



TEXAS
Health and Human
Services

Electronic Visit Verification Service Bill Codes Table

EVV Service Bill Codes: Legend

Column Title	Column Description
Claims Code Qualifier	Procedure code for the service used by HCS & TxHmL program providers and FMSAs in the CARE system.
Claims Modifier	A modifier provides how the reporting physician or provider can indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Used by HCS & TxHmL program providers and FMSAs in the CARE system.
Claims Place of Service	A set of codes used to identify the physical location where services were provided. Used by HCS & TxHmL program providers and FMSAs in the CARE system. Note: HHSC is only including the claims place of service code 12 (Home Location) because EVV is only required to capture services that require an in-home visit.
Claims Procedure Code	A collection of codes that represent procedures and services provided to individuals. Used by HCS & TxHmL program providers and FMSAs in the CARE system.
Claims Revenue Code	A revenue code is a code set that groups services into distinct cost centers. Used by HCS & TxHmL program providers and FMSAs in the CARE system.
Effective Date for EVV Claim Denial for No Matching Visit	The begin date that a claim for an EVV-relevant service will be denied when there isn't an accepted EVV visit transaction that matches the claim. The EVV visit transaction must be accepted in the EVV Portal prior to billing the claim.
Healthcare Common Procedure Coding System (HCPCS)	A collection of codes that represent procedures and services provided to individuals.
Mod 1-4	A modifier provides how the reporting physician or provider can indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. There can be up to 4 modifiers associated with a HCPCS code.
Payer	<p>The organization that processes the claim for payment or denial. Payers include:</p> <ol style="list-style-type: none"> 1. The Texas Health and Human Services Commission (HHSC) - Claims are for EVV Acute Care services in Fee-for-Service (FFS) and processed by the Texas Medicaid & Healthcare Partnership (TMHP) Compass21 system on behalf of HHSC. 2. Long-Term Care (LTC) - Organization that processes claims for LTC services in FFS. 3. Managed Care Organization (MCO) - Organization that processes claims for services in Managed Care. By Oct. 1, 2020 all EVV claims for Managed Care services must be submitted to TMHP for claims matching. Once the claims matching result is obtained, the claim will be forwarded to the MCO with whom the individual member is enrolled at the time of service delivery for final processing.

EVV Service Bill Codes: Legend

Column Title	Column Description
Proc Code Qualifier	Procedure code for the service.
Procedure Effective Begin Date	The date when the service billing code became available for use in the Texas Medicaid Program. The date corresponds to the service delivery date, not the claim submission date.
Procedure Effective End Date	The date when the service billing code is no longer to be used. The date corresponds to the service delivery date, not the claim submission date. If the date is 12/31/9999 this means that there is no effective end date.
Program	The name of the program which services are available.
Service	The name of the service.
Service Code	A code that identifies the LTC service within the program and is only used in the FFS programs for LTC.
Service Group	A code that identifies the LTC program for the service and is only used in the FFS programs for LTC.
Unit Type	The amount of time assigned to a single unit when delivering the service to a member e.g. 15 minute increments, one hour increments.
Units Matched During EVV Claims Matching?	A 'Yes' or 'No' in this column indicates if the number of Units on the EVV-relevant claim is matched to the number of Units on the EVV visit transaction. Some services are not designed for this type of match.

EVV Service Bill Codes: Acronyms

Acronym	Description
AC	Acute Care
BH	Behavioral Health
C21	Compass 21
CAS	Community Attendant Services
CARE	Client Assignment and Registration
CDS	Consumer Directed Services
CFC	Community First Choice
CLASS	Community Living Assistance and Support Services
CMBHS	Clinical Management for Behavioral Health Services
CMS	Claims Management System
DBMD	Deaf-Blind with Multiple Disabilities
DSA	Direct Services Agency
EVV	Electronic Visit Verification
FC	Family Care
FFS	Fee-for-Service
FFSS	Flexible Family Support Services
FMSA	Financial Management Services Agency
HAB	Habilitation
HCBS-AMH	Home and Community-Based Services–Adult Mental Health
HCPCS	Healthcare Common Procedure Coding System
HCS	Home and Community-based Services
HHSC	Health and Human Services Commission
LOC	Level of Care
LON	Level of Need
LTC	Long-Term Care
MCO	Managed Care Organization
MDCP	Medically Dependent Children Program
MMP	Medicare-Medicaid Plan
N/A	Not Applicable
PAS	Personal Assistance Services
PCS	Personal Care Services
PHC	Primary Home Care

