

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.

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

delete add an item copy

Item 20

*From DOS 08/24/2017

To DOS 08/24/2017

*Units 10.00

*Charges \$84.87

Medicaid Allowed Amount \$84.87

Rendering Provider 1112223334

Submitted EAPG

Initial EAPG

Status PAID

Visit Start Time

Visit End Time

Service Duration less than 90 days

*Place Of Service 12 [Search]

*Procedure Code T1003 [Search]

Emergency

Referred EPSDT Service/ Family Planning

*Diagnosis Code Pointer 01

Modifiers

Final EAPG

Pay Action

NDC Detail - Other Payer ClaimCheck Additional Provider Information

Attachments

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

*Charges \$84.87

Medicaid Allowed Amount \$84.87

Rendering Provider 1112223334

Submitted EAPG

Initial EAPG

Status PAID

Visit Start Time

Visit End Time

Service Duration less than 90 days

Referred EPSDT Service/ Family Planning

*Diagnosis Code Pointer 01

Modifiers

Final EAPG

Pay Action

NDC Detail - Other Payer ClaimCheck Additional Provider Information

Attachments

*** No rows found ***

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

delete add an item

Supporting Data for Delayed Submission / Resubmission

DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.

Rendering Provider	1112223334	Pointer	
Submitted EAPG		Modifiers	<input type="checkbox"/> [Search] <input type="checkbox"/> [Search]
Initial EAPG			<input type="checkbox"/> [Search] <input type="checkbox"/> [Search]
Status	PAID	Final EAPG	
Visit Start Time	<input type="checkbox"/> <input type="checkbox"/>	Pay Action	
Visit End Time	<input type="checkbox"/> <input type="checkbox"/>		
Service Duration less than 90 days	<input type="checkbox"/>		

NDC Detail - Other Payer ClaimCheck Additional Provider Information

Attachments

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

NDC Detail - Other Payer ClaimCheck Additional Provider Information

Attachments

ODM is intending to remove the 90 day exception, which means EVV will need to be used beginning on the first day of service.