



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 32 No. 28

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TO: NJ FamilyCare Managed Care Organizations – **For Action**
NJ FamilyCare Fee-for-Service Providers (This includes Division of Developmental Disabilities Fee-for-Service Programs)–**For Action**
Providers Billing for Home Health Care Services (HHCS) Services – **For Action**

SUBJECT: **Electronic Visit Verification (EVV) Claims Payment for all Medicaid Fee for Service (FFS) and Managed Care Organization (MCO) Providers Billing for Home Health Care Services subject to the EVV mandate of the 21st Century Cures Act**

EFFECTIVE: **IMMEDIATELY**
Replaces Volume 32 – Number 20

PURPOSE: To inform Providers and Managed Care Organizations about the process for, and requirements of, Electronic Visit Verification (EVV) for Home Health Care Services Phase II. This updated newsletter provides a timeline for DMAHS billing requirements as well as EVV requirements for MLTSS and Fully Integrated Dual Eligible Special Need Program (FIDE-SNP) members.

This Newsletter applies to all Medicaid Fee for Service (FFS) and Managed Care Organization (MCO) Providers Billing for Home Health Care Services that are subject to the EVV mandate of the 21st Century Cures Act. Services covered by this federal mandate are detailed in the code list included in this Newsletter.

Please note that NJ Division of Developmental Disabilities (DDD) provider agencies billing FFS also must follow the guidelines of this Newsletter.

Additionally, EVV requirements apply to self-directed services provided through the Personal Preference Program and the DDD Self-Directed Options. The implementation plan for self-direction for the DMAHS' Personal Preference Program is described in this Newsletter.

BACKGROUND: The Division of Medical Assistance and Health Services (DMAHS) has implemented an EVV System in New Jersey. As of January 1, 2021, in collaboration with our EVV contractor, HHAeXchange, New Jersey is in compliance with Section 12006(a) of the 21st Century Cures Act for personal care services. Beginning January 1, 2023, home health care services will be required to meet EVV compliance guidelines.

The required EVV data elements are:

1. Type of service performed;
2. Individual receiving the service;
3. Date of the service;
4. Location of service delivery;
5. Individual providing the service;
6. Time the service begins and ends.

It is DMAHS' intention to continue working together with stakeholders to ensure this system continues to meet federal requirements while supporting access to care and minimizing impact on claims payment. DMAHS will work with stakeholders to address and overcome challenges while establishing processes to ensure a robust and reliable EVV system.

Services Requiring Electronic Visit Verification

The following tables represent the services and associated procedure codes covered under the EVV mandate beginning January 1, 2023 required EVV compliance per Section 12006(a) of the 21st Century Cures Act.

Codes in cohort 1 (skilled care) and cohort 2 (therapies) require the base code **and** place of service (POS) 12/Home. The combination of the code and POS determine that the service requires EVV. Individual payers will identify the modifiers where applicable.

Cohort 1:

Cohort 1 is defined by services related to skilled nursing such as private duty nursing (PDN) and home health care.

COHORT 1 Skilled Nursing / Private Duty Nursing / Home Health				
Codes	Procedure Name	Unit of Measure	Service Requirements	Requirements for EVV for FIDE SNP and MLTSS Dual Eligible Members
97597	Debridement , open wound, wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, total wound(s) surface area; first 20 sq cm or less	Per visit	Prior Authorization – REQUIRED Place of Service - 12/Home	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP

99601	Infusion- Skilled nursing	Up to 2 hours	Prior Authorization – REQUIRED Place of Service - 12/Home	
99602	Infusion- Skilled nursing-additional hour(s)	Each additional hour	Prior Authorization – REQUIRED Place of Service - 12/Home	
G0299*	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting	15 mins	Prior Authorization – REQUIRED Place of Service - 12/Home	EVV Data required when Medicaid authorizes
S9122	Home Health Aide/Certified Nurse Assistant	Per hour	Prior Authorization – REQUIRED Place of Service - 12/Home	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
S9123	Nursing care, in the home; by registered nurse,	Per hour	Prior Authorization – REQUIRED Place of Service - 12/Home	
S9124	Nursing care, in the home; by licensed practical nurse	Per hour	Prior Authorization – REQUIRED Place of Service - 12/Home	
S9127	Social work visit, in the home	Per diem	Prior Authorization – REQUIRED Place of Service - 12/Home	
T1000	Private duty / independent nursing service(s)	15 mins	Prior Authorization – REQUIRED Place of Service - 12/Home	
T1002	Private duty / independent nursing service(s) / RN	15 mins	Prior Authorization – REQUIRED Place of Service - 12/Home	
T1003	LPN/LVN SERVICES	15 mins	Prior Authorization – REQUIRED Place of Service - 12/Home	
T1030	Nursing care, in the home, by registered nurse	Per diem	Prior Authorization – REQUIRED Place of Service - 12/Home	