EVV Service Bill Codes: Acronyms

Acronym	Description
RN	Registered Nurse
SRO	Service Responsibility Option
STAR	State of Texas Access Reform
TMHP	Texas Medicaid & Healthcare Partnership
TxHmL	Texas Home Living
YES	Youth Empowerment Services

EVV Service Bill Codes: Revision History

Effective Dates	Revision Description
6/1/2019 - 7/2/2019	Created for the 6/1/2019 release of the EVV Aggregator.
7/3/2019 - 7/15/2019	Updated based on TMHP SR 6861292.
7/16/2019 - 8/18/2019	Updated for publication on the HHSC EVV Website: - Added columns in orange. - Updated the Unit Match on all CDS and SRO services to reflect a bypass on the claims matching process for units of service due to inconsistencies with other programs. All other critical data elements will be matched.
8/19/2019 - 10/7/2019	<p>Formatting Changes:</p> <ul style="list-style-type: none"> - Added a column 'Bypass Claim Units Match?' to indicate when units are bypassed in the EVV Aggregator claims match. - Removed the column called 'Short Description' since it duplicates the 'Service' column. - Added a tab 'Acronyms' to list acronyms and their descriptions used in the EVV Service Bill Code tables. <p>Service Changes:</p> <ul style="list-style-type: none"> - Updated all LTC CLASS services (Service Group 2) to indicate that units on the claim will not be matched to units on the visit transaction. - Updated HCS/TxHmL service for Respite and Day Habilitation to indicate that claims will not be matched for EVV until new bill codes can be established to distinguish in-home service delivery from out-of-home service delivery. Note: EVV Clock-in and Clock-out is required when these services begin or end in the home. - Corrected an error in the HCPCS/Modifiers for Texas Home Living CFC PAS/HAB CDS service (Service Group 15, Service Code 10CFV).

EVV Service Bill Codes: Revision History

Effective Dates	Revision Description
10/8/2019 - 6/14/2020	<p>Formatting Changes:</p> <ul style="list-style-type: none"> - Added a column 'Bypass EVV Claim Match and Apply EVV07?' to indicate when the EVV claims matching process is bypassed in the EVV Aggregator (EVV Claims Match Result Code EVV07). <p>Service Changes:</p> <ul style="list-style-type: none"> - Updated the EVV Aggregator Claims Match Begin Effective Date for all programs, services, and service delivery options affected by the 21st Century Cures Act due to the delayed EVV start date from 1/1/2020 to 1/1/2021. - Updated all LTC CLASS (Service Group 2) and LTC DBMD (Service Group 16) services to indicate these services are bypassing EVV units matching in the EVV Aggregator claims match. - Updated LTC CLASS CFC PAS/HAB service (Service Group 2, Service Code 10CFC T2026) column 'Bypass EVV Claim Match and Apply EVV07' to a yes to indicate that this service is bypassing EVV claims matching in the EVV Aggregator until new bill codes can be established to distinguish between EVV services and non-EVV services. Note: When billing for EVV services, an EVV Clock-in and Clock-out is required when services begin and/or end in the home. This bypass will avoid unnecessary EVV claim denials due to an EVV visit transaction never having been created for a non-EVV service. This is a temporary solution until new billing codes can be created to distinguish between EVV-required and non-EVV required services. - Updated LTC DBMD CFC PAS/HAB service (Service Group 16, Service Code 10CFC T2026) column 'Bypass EVV Claim Match and Apply EVV07' to a yes to indicate that this service is bypassing EVV claims matching in the EVV Aggregator until new bill codes can be established to distinguish between EVV services and non-EVV services. Note: EVV is not currently required for DBMD. This bypass will avoid unnecessary EVV claim denials due to an EVV visit transaction never having been created for a non-EVV service. This is a temporary solution until new billing codes can be created to distinguish between EVV-required and non-EVV required services. - Updated all LTC HCS (Service Group 12) and TxHmL (Service Group 15) procedure effective end dates from 2/29/2020 to 12/31/9999.

