Ohio Medicaid Electronic Visit Verification Program and Service Code Guide

Department of Medicaid

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The following programs are subject to **Ohio Administrative Code (OAC) Chapter 5160-32 Electronic Visit Verification (EVV)**. The purpose of this guide is to assist providers with identifying which services are subject to EVV requirements, while providing helpful resource information, broken down by program.

Click on the OAC Chapter link for each program below for additional information.

Medicaid Program	Payer
State Plan (SP) Home Health and Nursing Services OAC Chapter 5160-12	**Fee-for-Service:** Ohio Department of Medicaid (ODM) **Managed Care:** Authorized through and billed to a managed care organization (MCO), such as AmeriHealth Caritas, Anthem, Buckeye, CareSource, Humana, Molina, and United Healthcare
Ohio Home Care Waiver (OHCW) OAC Chapter 5160-44 OAC Chapter 5160-46	Authorized through the OHCW program case management agency and billed to ODM.
MyCare (MyC) Waiver OAC Chapter 5160-58	Authorized through and billed to the MyCare Ohio plan (MCOP). **MCOPs:** Anthem, Buckeye, CareSource, and Molina
PASSPORT (PP) Waiver OAC Chapter 173-39	Authorized through PASSPORT Administrative Agencies (PAA) and billed to the Ohio Department of Aging (AGE, also ODA).
Level 1 Waiver OAC Chapter 5123-9	Authorized through County Boards of Developmental Disabilities and billed to the Ohio Department of Developmental Disabilities (DODD).
Individual Options Waiver OAC Chapter 5123-9	Authorized through the County Boards of Developmental Disabilities and billed to DODD. Waiver nursing and waiver nursing delegation are authorized by DODD and billed to ODM.
SELF Waiver OAC Chapter 5123-9	Authorized through the County Boards of Developmental Disabilities and billed to DODD.

State Plan Home Health and Nursing Services

OAC Chapter 5160-12

Service / OAC Rule / Billing Code	Provider Type
Home Health Services OAC Rule 5160-12-01 **EVV / Billing Service Codes** • G0151 (Home Health Physical Therapies) • G0152 (Home Health Occupational Therapies) • G0153 (Home Health Speech Language Pathology Therapies) • G0156 (Home Health Aide) • G0299 (Home Health Nursing Registered Nurse (RN)) • G0300 (Home Health Nursing Licensed Practical Nurse (LPN)) **EVV Payer:** ODM or Managed Care Entity (MCE) **EVV Program:** State Plan (SP)	• ODM-approved Medicare certified home health agency (MCHHA)
Private Duty Nursing (PDN) OAC Rule 5160-12-02 **EVV / Billing Service Code** • T1000 (RN and LPN) **EVV Payer:** ODM or MCE **EVV Program:** SP	• ODM-approved MCHHA • ODM-approved otherwise-accredited agency • ODM-approved independent provider
Registered Nurse Assessment OAC Rule 5160-12-08 **EVV / Billing Service Code** • T1001 (RN Assessment) **EVV Payer:** ODM or MCE **EVV Program:** SP	• ODM-approved MCHHA • ODM-approved otherwise-accredited agency • ODM-approved independent provider
Registered Nurse Consultation OAC Rule 5160-12-08 **EVV / Billing Service Code** • T1001 with U9 modifier (RN Consultation) **EVV Payer:** ODM or MCE **EVV Program:** SP	• ODM-approved MCHHA • ODM-approved otherwise-accredited agency • ODM-approved independent provider
Exemptions: • Telehealth – Home Health and Private Duty Nursing services provided through telehealth and billed with the **Place of Service Code - 02.** • Live-in Caregiver – A direct care worker who lives in the same household as the individual receiving services can request an exemption by submitting the EVV exemption request form.	

For state plan program EVV policy and billing questions for individuals enrolled in fee-for-service, please contact the Provider Integrated Helpdesk at 800-686-1516, Option 3, or the case management agency for anyone enrolled in a waiver.

For state plan program EVV policy and billing questions for individuals enrolled in an MCO or MCOP, please contact the plan for service authorization and EVV claims matching process questions.

