S9131	U3				Per Occurrence	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	Physical Therapy / CDS	HC	S9131	U3	UC			Per Occurrence	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR+PLUS HCBS, MMP	Physical Therapy / SRO	HC	S9131	U3	UD			Per Occurrence	No	837P POS 12; 837I TOB 32	12/1/2022	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
MCO	STAR, STAR Kids, Star Health, STAR+PLUS	Private Duty Nursing (PDN)	HC	T1000					per 15 min	No	N/A	9/1/2019	12/31/9999	Optional	N/A	N/A	HCPCS Only

EVV HHCS Service Bill Codes – April 1, 2024 v2.1
Acute Care Fee for Service

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	837P POS; 837I TOB	Procedure Effective Begin Date	Procedure Effective End Date	EVV Required/Optional?	Effective Date for EVV Claim Denial for No Matching Visit	End Date for EVV Claim Denial for No Matching Visit	EVV Modifier Match Criteria
HHSC	HCBS AMH	NURSING - RN-Skilled Care in the Client's Home	HC	S9123	HK	HE			per hour	No	837P POS 12	5/1/2020	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
HHSC	HCBS AMH	NURSING - LVN-Skilled Care in the Client's Home	HC	S9124	HK	HE			per hour	No	837P POS 12	5/1/2020	12/31/9999	Required	1/1/2024	12/31/9999	Exact Order
HHSC	Nursing	NURSING - HHS OF AIDE EA 15 MIN	HC	G0156					per 15 min	No	837I TOB 32	10/16/2003	12/31/9999	Required	1/1/2024	12/31/9999	HCPCS Only
HHSC	Nursing	NURSING - HHS OF RN EA 15 MIN	HC	G0299					per 15 min	No	837I TOB 32	1/1/2016	12/31/9999	Required	1/1/2024	12/31/9999	HCPCS Only
HHSC	Nursing	NURSING - HHS OF LPN EA 15 MIN	HC	G0300					per 15 min	No	837I TOB 32	1/1/2016	12/31/9999	Required	1/1/2024	12/31/9999	HCPCS Only
HHSC	Therapy	OT - PHYSICAL MEDICINE PROCEDURE	HC	97799	GO				Per Occurrence	No	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	PT - PHYSICAL MEDICINE PROCEDURE	HC	97799	GP				Per Occurrence	No	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	OT - ELECTRIC STIMULATION THERAPY - Licensed Therapist	HC	97014	GO				Per Occurrence	No	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	PT - ELECTRIC STIMULATION THERAPY	HC	97014	GP				Per Occurrence	No	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	OT - ELECTRICAL STIMULATION	HC	97032	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	PT -ELECTRICAL STIMULATION	HC	97032	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	OT - THERAPEUTIC EXERCISES	HC	97110	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	PT - THERAPEUTIC EXERCISES	HC	97110	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	OT - NEUROMUSCULAR REEDUCATION	HC	97112	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	PT - NEUROMUSCULAR REEDUCATION	HC	97112	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	OT - GAIT TRAINING THERAPY	HC	97116	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	PT - GAIT TRAINING THERAPY	HC	97116	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	OT - THERAPEUTIC PROCEDURE	HC	97124	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	PT - THERAPEUTIC PROCEDURE	HC	97124	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	OT - MANUAL THERAPY 1/> REGIONS	HC	97140	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	PT - MANUAL THERAPY 1/> REGIONS	HC	97140	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	OT - THERAPEUTIC ACTIVITIES	HC	97530	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	PT - THERAPEUTIC ACTIVITIES	HC	97530	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	OT - SELF CARE MNGMENT TRAINING	HC	97535	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	PT - SELF CARE MNGMENT TRAINING	HC	97535	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	OT - COMMUNITY/WORK REINTEGRATION	HC	97537	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	PT - COMMUNITY/WORK REINTEGRATION	HC	97537	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	OT - WHEELCHAIR MNGMENT TRAINING	HC	97542	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	PT - WHEELCHAIR MNGMENT TRAINING	HC	97542	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	OT - PHYSICAL PERFORMANCE TEST	HC	97750	GO				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Therapy	PT - PHYSICAL PERFORMANCE TEST	HC	97750	GP				per 15 min	Yes	837P POS 12; 837I TOB 32	9/1/2019	12/31/9999	Required	1/1/2024	12/31/9999	Mod 1 in any position on claim
HHSC	Nursing	Private Duty Nursing (PDN)	HC	T1000					per 15 min	No	N/A	9/1/2019	12/31/9999	Optional	N/A	N/A	HCPCS Only