EVV Service Bill Codes: Revision History

Effective Dates	Revision Description
6/15/2020 - 9/30/2020	<p>Formatting Changes:- Added new column 'EVV Claim Denial for No Matching Visit Effective Date' to the MCO, C21 AC FFS, CMS LTC FFS, and CARE LTC FFS tabs to indicate the begin date a claim for an EVV-required service will be denied if there isn't an accepted EVV visit transaction in the EVV Portal that matches the claim. Services with an effective date of 12/1/2020 are part of the Cures Act EVV Expansion and included in the EVV Practice Period beginning 7/1/2020 and ending 11/30/2020. See the TMHP article for more information about the practice period: http://www.tmhp.com/News_Items/2020/05-May/05-26-20%20Cures%20Act%20EVV%20The%20EVV%20Practice%20Period%20Begins%20July%201.pdf.- Added new tab 'CARE LTC FFS EVV Services' to include HCS & TxHmL program services requiring EVV beginning 12/1/2020.- Added new column 'Effective Date for EVV Claim Denial for No Matching Visit' to the MCO, C21 AC FFS, CMS LTC FFS, and CARE LTC FFS tabs to indicate the begin date a claim for an EVV-required service will be denied if there isn't an accepted EVV visit transaction in the EVV Portal that matches the claim.- Renamed column 'Bypass Claim Units Match' to 'Units Matched During EVV Claims Matching?' to clarify when units on the claim are matched to units on the EVV visit transaction during the EVV claims matching process.- The following columns have been removed from the MCO, C21 AC FFS, and CMS LTC FFS tabs: - Unit Conversion Factor - EVV Aggregator Claims Match Begin Effective Date - EVV Aggregator Claims Match Begin Effective End Date - Bypass EVV Claim Match and Apply EVV07? - Bill Code Changed for 9/1/2019? - EVV Service (Required or Optional) for 9/1/2019? - EVV Services Required Starting 1/1/2021? Note: New column 'Effective Date EVV Claim Denial for No Matching Visit' has replaced this column and the date has been updated to align with the HHSC Cures Act EVV Expansion timeline. See the HHSC Cures Act EVV website for more information https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification/21st-century-cures-act.- In the 'Revision History' tab, replaced the 'Version' column with 'Effective Dates'.- Minor changes to font size and color.</p>

EVV Service Bill Codes: Revision History

Effective Dates	Revision Description
	<p>Service Changes:</p> <ul style="list-style-type: none"> - Updated the following services to indicate units on the claim will be matched to units on the EVV visit transaction during the EVV claims matching process: <ul style="list-style-type: none"> - Long-Term Care Services: <ul style="list-style-type: none"> - CLASS CFC PAS/HAB (Service Group 2, Service Code 10CFC) - DBMD CFC PAS/HAB (Service Group 16, Service Code 10CFC) - Updated the following services to indicate units on the claim will not be matched to units on the EVV visit transaction during the EVV claims matching process: <ul style="list-style-type: none"> - Acute Care Services: <ul style="list-style-type: none"> - HCBS-AMH Supported Home Living (HCPCS S5130) - YES Waiver Respite (In-Home) (HCPCS T2027) - Long-Term Care Services: <ul style="list-style-type: none"> - HCS CFC PAS/HAB (Service Group 12, Service Code 10CFC) - TxHmL CFC PAS/HAB (Service Group 15, Service Code 10CFC) - Added LTC CAS SRO service (Service Group 7, Service Code 17DS) because this service will require EVV by Dec. 1, 2020, but was not included in the previous version of the bill code table.

EVV Service Bill Codes: Revision History

Effective Dates	Revision Description
10/1/2020	<p>Formatting Changes:- Certain program and service names were updated in all applicable tabs to be more consistent with the "EVV-Required Programs, Services, and Service Delivery Options" document on the HHS EVV webpage at: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification#programs-and-services-required-to-use-evv- CMBHS was added to the 'C21 AC FFS EVV Services' tab.- The STAR+PLUS/MMP bill codes with an 'Effective End Date' of 8/31/2019 were removed from the 'MCO EVV Services' tab. - The 'Effective Date for EVV Claim Denial for No Matching Visit' was corrected for LTC CLASS CFC PAS/HAB (Service Group 2, Service Code 10CFC T2026) and In-Home Respite (Service Group 2, Service Code 11 G0100) from 11/1/2019 to 12/1/2020.- The 'Claims Place of Service' column in the 'CARE LTC FFS EVV Services' tab was updated to only display the code relevant to EVV services: 12 (Home Location). This change was made because EVV is only required to capture services that require an in home visit. Service Changes:- Effective Oct. 1, billed units on claims for the following EVV-required services will be matched to the billable units on the EVV visit transaction during the EVV claims matching process: - All services delivered through the service responsibility option listed in the 'MCO EVV Services' tab; - LTC CAS Personal Attendant Services - Level 1 and Level 2 (Service Group 7, Service Code 17DS G0755 and G0756); and - LTC CLASS CFC PAS/HAB (Service Group 2, Service Code 10CFC T2026).The 'Units Matched During EVV Claims Matching?' columns in the 'MCO EVV Services' and 'CMS LTC FFS EVV Services' tabs were updated to 'Yes' to indicate this change. Program providers and FMSAs can practice units matching on EVV claims during the Cures Act EVV practice period and these claims will not be denied for an EVV mismatch. The practice period ends on Nov. 30. Read more about the practice period at: http://www.tmhp.com/news/2020-06-27-update-cures-act-evv-evv-practice-period-begins-july-1</p>
11/9/2020	<p>Formatting Changes:</p> <ul style="list-style-type: none"> - The service names in the 'CARE LTC FFS EVV Services' tab for Day Habilitation and In-Home Respite in the HCS program were updated to match the HCS and TxHmL Bill Code Crosswalk. Additional information has been added to the bottom of the table noting that for HCS these services only require EVV when provided in own home or family home settings. - The Claims Place of Service column in the 'CARE LTC FFS EVV Services' tab for CFC PAS/HAB added the community setting locations which require EVV. <p>Service Changes:</p> <ul style="list-style-type: none"> - The Effective Date for EVV Claim Denial for No Matching Visit has been updated for services impacted by the Cures Act expansion to reflect the extension of the new EVV implementation date to Jan. 1, 2021. More information is available in the Cures Act EVV Practice Period Extended Through Dec 31 article on the HHS EVV webpage at https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification.

