

EVV Changes to MITS Provider Portal Professional Claim Detail Panel

Beginning January 8, 2018, Ohio Home Care waiver and state plan home health providers will be required to enter the time of their home visits for certain procedure codes.

The Affected provider types are:

- 1) 16 - Other Accredited Home Health Agency/ 160- Other Accredited Home Health Agency
- 2) 16 - Other Accredited Home Health Agency/ 161- ODM Otherwise Accredited Home Health Agency
- 3) 25 – Non-Agency Personal Care Aide / 000 - All Specialties
- 4) 26 – Non-Agency Home Care Attendant / 260 – ODM Waiver Non-Agency home Care Attendant
- 5) 38 - Non-Agency Nurse – RN or LPN / 380 – RN- PRIVATE DUTY NURSING
- 6) 38 - Non-Agency Nurse – RN or LPN / 381 – PDN/ODM Waiver Registered Nurse
- 7) 38 - Non-Agency Nurse – RN or LPN / 382 – LPN - PRIVATE DUTY NURSING
- 8) 38 - Non-Agency Nurse – RN or LPN / 383 – PDN/ODM WAIVER LICENSED PRACTICAL NURSE
- 9) 60 – Medicare Certified Home Health Agency / 600 – MEDICARE CERTIFIED HOME HEALTH AGENCY
- 10) 60 – Medicare Certified Home Health Agency / 601 – ODM Medicare Certified Home Health Agency
- 11) 65 – CLINICAL NURSE SPECIALIST INDIVIDUAL/ 380 – RN- PRIVATE DUTY NURSING
- 12) 65 – CLINICAL NURSE SPECIALIST INDIVIDUAL / 381 – PDN/ODM Waiver Registered Nurse
- 13) 71 – NURSE MIDWIFE INDIVIDUAL / 380 – RN- PRIVATE DUTY NURSING
- 14) 71 – NURSE MIDWIFE INDIVIDUAL / 381 – PDN/ODM Waiver Registered Nurse
- 15) 72 – NURSE PRACTITIONER INDIVIDUAL/ 380 – RN- PRIVATE DUTY NURSING
- 16) 72 – NURSE PRACTITIONER INDIVIDUAL / 381 – PDN/ODM Waiver Registered Nurse

The providers must have one of the following contracts:

- SPHH - State Plan Home Health Contract
- PDN - Private Duty Nurse (PDN) Contract
- WVNUR - ODJFS Waiver Nursing Services Contract
- WVATT - ODJFS Waiver Attendant Care Services Contract
- WVPCS -ODJFS Waiver Personal Care Service Contact

The procedure codes that require Electronic Visit Verification are:

- G0156 - HHCP-SVS OF AIDE,EA 15 MIN
- G0299 - HHS/HOSPICE OF RN EA 15 MIN
- G0300 - HHS/HOSPICE OF LPN EA 15 MIN
- T1000 - PRIVATE DUTY/INDEPENDENT NSG
- *T1001 - NURSING ASSESSMENT/EVALUATN
- #T1002 - RN SERVICES UP TO 15 MINUTES
- #T1003 - LPN/LVN SERVICES UP TO 15MIN
- T1019 - PERSONAL CARE SER PER 15 MIN
- S5125 - ATTENDANT CARE SERVICE /15M

*T1001 - NURSING ASSESSMENT/EVALUATN and a modifier U9 will not be sent to EVV for visit verification.

#T1002 and T1003 do not require EVV when provided to a recipient on the Individual Options waiver.

No services billed directly to ODA, DODD, or a managed care plan are included in EVV at this time.

The new fields are:

1. Visit Start Time (with dropdown menus for hour, minute, AM/PM)
2. Visit End Time (with dropdown menus for hour, minute, AM/PM)
3. Service Duration less than 90 days – checkbox

When a procedure requires Electronic Visit Verification, the provider must supply both the Visit Start Time and Visit End Time unless the recipient will receive services for less than 90 days in which case the provider should check that box.

