



NETWORK *Notification*

Notice Date: July 12, 2021
To: Ohio Medicaid and MyCare Providers
From: CareSource
Subject: Electronic Visit Verification (EVV) Billing Guidance
Effective Date: August 12, 2021

Summary

CareSource is informing providers about a change in electronic visit verification billing for Home Health Services. To better align with Ohio Department of Medicaid's billing guidelines, CareSource will no longer allow providers to roll up units for home health care services provided on the same day for the same recipient. Moving forward, all electronic visit verification codes must be billed as separate and distinct, with the proper modifier, for each visit. Failure to bill these units separate and distinct will result in your claims being denied for non-matched units from Sandata, our EVV aggregator. Also, failure to bill with the appropriate modifier will result in your claim being denied, i.e. for duplicate services.

Importance

Following this guidance will help expedite accurate and timely claims payment.

Questions

For questions, please contact Provider Services at 1-800-488-0134 (Monday through Friday, 8 a.m. to 6 p.m.) or refer to the Ohio Department of Medicaid website at <https://medicaid.ohio.gov/> or the Electronic Visit Verification site at <https://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification#1894218-providers>.

Impact

Home Health EVV Claims

G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
T1000	Private Duty nursing services, up to 15 minutes
T1001	Nursing assessment/evaluation
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes

T1019	Personal care services, per 15 minutes
S5125	Attendant care services, per 15 minutes

Modifiers

The following modifiers are acceptable only when multiple visits are made for the same recipient on the same date of service.

Modifier U2 must be used when billing for two visits per day for the same recipient.

Modifier U3 must be used when billing for three or more visits per day for the same recipient.

Modifier U4 must be used when billing for twelve hours to sixteen hours per day for the same recipient.