EVV Service Bill Codes: Revision History

Effective Dates	Revision Description
5/1/2021	<p>Service Changes:</p> <p>HCBS-AMH In Home Respite</p> <ul style="list-style-type: none"> - Unit type changed from Per Day to Per 15 Min - Change HCPCS from S9125 (Respite care, in the home, per diem) to T1005 (Respite care services, up to 15 minutes) - No change to HK and HE modifiers <p>HCBS-AMH Supported Home Living - Habilitative Support</p> <ul style="list-style-type: none"> - Unit type changed from Per Hour to Per 15 Min - No change to HCPCS S5130 (Homemaker service, nos; per 15 minutes) - No change to HK and HE modifiers
11/1/2021	<p>Service Changes:</p> <p>Add to STAR Health PCS</p> <ul style="list-style-type: none"> - New service combination T1019 UA (PCS BH Condition - Agency Model) - New service combination T1019 U7 (PCS - CDS Model) - New service combination T1019 UB (PCS BH Condition - CDS Model) <p>Remove from STAR Health PCS</p> <ul style="list-style-type: none"> - T1019 UA, U6 (PCS BH Condition - Agency Model) - T1019 UC (PCS - CDS Model) - T1019 UA, UC (PCS BH Condition - CDS Model)

EVV Service Bill Codes: Managed Care

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Effective Date for EVV Claim Denial for No Matching Visit
MCO	STAR Health, STAR Kids	CFC HAB - Agency Model	HC	T1019	U9				per 15 min	Yes	11/1/2016	12/31/9999	9/1/2019
MCO	STAR Health, STAR Kids	CFC HAB - CDS Model	HC	T1019	U4				per 15 min	No	3/1/2016	12/31/9999	1/1/2021
MCO	STAR Health, STAR Kids	CFC HAB - SRO Model	HC	T1019	U2				per 15 min	Yes	3/1/2016	12/31/9999	1/1/2021
MCO	STAR Health, STAR Kids	CFC PCS Only - Agency Model	HC	T1019	UD				per 15 min	Yes	3/1/2016	12/31/9999	9/1/2019
MCO	STAR Health, STAR Kids	CFC PCS Only - CDS Model	HC	T1019	U3				per 15 min	No	3/1/2016	12/31/9999	1/1/2021
MCO	STAR Health, STAR Kids	CFC PCS Only - SRO Model	HC	T1019	U1				per 15 min	Yes	3/1/2016	12/31/9999	1/1/2021
MCO	STAR Health, STAR Kids	MDCP - FFSS - Attendant - Agency Model	HC	H2015	99	U1			per 15 min	Yes	11/1/2016	12/31/9999	9/1/2019
MCO	STAR Health, STAR Kids	MDCP - FFSS - Attendant - CDS Model	HC	H2015	99	U1	UC		per 15 min	No	11/1/2016	12/31/9999	1/1/2021
MCO	STAR Health, STAR Kids	MDCP - FFSS -	HC	H2015	99	U1	US		per 15 min	Yes	11/1/2016	12/31/9999	1/1/2021

