Service Codes That Require Electronic Visit Verification

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See IHCP Bulletins and the IHCP Fee Schedules for updates to coding, coverage and benefit information.*

Table 1 – Procedure Codes and Modifiers for Personal Care Services That Require EVV

Table 2 – Procedure Codes and Modifiers for Home Health Services That Require EVV

In accordance with federal requirements, the Indiana Health Coverage Programs (IHCP) has implemented an electronic visit verification (EVV) system to document personal care services and home health services. For information about the IHCP EVV solution, including the state-sponsored Sandata system and approved alternate EVV systems, see the *Electronic Visit Verification* webpage at in.gov/medicaid/providers.

The following tables list the specific procedure-code-and-modifier combinations for which the IHCP requires (or will require) the use of an approved EVV system. Each procedure-code-and-modifier combination was chosen based on the federal definition for *personal care services* or *home health services*.

- **Personal care services** – Use of the Sandata system or an approved alternate EVV system to document designated personal care services (see Table 1) provided through the applicable Home- and Community-Based Services (HCBS) benefit is required for dates of service on and after **Jan. 1, 2021**.

  For each service listed in Table 1, the description identifies the applicable HCBS benefit plan or plans:
  - Adult Mental Health Habilitation (AMHH)
  - Child Mental Health Wraparound (CMHW)
  - Family Services Waiver (FSW)
  - Community Integration and Habilitation (CIH) Waiver
  - Health and Wellness (H&W) Waiver
  - Indiana PathWays for Aging (PathWays) Waiver
  - Traumatic Brain Injury (TBI) Waiver

- **Home health services** – Use of the Sandata system or an approved alternate EVV system to document designated home health services (see Table 2) is required for dates of service on and after **Jan. 1, 2024**.

Table 1 – Procedure Codes and Modifiers for Personal Care Services That Require EVV

Reviewed/Updated: April 1, 2025

Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description	Unit
97535	U7				Residential-based habilitation; per 15 minutes; TBI Waiver	15 minutes
H0034*	UB				Medication training and support; per 15 minutes; individual setting; AMHH	15 minutes
H0034*	UB	HR			Medication training and support; per 15 minutes; family/couple with member present; AMHH	15 minutes
H0034*	UB	HS			Medication training and support; per 15 minutes; family/couple without member present; AMHH	15 minutes
H0034*	UB	U1			Medication training and support; per 15 minutes; group setting; AMHH	15 minutes
H0034*	UB	U1	HR		Medication training and support; per 15 minutes; group setting, family/couple with member present; AMHH	15 minutes
H0034*	UB	U1	HS		Medication training and support; per 15 minutes; group setting, family/couple without member present; AMHH	15 minutes
H2014*	HA				Skills training and development; per 15 minutes; CMHW	15 minutes
H2014*	UB				Skills training and development; per 15 minutes; individual setting; AMHH	15 minutes
H2014*	UB	HR			Skills training and development; per 15 minutes; family/couple with member present; AMHH	15 minutes
H2014*	UB	HS			Skills training and development; per 15 minutes; family/couple without member present; AMHH	15 minutes
S5125	U7				Attendant care services (non-agency); per 15 minutes; H&W, PathWays and TBI Waiver	15 minutes
S5125	U7	UA			Attendant care services (agency); per 15 minutes; H&W, PathWays and TBI Waiver	15 minutes
S5130	U7				Homemaker service, not otherwise specified, (non-agency); per 15 minutes; H&W, PathWays and TBI Waiver	15 minutes

* *For services marked with an asterisk, EVV records are not required when this service is performed in a 24-hour congregate setting. To indicate that a service was performed in a 24-hour congregate setting, providers are instructed to use the **HQ** modifier (in addition to the modifiers shown in this table).*

Table 1 – Procedure Codes and Modifiers for Personal Care Services That Require EVV