EVV HHCS Service Bill Codes – April 1, 2024 v2.1
Long term Care Fee for Service

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Service Group	Service Code	Procedure Effective Begin Date	Procedure Effective End Date	Effective Date for EVV Claim Denial for No Matching Visit	End Date for EVV Claim Denial for No Matching Visit	EVV Modifier Match Criteria
LTC	CLASS	In-Home OCCUPATIONAL THERAPY - EVV OHFH	HC	G0152	GO				per hour	Yes	2	7	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	CLASS	In-Home PHYSICAL THERAPY - EVV OHFH	HC	G0151	GP				per hour	Yes	2	8	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	CLASS	In-Home NURSING SERVICES BY LPN/LVN - EVV OHFH	HC	T1003					per hour	Yes	2	13A	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	CLASS	In-Home CDS NURSING LVN - EVV OHFH	HC	T1003	UC	TE			per \$1	No	2	13AV	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	CLASS	In-Home NURSING SERVICES - RN - EVV OHFH	HC	T1002					per hour	Yes	2	13B	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	CLASS	In-Home CDS NURSING RN - EVV OHFH	HC	T1002	UC	TD			per \$1	No	2	13BV	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	CLASS	In-Home SPECIALIZED NURSING RN - EVV OHFH	HC	T1002	TG	TD			per hour	Yes	2	13C	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	CLASS	In-Home CDS SPECIALIZED NURSING RN - EVV OHFH	HC	T1002	TG	UC	TD		per \$1	No	2	13CV	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	CLASS	In-Home SPECIALIZED NURSING LVN - EVV OHFH	HC	T1003	TG	TE			per hour	Yes	2	13D	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	CLASS	In-Home CDS SPECIALIZED NURSING LVN - EVV OHFH	HC	T1003	TG	UC	TE		per \$1	No	2	13DV	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	CLASS	In-Home OCCUPATIONAL THERAPY - CDS - EVV OHFH	HC	G0152	UC				per \$1	No	2	7V	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	CLASS	In-Home PHYSICAL THERAPY - CDS - EVV OHFH	HC	G0151	UC				per \$1	No	2	8V	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	DBMD	In-Home OCCUPATIONAL THERAPY - EVV OHFH	HC	G0152	GO				per hour	Yes	16	7	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	DBMD	In-Home PHYSICAL THERAPY - EVV OHFH	HC	G0151	GP				per hour	Yes	16	8	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	DBMD	In-Home NURSING SERVICES - LVN - EVV OHFH	HC	T1003					per hour	Yes	16	13A	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	DBMD	In-Home NURSING SERVICES - RN - EVV OHFH	HC	T1002					per hour	Yes	16	13B	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	DBMD	In-Home SPECIALIZED NURSING RN - EVV OHFH	HC	T1002	TG	TD			per hour	Yes	16	13C	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	DBMD	In-Home SPECIALIZED NURSING LVN - EVV OHFH	HC	T1003	TG	TE			per hour	Yes	16	13D	9/1/2023	12/31/2199	1/1/2024	12/31/9999	Exact Order
LTC	HCS	In-Home Occupational Therapy - LC 1, 8 - EVV OHFH	HC	S8990	GO				per hour	Yes	21	7	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	HCS	In-Home Physical Therapy - LC 1, 8 - EVV OHFH	HC	S8990	GP				per hour	Yes	21	8	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	HCS	In-Home Nursing Services LVN - LC 1, 8 - EVV OHFH	HC	T1003					per hour	No	21	13A	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	HCS	In-Home CDS Nursing Services - LVN - LOC 1, 8 - EVV OHFH	HC	T1003	UC				per \$1	No	21	13AV	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	HCS	In-Home Nursing Services - RN - LC 1, 8 - EVV OHFH	HC	T1002					per hour	No	21	13B	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	HCS	In-Home CDS Nursing Services - RN - LOC 1, 8 - EVV OHFH	HC	T1002	UC				per \$1	No	21	13BV	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	HCS	In-Home Nursing Services Specialized RN - LC 1, 8 - EVV OHFH	HC	T1002	TG				per hour	No	21	13C	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	HCS	In-Home CDS Nursing Services Specialized - RN - LOC 1, 8 - EVV OHFH	HC	T1002	TG	UC			per \$1	No	21	13CV	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	HCS	In-Home Nursing Services Specialized LVN - LC 1, 8 - EVV OHFH	HC	T1003	TG				per hour	No	21	13D	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	HCS	In-Home CDS Nursing Services Specialized - LVN - LOC 1, 8 - EVV OHFH	HC	T1003	TG	UC			per \$1	No	21	13DV	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	TxHmL	In-Home Occupational therapy - LC 1 - EVV OHFH	HC	S8990	GO				per hour	Yes	22	7	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	TxHmL	In-Home Physical therapy - LC 1 - EVV OHFH	HC	S8990	GP				per hour	Yes	22	8	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	TxHmL	In-Home Nursing Services LVN - LC 1 - EVV OHFH	HC	T1003					per hour	No	22	13A	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order