EVV Service Bill Codes: Managed Care

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Effective Date for EVV Claim Denial for No Matching Visit
		Attendant - SRO Model											
MCO	STAR Health, STAR Kids	MDCP - FFSS - Attendant with RN Delegation - Agency Model	HC	H2015	99	U1	UA		per 15 min	Yes	11/1/2016	12/31/9999	9/1/2019
MCO	STAR Health, STAR Kids	MDCP - FFSS - Attendant with RN Delegation - CDS Model	HC	H2015	99	U1	UA	UC	per 15 min	No	11/1/2016	12/31/9999	1/1/2021
MCO	STAR Health, STAR Kids	MDCP - FFSS - Attendant with RN Delegation - SRO Model	HC	H2015	99	U1	UA	US	per 15 min	Yes	11/1/2016	12/31/9999	1/1/2021
MCO	STAR Health, STAR Kids	MDCP - In-Home Respite - Attendant -	HC	H2015	U1				per 15 min	Yes	11/1/2016	12/31/9999	9/1/2019

EVV Service Bill Codes: Managed Care

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Effective Date for EVV Claim Denial for No Matching Visit
		Agency Model											
MCO	STAR Health, STAR Kids	MDCP - In-Home Respite - Attendant - CDS Model	HC	H2015	U1	UC			per 15 min	No	11/1/2016	12/31/9999	1/1/2021
MCO	STAR Health, STAR Kids	MDCP - In-Home Respite - Attendant - SRO Model	HC	H2015	U1	US			per 15 min	Yes	11/1/2016	12/31/9999	1/1/2021
MCO	STAR Health, STAR Kids	MDCP - In-Home Respite - Attendant with RN Delegation - Agency Model	HC	H2015	U1	UA			per 15 min	Yes	11/1/2016	12/31/9999	9/1/2019
MCO	STAR Health, STAR Kids	MDCP - In-Home Respite - Attendant with RN Delegation - CDS Model	HC	H2015	U1	UA	UC		per 15 min	No	11/1/2016	12/31/9999	1/1/2021

EVV Service Bill Codes: Managed Care

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Effective Date for EVV Claim Denial for No Matching Visit
MCO	STAR Health, STAR Kids	MDCP - In-Home Respite - Attendant with RN Delegation - SRO Model	HC	H2015	U1	UA	US		per 15 min	Yes	11/1/2016	12/31/9999	1/1/2021
MCO	STAR Health, STAR Kids	PCS - Agency Model	HC	T1019	U6				per 15 min	Yes	11/1/2016	12/31/9999	9/1/2019
MCO	STAR Kids	PCS - CDS Model	HC	T1019	UC				per 15 min	No	11/1/2016	12/31/9999	1/1/2021
MCO	STAR Health	PCS - CDS Model	HC	T1019	U7				per 15 min	No	11/1/2016	12/31/9999	1/1/2021
MCO	STAR Health, STAR Kids	PCS - SRO Model	HC	T1019	US				per 15 min	Yes	11/1/2016	12/31/9999	1/1/2021
MCO	STAR Kids	PCS, BH Condition - Agency Model	HC	T1019	UA	U6			per 15 min	Yes	11/1/2016	12/31/9999	9/1/2019
MCO	STAR Health	PCS, BH Condition - Agency Model	HC	T1019	UA				per 15 min	Yes	11/1/2016	12/31/9999	9/1/2019
MCO	STAR Kids	PCS, BH Condition - CDS Model	HC	T1019	UA	UC			per 15 min	No	11/1/2016	12/31/9999	1/1/2021

EVV Service Bill Codes: Managed Care

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Effective Date for EVV Claim Denial for No Matching Visit
MCO	STAR Health	PCS, BH Condition - CDS Model	HC	T1019	UB				per 15 min	No	11/1/2016	12/31/9999	1/1/2021
MCO	STAR Health, STAR Kids	PCS, BH Condition - SRO Model	HC	T1019	UA	US			per 15 min	Yes	11/1/2016	12/31/9999	1/1/2021
MCO	STAR+PLUS/MMP	CFC HAB - Agency Model (HCBS)	HC	T2017	U3	U7			per 15 min	Yes	9/1/2019	12/31/9999	9/1/2019
MCO	STAR+PLUS/MMP	CFC HAB - Agency Model (Non-HCBS)	HC	T2017	U5	U7			per 15 min	Yes	9/1/2019	12/31/9999	9/1/2019
MCO	STAR+PLUS/MMP	CFC HAB - CDS Model (HCBS)	HC	T2017	U3	UC	U7		per 15 min	No	9/1/2019	12/31/9999	1/1/2021
MCO	STAR+PLUS/MMP	CFC HAB - CDS Model (Non-HCBS)	HC	T2017	U5	UC	U7		per 15 min	No	9/1/2019	12/31/9999	1/1/2021
MCO	STAR+PLUS/MMP	CFC HAB - SRO Model (HCBS)	HC	T2017	U3	UD	U7		per 15 min	Yes	9/1/2019	12/31/9999	1/1/2021
MCO	STAR+PLUS/MMP	CFC HAB - SRO Model	HC	T2017	U5	UD	U7		per 15 min	Yes	9/1/2019	12/31/9999	1/1/2021