T1031	Nursing care, in the home, by licensed practical nurse	Per diem	Prior Authorization – REQUIRED Place of Service - 12/Home	
G0300*	Direct skilled nursing services of a licensed practical nurse (LPN) in the home or hospice setting	15 mins	Prior Authorization – REQUIRED Place of Service - 12/Home	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
G0153*	Services performed by a qualified speech language pathologist in the home health or hospice setting	15 mins	Prior Authorization – REQUIRED Place of Service - 12/Home	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
G0155*	Services performed by clinical social worker in home health or hospice setting	15 mins	Prior Authorization – REQUIRED Place of Service - 12/Home	

Cohort 2

Cohort 2 is defined by services related to therapies such as cognitive, occupational, physical, and speech therapy.

COHORT 2 Therapies				
Codes	Procedure Name	Unit of Measure	Service Requirements	Requirements for EVV for FIDE SNP and MLTSS Dual Eligible Members
92507	Speech, Language and Hearing Therapy Individual	Per diem	Prior Authorization – REQUIRED Place of Service - 12/Home	Providers are required to submit EVV data. MCOs

97110	Physical Therapy, Therapeutic procedure, 1 or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 mins	Prior Authorization – REQUIRED Place of Service - 12/Home	are not required to link billing process to services authorized by Medicare/SNP
97129	Cognitive Therapy, Individual	15 mins	Prior Authorization – REQUIRED Place of Service - 12/Home	
97130	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact (List separately in addition to code for primary procedure)	Each additional 15 mins	Prior Authorization – REQUIRED Place of Service - 12/Home	
97535	Occupational Therapy, Individual - Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact	15 mins	Prior Authorization – REQUIRED Place of Service - 12/Home	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
G0151 *	Services performed by a qualified physical therapist in the home health or hospice setting	15 mins	Prior Authorization – REQUIRED Place of Service - 12/Home	
G0152 *	Services performed by a qualified occupational therapist	15 mins	Prior Authorization – REQUIRED	

	in the home health or hospice setting		Place of Service - 12/Home	
S9128	Speech therapy, in the home	Per diem	Prior Authorization – REQUIRED Place of Service - 12/Home	Providers are required to submit EVV data. MCOs are not required to link billing process to services authorized by Medicare/SNP
S9129	Occupational therapy, in the home	Per diem	Prior Authorization – REQUIRED Place of Service - 12/Home	
S9131	Physical therapy; in the home	Per diem	Prior Authorization – REQUIRED Place of Service - 12/Home	

***Services with G code are only authorized by the MCOs not FFS DMAHS**

ACTION – Required EVV implementation requirements for Home Health, Skilled Care, and Therapies (Cohorts 1 & 2)

Meet Onboarding Provider Requirements by July 18, 2022

The following activities are required to demonstrate a Provider’s progress towards full compliance for submitting EVV visits:

- a) Select an EVV Vendor;
- b) Complete the [HHAx Survey Questionnaire](#) entitled the “NJ Home Health Provider Enrollment Form” on the HHAExchange site;
- c) Complete integration with EVV vendor, if needed; and
- d) Training:
 - o **EVV Training:**
 - [HHAExchange](#) - Provider has completed the onboarding process and applicable training. Training requirements may vary based on the method for which EVV compliant visit data is captured:
 - If using tools provided through HHAExchange – each Provider must:
 - Complete the Provider survey, and
 - Complete the HHAExchange Learning Management System (LMS) modules OR must have attended the training webinars. Training information can be found <https://hhaexchange.com/nj-home-health/>. Click on Trainings or Info Sessions based on your training needs.

- CareBridge – Providers contracted with Amerigroup and Horizon must attend the required CareBridge trainings. Information is available at <https://www.carebridgehealth.com/trainingnjev> and then select Home Health Services.
 - If using an EVV platform that is different from the systems above – Provider must attend the Electronic Data Interchange (EDI) sessions provided through the HHAeXchange LMS or have attended the hosted webinars described above.
- **EVV Contracted MCO/Payer Training:**
 - Each of the MCOs (Aetna, Amerigroup, Horizon, United and WellCare) will conduct orientation sessions as well as authorization and billing training.
 - Providers must attend the individual sessions for each of the MCOs that they have a contract.
 - The billing process will be different for the individual MCOs.

Meet Provisionally Engaged Provider Requirements by September 30, 2022

Provider agencies will demonstrate increasing compliance with verified visit submissions. Home Health Care Services and Therapy providers must meet requirements described below to ensure compliance with the federal mandate and ongoing participation as a Medicaid provider.