EVV HHCS Service Bill Codes – April 1, 2024 v2.1
Long term Care Fee for Service

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Service Group	Service Code	Procedure Effective Begin Date	Procedure Effective End Date	Effective Date for EVV Claim Denial for No Matching Visit	End Date for EVV Claim Denial for No Matching Visit	EVV Modifier Match Criteria
LTC	TxHmL	In-Home CDS Nursing Services - LVN - LOC 1 - EVV OHFH	HC	T1003	UC				per \$1	No	22	13AV	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	TxHmL	In-Home Nursing Services RN - LC 1 - EVV OHFH	HC	T1002					per hour	No	22	13B	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	TxHmL	In-Home CDS Nursing Services - RN - LOC 1 - EVV OHFH	HC	T1002	UC				per \$1	No	22	13BV	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	TxHmL	In-Home Nursing Services Specialized RN - LC 1 - EVV OHFH	HC	T1002	TG				per hour	No	22	13C	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	TxHmL	In-Home CDS Nursing Services Specialized - RN - LOC 1 - EVV OHFH	HC	T1002	TG	UC			per \$1	No	22	13CV	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	TxHmL	In-Home Nursing Services Specialized LVN - LC 1 - EVV OHFH	HC	T1003	TG				per hour	No	22	13D	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	TxHmL	In-Home CDS Nursing Services Specialized - LVN - LOC 1 - EVV OHFH	HC	T1003	TG	UC			per \$1	No	22	13DV	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	TxHmL	In-Home CDS Occupational Therapy - LC 1 - EVV OHFH	ER	M0232					per \$1	No	22	7V	5/1/2022	8/31/2023	N/A	N/A	N/A
LTC	TxHmL	In-Home CDS Physical Therapy - LC 1 - EVV OHFH	ER	M0235					per \$1	No	22	8V	5/1/2022	8/31/2023	N/A	N/A	N/A
LTC	TxHmL	In-Home CDS Occupational Therapy - LC 1 - EVV OHFH	HC	G0152					per \$1	No	22	7V	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order
LTC	TxHmL	In-Home CDS Physical Therapy - LC 1 - EVV OHFH	HC	G0151					per \$1	No	22	8V	9/1/2023	12/31/9999	1/1/2024	12/31/9999	Exact Order

The current LTC nursing, occupational therapy, and physical therapy bill codes combinations will become the EVV codes used when providing service in the member's home or member's family home. When the new codes are published, the service description of the current bill code combinations will be updated to indicate EVV is required.