EVV Service Bill Codes: Managed Care

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Effective Date for EVV Claim Denial for No Matching Visit
		(Non-HCBS)											
MCO	STAR+PLUS/MMP	CFC PAS - Agency Model (HCBS)	HC	S5125	U3	U7			per 15 min	Yes	9/1/2019	12/31/9999	9/1/2019
MCO	STAR+PLUS/MMP	CFC PAS - Agency Model (Non-HCBS)	HC	S5125	U5	U7			per 15 min	Yes	9/1/2019	12/31/9999	9/1/2019
MCO	STAR+PLUS/MMP	CFC PAS - CDS Model (HCBS)	HC	S5125	U3	UC	U7		per 15 min	No	9/1/2019	12/31/9999	1/1/2021
MCO	STAR+PLUS/MMP	CFC PAS - CDS Model (Non-HCBS)	HC	S5125	U5	UC	U7		per 15 min	No	9/1/2019	12/31/9999	1/1/2021
MCO	STAR+PLUS/MMP	CFC PAS - SRO Model (HCBS)	HC	S5125	U3	UD	U7		per 15 min	Yes	9/1/2019	12/31/9999	1/1/2021
MCO	STAR+PLUS/MMP	CFC PAS - SRO Model (Non-HCBS)	HC	S5125	U5	UD	U7		per 15 min	Yes	9/1/2019	12/31/9999	1/1/2021
MCO	STAR+PLUS/MMP	In-Home Respite - Agency	HC	T1005	U3				per 15 min	Yes	9/1/2019	12/31/9999	9/1/2019

EVV Service Bill Codes: Managed Care

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Effective Date for EVV Claim Denial for No Matching Visit
		Model (HCBS)											
MCO	STAR+PLUS/MMP	In-Home Respite - CDS Model (HCBS)	HC	T1005	U3	UC			per 15 min	No	9/1/2019	12/31/9999	1/1/2021
MCO	STAR+PLUS/MMP	In-Home Respite - SRO Model (HCBS)	HC	T1005	U3	UD			per 15 min	Yes	9/1/2019	12/31/9999	1/1/2021
MCO	STAR+PLUS/MMP	PAS - Agency Model (HCBS)	HC	S5125	U3				per 15 min	Yes	9/1/2019	12/31/9999	9/1/2019
MCO	STAR+PLUS/MMP	PAS - Agency Model (Non-HCBS)	HC	S5125	U5				per 15 min	Yes	9/1/2019	12/31/9999	9/1/2019
MCO	STAR+PLUS/MMP	PAS - CDS Model (HCBS)	HC	S5125	U3	UC			per 15 min	No	9/1/2019	12/31/9999	1/1/2021
MCO	STAR+PLUS/MMP	PAS - CDS Model (Non-HCBS)	HC	S5125	U5	UC			per 15 min	No	9/1/2019	12/31/9999	1/1/2021

EVV Service Bill Codes: Managed Care

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Effective Date for EVV Claim Denial for No Matching Visit
MCO	STAR+PLUS/MMP	PAS - SRO Model (HCBS)	HC	S5125	U3	UD			per 15 min	Yes	9/1/2019	12/31/9999	1/1/2021
MCO	STAR+PLUS/MMP	PAS - SRO Model (Non-HCBS)	HC	S5125	U5	UD			per 15 min	Yes	9/1/2019	12/31/9999	1/1/2021
MCO	STAR+PLUS/MMP	Protective Supervision - Agency Model (HCBS)	HC	S5125	U3	U1			per 15 min	Yes	9/1/2019	12/31/9999	9/1/2019
MCO	STAR+PLUS/MMP	Protective Supervision - CDS Model (HCBS)	HC	S5125	U3	UC	U1		per 15 min	No	9/1/2019	12/31/9999	1/1/2021
MCO	STAR+PLUS/MMP	Protective Supervision - SRO Model (HCBS)	HC	S5125	U3	UD	U1		per 15 min	Yes	9/1/2019	12/31/9999	1/1/2021