- a) **Provisionally Engaged:** Providers are using an EVV data solution to support visits and have completed integration with HHAX and/or CareBridge. Providers are focused on maximizing visits reported with EVV data, working through error code rejections, and working with staff and care givers on how to successfully utilize EVV.

Failure to meet the provisionally engaged requirements by September 30th will put Provider at risk of no longer receiving referrals.

- b) **Provisionally Disengaged:** Disengaged providers have not identified an EVV solution and/or have not completed integration. These providers must immediately address EVV requirements and move into Engaged status with all applicable payers.

Beginning October 1, 2022, demonstrate EVV Operational Provider Requirements

Home Health Care Service and Therapy providers must meet the requirements described below to ensure compliance by January 1, 2023 with the federal mandate and fulfill requirements as a Medicaid provider.

- a) Work with payers to resolve gaps in EVV data exchange resulting in less than a 100% Compliance Rate;
- b) Begin billing per the EVV specific billing process for the individual payers; and

- c) Ensure rendering Provider certification and license numbers are included on EVV applicable claims
 - The DMAHS requires the license and/or certification number information in the EVV aggregation system for rendering service providers of personal care services (PCS) and home health care services (HHCS). The certification and licensing requirement is to ensure NJ FamilyCare members are receiving care from qualified providers.
 - The Provider certification and/or licensing applies to the following: Certified Home Health Aides (CHHA), Registered Nurses (RN), Licensed Practical Nurses (LPN), Physical Therapists (PT), Cognitive Therapists, Occupational Therapists (OT), and Speech Therapists (ST).

DMAHS extended the Operational time frame for Cohort 1 and Cohort 2 Providers in December 2022 to March 31, 2023.

Providers are required to comply with the Federal Mandate for EVV Home Health Services to secure EVV information for all visits – January 1, 2023

Note: Operational status for Providers is payer specific given that each payer will have specific billing guidelines.

Meet Compliance Requirements by April 1, 2023

- a) Submit EVV data for all required services -
- b) Utilize the EVV specific billing process for the individual payers for all services as of April 1 2023; and
- c) Ensure rendering Provider certification and license numbers are included on all EVV applicable claims.

Division of Developmental Disabilities – there are no changes to the DDD timeline

The Division of Developmental Disabilities (DDD) is expanding EVV applicable procedure codes to incorporate Behavioral Supports, Physical Therapy, Occupation Therapy and Speech, Language and Hearing Therapy when an in-home visit occurs.

DDD COHORT 2 Codes	
Codes	Procedure Name
H0004HI22 H0004HI	Behavioral Supports
S8990HIUN S8990HI	Physical Therapy
97535HIUN 97535HI	Occupational Therapy

92507HIUN 92507HI	Speech, Language, and Hearing Therapy
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In certain cases, a service falling under one of the aforementioned procedure codes may be exempt from EVV. Exemptions include:

CMS allows the exclusion of EVV when the person providing care is living with the person receiving care. In this case, there is no “in-home visit” to record as required by the Cures Act because the Provider is living in the home. This exemption applies to both family members and non-family members living with the person receiving care. An EVV Live-In Worker Attestation is required to be completed. The link to the form can be found here: [Division of Developmental Disabilities Electronic Visit Verification \(nj.gov\)](https://www.nj.gov/humanservices/dmahs/info/evv.html).

Additional Information can be found on the Division of Developmental Disabilities website found at the following link: [Click HERE to view DDD’s EVV website](#)

ACTION - Self-Directed Services Through Personal Preference Program (PPP) and the DDD Self-Directed Option- there are no changes to the PPP timeline

To continue the smooth transition to EVV, DMAHS is implementing EVV enrollment with the remaining self-direction PPP community as follows:

- Members of WellCare, Horizon, United, and Aetna and their providers participating in the Personal Preference Program will be fully trained and supported with EVV by the fiscal intermediary, Public Partnerships, Ltd. (PPL) beginning in April 2022.
 - *For members self-directing through PPL, live-in providers are exempt from using EVV.*
- Members using the NJ DDD Self-directed Option through Easterseals Agency with Choice (AwC) Program continue training and support with EVV through Easterseals and HHAeXchange

As our collaborative work continues, please visit the DMAHS EVV Website for additional information: <https://www.nj.gov/humanservices/dmahs/info/evv.html>.

To submit questions or concerns about EVV, please email New Jersey’s EVV Mailbox at: mahs.evv@dhs.state.nj.us.

For HHAeXchange provider information, please visit the New Jersey Home Health Information Center website at: <https://hhaexchange.com/nj-home-health/>.

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