*Please note that new fields will appear on all claims, not just those for the above listed services; providers that are not required to utilize EVV should ignore these fields.

Select row above to update -or- click add an item button below.

delete	add an item	copy
<p>Item 20</p> <p>*From DOS 08/24/2017</p> <p>To DOS 08/24/2017</p> <p>*Units 10.00</p> <p>*Charges \$84.87</p> <p>Medicaid Allowed Amount \$84.87</p> <p>Rendering Provider 1112223334</p> <p>Submitted EAPG</p> <p>Initial EAPG</p> <p>Status PAID</p> <p>Visit Start Time [dropdown] [dropdown] [dropdown]</p> <p>Visit End Time [dropdown] [dropdown] [dropdown]</p> <p>Service Duration less than 90 days <input type="checkbox"/></p>		
<p>*Place Of Service 12 [Search]</p> <p>*Procedure Code T1003 [Search]</p> <p>Emergency [dropdown]</p> <p>Referred EPSDT Service/ Family Planning [dropdown]</p> <p>*Diagnosis Code Pointer 01 [dropdown] [dropdown] [dropdown] [dropdown]</p> <p>Modifiers [Search] [Search] [Search] [Search]</p> <p>Final EAPG</p> <p>Pay Action</p>		
<p>NDC Detail - Other Payer ClaimCheck Additional Provider Information</p>		

Attachments

Only values from the dropdown menu lists can be entered in fields for hour, minute and AM/PM

This screenshot shows a medical claim form with various fields. A dropdown menu is open for the 'Visit End Time' field, displaying a list of numbers from 01 to 12. The 'Status' is set to 'PAID'. Other fields include 'Charges' at \$84.87, 'Medicaid Allowed Amount' at \$84.87, and 'Rendering Provider' as 1112223334. The form also includes sections for 'Attachments' and 'Supporting Data for Delayed Submission / Resubmission'.

This screenshot shows the same medical claim form, but with a dropdown menu open for the 'AM/PM' selection. The menu shows 'AM' and 'PM' options. The 'Status' is 'PAID'. The 'Claim Status Information' section is visible, showing 'Claim Status: PAID', 'Claim ICN: 2017243014335', 'Paid Date: 09/08/2017', and 'Paid Amount: \$1,393.93'. The form also includes sections for 'Attachments' and 'Supporting Data for Delayed Submission / Resubmission'.

This screenshot shows the medical claim form with the 'AM/PM' dropdown menu selected. The 'AM' option is highlighted. The 'Status' is 'PAID'. The 'Rendering Provider' is 1112223334. The form also includes sections for 'Attachments' and 'Supporting Data for Delayed Submission / Resubmission'.

*Units	10.00	Referred EPSDT Service/ Family Planning	
*Charges	\$84.87	*Diagnosis Code Pointer	01 [v] [v] [v] [v]
Medicaid Allowed Amount	\$84.87	Modifiers	[] [Search] [] [Search]
Rendering Provider	1112223334	[] [Search] [] [Search]	
Submitted EAPG		Final EAPG	
Initial EAPG		Pay Action	
Status	PAID		
Visit Start Time	10 [v] 00 [v] AM [v]		
Visit End Time	12 [v] 30 [v] PM [v]		
Service Duration less than 90 days	<input type="checkbox"/>		

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Attachments

Providers should only enter information in either the Visit Start Time/Visit End Time fields or the Service Duration less than 90 days field.

*Units	10.00	Referred EPSDT Service/ Family Planning	
*Charges	\$84.87	*Diagnosis Code Pointer	01 [v] [v] [v] [v]
Medicaid Allowed Amount	\$84.87	Modifiers	[] [Search] [] [Search]
Rendering Provider	1112223334	[] [Search] [] [Search]	
Submitted EAPG		Final EAPG	
Initial EAPG		Pay Action	
Status	PAID		
Visit Start Time	[v] [v] [v]		
Visit End Time	[v] [v] [v]		
Service Duration less than 90 days	<input checked="" type="checkbox"/>		

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Attachments