EVV Service Bill Codes: Acute Care Fee-For-Service

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Effective Date for EVV Claim Denial for No Matching Visit
HHSC	CFC	CFC - HAB (Non-FMSA)	HC	T1019	U9				per 15 min	Yes	6/1/2015	12/31/9999	11/1/2019
HHSC	CFC	CFC - HAB CDS (FMSA)	HC	T1019	U4				per 15 min	No	6/1/2015	12/31/9999	1/1/2021
HHSC	CFC	CFC - PCS Only (Non-FMSA)	HC	T1019	UD				per 15 min	Yes	6/1/2015	12/31/9999	11/1/2019
HHSC	CFC	CFC - PCS Only CDS (FMSA)	HC	T1019	U3				per 15 min	No	6/1/2015	12/31/9999	1/1/2021
HHSC	HCBS-AMH	In-Home Respite	HC	S9125	HK	HE			per day	No	8/1/2016	4/30/2021	1/1/2021
HHSC	HCBS-AMH	In-Home Respite	HC	T1005	HK	HE			per 15 min	No	5/1/2021	12/31/9999	5/1/2021
HHSC	HCBS-AMH	Supported Home Living - Habilitative Support	HC	S5130	HK	HE			per hour	No	8/1/2016	4/30/2021	1/1/2021
HHSC	HCBS-AMH	Supported Home Living - Habilitative Support	HC	S5130	HK	HE			per 15 min	No	5/1/2021	12/31/9999	5/1/2021

EVV Service Bill Codes: Acute Care Fee-For-Service

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Effective Date for EVV Claim Denial for No Matching Visit
HHSC	PCS	PCS (non-FMSA)	HC	T1019	U6				per 15 min	Yes	9/1/2015	12/31/9999	11/1/2019
HHSC	PCS	PCS - CDS (FMSA)	HC	T1019	U7				per 15 min	No	9/1/2015	12/31/9999	1/1/2021
HHSC	PCS	PCS BH Condition (non-FMSA)	HC	T1019	UA				per 15 min	Yes	9/1/2011	12/31/9999	11/1/2019
HHSC	PCS	PCS BH Condition - CDS (FMSA)	HC	T1019	UB				per 15 min	No	9/1/2011	12/31/9999	1/1/2021
HHSC	YES	In-Home Respite	HC	T2027	U9				per 15 min	No	6/30/2010	12/31/9999	1/1/2021

EVV Service Bill Codes: Long-Term Care Fee-For-Service

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Service Group	Service Code	Effective Date for EVV Claim Denial for No Matching Visit
LTC	CAS	Personal Attendant Services (1929B) - Level 1, 2	HC	S5125					per hour	Yes	10/16/2003	12/31/2199	7	17D	11/1/2019
LTC	CAS	Personal Attendant Services (1929B) - Level 1 (Non-Priority) - CDS	ER	G0749					per \$1	No	1/1/1900	12/31/2199	7	17DV	1/1/2021
LTC	CAS	Personal Attendant Services Level 1 (Non-Priority) - SRO	ER	G0756					per hour	Yes	1/2/2006	12/31/2199	7	17DS	1/1/2021
LTC	CAS	Personal Attendant Services (1929B) - Level 2 (Priority) - CDS	ER	G0748					per \$1	No	1/1/1900	12/31/2199	7	17DV	1/1/2021

EVV Service Bill Codes: Long-Term Care Fee-For-Service

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Service Group	Service Code	Effective Date for EVV Claim Denial for No Matching Visit
LTC	CAS	Personal Attendant Services Level 2 (Priority) - SRO	ER	G0755					per hour	Yes	1/2/2006	12/31/2199	7	17DS	1/1/2021
LTC	CLASS	CFC PAS/HAB	HC	T2026					per hour	Yes	6/1/2015	12/31/2199	2	10CFC	1/1/2021
LTC	CLASS	CFC PAS/HAB - CDS	HC	T2016					per \$1	No	6/1/2015	12/31/2199	2	10CFV	1/1/2021
LTC	CLASS	In-Home Respite - DSA	ER	G0100					per day	No	1/1/1900	12/31/2199	2	11	1/1/2021
LTC	CLASS	In-Home Respite - CDS	HC	S9125					per \$1	No	3/1/2008	12/31/2199	2	11PV	1/1/2021
LTC	DBMD	CFC PAS/HAB	HC	T2026					per hour	Yes	6/1/2015	12/31/2199	16	10CFC	1/1/2021
LTC	DBMD	CFC PAS/HAB - CDS	HC	T2016	UC				per \$1	No	6/1/2015	12/31/2199	16	10CFV	1/1/2021
LTC	DBMD	In-Home Respite	ER	G0100					per day	No	1/1/1900	12/31/2199	16	11	1/1/2021
LTC	DBMD	In-Home Respite - CDS	HC	S9125					per \$1	No	12/01/2008	12/31/2199	16	11PV	1/1/2021