Reviewed/Updated: April 1, 2025

Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description	Unit
S5130	U7	UA			Homemaker service, not otherwise specified, (agency); per 15 minutes; H&W, PathWays and TBI Waiver	15 minutes
S5150*	UB				Respite care services; home health aide, per 15 minutes; AMHH	15 minutes
S5150	U7	UA	U9		Respite care services, home health aide, per 15 minutes; H&W, PathWays and TBI Waiver	15 minutes
S5151*	U7	U5			Respite care; per hour; FSW and CIH Waiver	1 hour
T1005*	HA				Respite care services; per 15 minutes; CMHW	15 minutes
T2016*	U7	U5			Residential habilitation services; per hour; Level 2 (over 35 hours/week); CIH Waiver	1 hour
T2016*	U7	U5	UA		Residential habilitation services; per hour; Level 1 (35 or less hours/week); CIH Waiver	1 hour
T2033*	U7	U5			Participant assistance and care; per hour; FSW	1 hour

Table 1 Revision History

July 1, 2024, update:

Replaced Aged and Disabled (A&D) Waiver references with PathWays Waiver and H&W Waiver

June 1, 2022, update:

Added exception for 24-hour congregate settings (effective June 1, 2022): H0034 UB, H0034 UB HR, H0034 UB HS, H0034 UB U1, H0034 UB U1 HR, H0034 UB U1 HS, H2014 HA, H2014 UB, H2014 UB HR, H2014 UB HS. S5150 UB, T1005 HA

February 1, 2022, update:

Added exception for 24-hour congregate settings (effective February 1, 2022): S5151 U7 U5, T2016 U7 U5, T2016 U7 U5 UA, T2033 U7 U5

July 21, 2020, update:

Added (effective January 1, 2021): H2014 HA

Removed (correction): S5125 U7 U1, S5125 U7 U1 TU, T2029 U7 NU, T2029 U7 U5 NU, T2029 U7 U5 U8, T2029 U7 U8

March 17, 2020, update:

Updated effective date for the table

July 9, 2019, update:

Removed (correction): T2016 U7 U5 UN UA, T2016 U7 U5 UN UB, T2016 U7 U5 UN UC, T2016 U7 U5 UP UA, T2016 U7 U5 UP UB, T2016 U7 U5 UP UC, T2016 U7 U5 UQ UA, T2016 U7 U5 UQ UB, T2016 U7 U5 UQ UC

* *For services marked with an asterisk, EVV records are not required when this service is performed in a 24-hour congregate setting. To indicate that a service was performed in a 24-hour congregate setting, providers are instructed to use the **HQ** modifier (in addition to the modifiers shown in this table).*

Table 2 – Procedure Codes and Modifiers for Home Health Services That Require EVV

Reviewed/Updated: April 1, 2025

Procedure Code	Modifier	Description	Unit
92521		Evaluation of speech continuity, smoothness, rate, and effort	
92522		Evaluation of speech sound production	
92523		Evaluation of speech sound production with evaluation of language comprehension and expression	
92524		Analysis of voice and resonance production	
97161		Evaluation for physical therapy, typically 20 minutes	
97162		Evaluation for physical therapy, typically 30 minutes	
97163		Evaluation for physical therapy, typically 45 minutes	
97165		Evaluation for occupational therapy, typically 30 minutes	
97166		Evaluation for occupational therapy, typically 45 minutes	
97167		Evaluation for occupational therapy, typically 1 hour	
99600		Other home visit service or procedure	
99600	TE	Other home visit service or procedure; licensed practical nurse (LPN)	
99600	TD	Other home visit service or procedure; registered nurse (RN)	
99601		Home infusion or specialty drug administration, per visit, 2 hours or less	Up to 2 hours
99602		Home infusion or specialty drug administration, per visit, each additional hour	1-hour increments (after initial 2 hours)
G0151		Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	15 min
G0152		Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	15 min
G0153		Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	15 min