Payer	Medicaid	MyCare Ohio
AmeriHealth Caritas Ohio	833-296-2259	Not Applicable
Anthem Blue Cross and Blue Shield	800-462-3589	Not Applicable
Aetna	Not Applicable	855-364-0974
Buckeye Health Plan	866-296-8731	866-296-8731
CareSource	800-488-0134	800-488-0134
Humana Healthy Horizons in Ohio	877-856-5707	Not Applicable
Molina Ohio	855-322-4079	855-322-4079
United Healthcare Community Plan	800-600-9007	800-600-9007
medicaid.ohio.gov/resources-for-providers/managed-care/support/support		

Service / OAC Rule / Billing Code	Provider Type
Personal Care Aide OAC Rule 5160-46-04 **EVV / Billing Service Code** • T1019 **EVV Payer:** ODM **EVV Program:** OHC or OHCPD for self-directed	• ODM-approved MCHHA • ODM-approved otherwise accredited agency • ODM-approved independent personal care aide • Financial Management Service (FMS)-approved self-directed provider billing through the FMS
Waiver Nursing OAC Rule 5160-44-22 **EVV / Billing Service Codes** • T1002 (RN) • T1003 (LPN) **EVV Payer:** ODM **EVV Program:** OHC or OHCPD for self-directed	• ODM-approved MCHHA • ODM-approved otherwise-accredited agency • ODM-approved independent RN waiver nursing provider • ODM-approved independent LPN waiver nursing provider, at the direction of RN
Home Care Attendant: personal care or nursing OAC Rule 5160-44-27 **EVV / Billing Service Code** • S5125 **EVV Payer:** ODM **EVV Program:** OHC or OHCPD for self-directed	• ODM-approved independent provider

For OHCW EVV policy and billing questions, please contact the ODM EVV team at 614-705-1082 or email ODMEVV@sandata.com.

Service / OAC Rule / Billing Code	Provider Type
Personal Care Aide OAC Rule 5160-58-04 **EVV / Billing Service Code** • T1019 **EVV Payer:** MCO **EVV Program:** MyC or MyCPD for participant-directed	• ODM-approved MCHHA • ODM-approved otherwise-accredited agency • ODM-approved independent personal care aide • AGE-certified participant-directed provider (billing submitted through FMS) • AGE-certified agency provider
Choices Home Care Attendant OAC Rule 5160-58-04 **Billing Service Code** • T2025 with UB and U2 modifiers **EVV Payer:** MCO **EVV Program:** MyCPD for participant-directed	• AGE-certified participant-directed individual provider (billing submitted through FMS) • AGE-certified agency provider
Waiver Nursing OAC Rule 5160-58-04 **EVV / Billing Service Codes** • T1002 (RN) • T1003 (LPN) **EVV Payer:** MCO **EVV Program:** MyC or MyCPD for participant-directed	• ODM-approved MCHHA • ODM-approved otherwise-accredited agency • ODM-approved independent RN waiver nursing provider • ODM-approved independent LPN waiver nursing provider, at the direction of RN • AGE-certified agency provider • AGE-certified independent RN waiver nursing provider • AGE-certified independent LPN waiver nursing provider, at the direction of RN
Home Care Attendant: personal care or nursing OAC Rule 5160-58-04 **EVV / Billing Service Code** • S5125 **EVV Payer:** MCO **EVV Program:** MyC or MyCPD for participant-directed	• ODM-approved independent provider • AGE-certified independent provider

Enhanced Community Living OAC Rule 5160-58-04 **Billing Service Code** • T2025 with UA and U1 modifiers **EVV Payer:** MCO **EVV Program:** MyC **EVV Service:** Enhanced Community Living (ECL)	• AGE-certified agency provider

For MyCare waiver EVV billing questions, please contact the MCOP for EVV questions. View page three of this document or go to Managed Care Provider Resources to see a list of MCOP contact information.

