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 have the ability to enter the time of their home visits for certain procedure codes on claims. Although providers do have the opportunity to enter the start and end time of the visit, this is not a required data field. MITS will be using the units calculated in EVV for claims comparison instead of exact times, as previously planned.

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

*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.
Only values from the dropdown menu lists can be entered in fields for hour, minute and AM/PM.
ODM is intending to remove the 90 day exception, which means EVV will need to be used beginning on the first day of service.