Service / OAC Rule / Billing Code	Provider Type
Personal Care Services OAC Rule 173-39-02.11 **Billing Service Code** • T1019 **EVV Payer:** ODA **EVV Program:** PP or PPPD for participant-directed	• AGE-certified participant-directed provider (billing submitted through FMS) • AGE-certified agency provider
Waiver Nursing OAC Rule 173-39-02.22 **Billing Service Codes** • T1002 (RN) • T1003 (LPN) **EVV Payer:** ODA **EVV Program:** PP or PPPD for participant-directed	• AGE-certified agency provider • AGE-certified independent RN waiver nursing provider • AGE-certified independent LPN waiver nursing provider, at the direction of an RN
Home Care Attendant: personal care or nursing OAC Rule 173-39-02.24 **Billing Service Code** • S5125 **EVV Payer:** ODA **EVV Program:** PP or PPPD for participant-directed	• AGE-certified independent provider
Choices Home Care Attendant: personal care or nursing OAC Rule 173-39-02.4 **Billing Service Code** • T2025 with UB and U2 modifiers **EVV Payer:** ODA **EVV Program:** PPPD for participant-directed	• AGE-certified agency provider • AGE-certified participant-directed provider (billing submitted through FMS)
Enhanced Community Living OAC Rule 173-39-02.20 **Billing Service Code** • T2025 with UA and U1 modifiers **EVV Payer:** ODA **EVV Program:** PP **EVV Service:** ECL	• AGE-certified agency provider

For PASSPORT waiver EVV policy and billing questions, please contact AGE at Provider_Network_Mgmt@age.ohio.gov.

Service / OAC Rule / Billing Code	Provider Type
Participant-Directed Homemaker / Personal Care OAC Rule 5123-9-32 **Billing Codes** • DODD billing codes: FDC and FDV **EVV Payer:** DODD **EVV Program:** PDHPC **EVV Service:** HPC	• DODD-certified common law employee (billing submitted through FMS) • DODD-certified agency with choice (billing submitted to DODD)
Homemaker / Personal Care OAC Rule 5123-9-30 **Billing Codes** • DODD billing codes: FMW, FMX, FMY, FMZ, FPC, FPV, FQC, FQV, FQW, FQX, FQY, FQZ • Note: All HPC services are billed in 15-minute units, except for services billed as on-site-on-call, which are not subject to EVV. **EVV Payer:** DODD **EVV Program:** DD **EVV Service:** HPC	• DODD-certified independent provider • DODD-certified agency provider

For Level 1 waiver EVV policy and billing questions, please contact DODD at 800-617-6733.

Service / OAC Rule / Billing Code	Provider Type
Participant-Directed Homemaker / Personal Care OAC Rule 5123-9-32 **Billing Code** • DODD billing codes: ADC and ADV **EVV Payer:** DODD **EVV Program:** PDHPC **EVV Service:** HPC	• DODD-certified common law employee (billing submitted through FMS) • DODD-certified agency with choice (billing submitted to DODD)
Homemaker / Personal Care OAC Rule 5123-9-30 **Billing Code** • DODD billing code: AMW, AMX, AMY, AMZ, APC, APV, AQC, AQV, AQW, AQX, AQY, AQZ. • Note: All HPC services are billed in 15-minute units, with the exception of services billed as on-site-on-call, which is not subject to EVV. **EVV Payer:** DODD **EVV Program:** DD **EVV Service:** HPC	• DODD-certified independent provider • DODD-certified agency with choice (billing submitted to DODD)
Waiver Nursing OAC Rule 5123-9-39 **EVV / Billing Service Codes** • T1002 (RN) • T1003 (LPN) **EVV Payer:** DODD **EVV Program:** DD	• DODD-certified independent provider (billing submitted to ODM) • DODD-certified agency provider (billing submitted to ODM)
Nursing Delegation OAC Rule 5123-9-39 **EVV / Billing Service Codes** • G0493 (RN Consultation) • G0493 with U9 modifier (RN Assessment) • G0494 (LPN Consultation) **EVV Payer:** DODD **EVV Program:** DD	• DODD-certified independent provider (billing submitted to ODM) • DODD-certified agency provider (billing submitted to ODM)

Residential Respite (RR) – when billing in 15 min. units OAC Rule 5123-9-34 **Billing Service Code** • ARR **EVV Payer:** DODD **EVV Program:** DD **EVV Service:** RR	• DODD-certified independent provider • DODD-certified agency provider

For Individual Options waiver EVV policy and billing questions, please contact DODD at 800-617-6733.

Service / OAC Rule / Billing Code	Provider Type
Participant-Directed Homemaker / Personal Care OAC Rule 5123-9-32 **Billing Service Code** • DODD billing codes: SDC, SDD, SDV **EVV Payer:** DODD **EVV Program:** PDHPC **EVV Service:** HPC	• DODD-certified common law employee (billing submitted through FMS) • DODD-certified agency with choice (billing submitted to DODD)

For SELF waiver EVV policy and billing questions, please contact DODD at 800-617-6733.