EVV Service Bill Codes: Long-Term Care Fee-For-Service

Payer	Program	Service	Proc Code Qualifier	HCPCS	mod 1	mod 2	mod 3	mod 4	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Service Group	Service Code	Effective Date for EVV Claim Denial for No Matching Visit
LTC	FC	Personal Attendant Services	HC	S5125					per hour	Yes	10/16/2003	12/31/2199	7	17C	11/1/2019
LTC	FC	Personal Attendant Services - Level 1 (Non-Priority) - CDS	ER	G0746					per \$1	No	1/1/1900	12/31/2199	7	17CV	1/1/2021
LTC	FC	Personal Attendant Services - Level 2 (Priority) - CDS	ER	G0745					per \$1	No	1/1/1900	12/31/2199	7	17CV	1/1/2021
LTC	PHC	Personal Attendant Services - Level 1, 2	HC	S5125					per hour	Yes	10/16/2003	12/31/2199	7	17	11/1/2019
LTC	PHC	Personal Attendant Services - CDS	HC	S5125	UB				per \$1	No	6/1/2015	12/31/2199	7	17V	1/1/2021

EVV Service Bill Codes: HCS/TxHmL Long-Term Care Fee-for-Service

Payer	Program	Service	Claims Code Qualifier	Claims Procedure Code	Claims Modifier	Claims Revenue Code	Claims Place of Service	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Service Group	Service Code	Effective Date for EVV Claim Denial for No Matching Visit
LTC	HCS	CFC PAS/HAB - LOC 1, 8	HC	T2016			3, 11, 12, 22, 49, 99	per 15 min	No	6/1/2015	12/31/9999	12	10CFC	1/1/2021
LTC	HCS	CFC PAS/HAB - LOC 1, 8 - CDS	HC	T2016	UC		3, 11, 12, 22, 49, 99	per \$1	No	6/1/2015	12/31/9999	12	10CFV	1/1/2021
LTC	HCS	Day Habilitation - LON 1, 5, 6, 8, 9	HC	T2020		0942	12	per day	No	9/1/2011	12/31/9999	12	10C	N/A
LTC	HCS	Hourly Respite LOC 1, 8	HC	S5150		0660	12	per 15 min	No	2/1/2008	12/31/9999	12	11X	N/A
LTC	HCS	CDS Hourly Respite LOC 1	ZZ	M0145			12	per \$1	No	2/1/2008	12/31/9999	12	11XV	N/A
LTC	HCS	CDS Hourly Respite LOC 8	ZZ	M0146			12	per \$1	No	2/1/2008	12/31/9999	12	11XV	N/A
LTC	TxHmL	CFC PAS/HAB	HC	T2016			3, 11, 12, 22, 49, 99	per 15 min	No	6/1/2015	12/31/9999	15	10CFC	1/1/2021

EVV Service Bill Codes: HCS/TxHmL Long-Term Care Fee-for-Service

Payer	Program	Service	Claims Code Qualifier	Claims Procedure Code	Claims Modifier	Claims Revenue Code	Claims Place of Service	Unit Type	Units Matched During EVV Claims Matching?	Procedure Effective Begin Date	Procedure Effective End Date	Service Group	Service Code	Effective Date for EVV Claim Denial for No Matching Visit
LTC	TxHmL	CFC PAS/HAB - CDS	HC	T2016	UC		3, 11, 12, 22, 49, 99	per \$1	No	6/1/2015	12/31/9999	15	10CFV	1/1/2021
LTC	TxHmL	In-Home Day Habilitation - LOC 1	HC	T2020		0942	12	per day	No	2/1/2011	12/31/9999	15	10C	N/A
LTC	TxHmL	In-Home Day Habilitation - LOC 1 - CDS	ZZ	M0202			12	per \$1	No	2/1/2011	12/31/9999	15	10CV	N/A
LTC	TxHmL	In-Home Respite (Hourly) - LOC 1	HC	S5150		0660	12	per 15 min	No	2/1/2008	12/31/9999	15	11X	N/A
LTC	TxHmL	In-Home Respite (Hourly) - LOC 1 - CDS	ZZ	M0241			12	per \$1	No	2/1/2008	12/31/9999	15	11XV	N/A

Additional Information for HCS Day Habilitation and Respite

- EVV is only required for HCS Day Habilitation and HCS Respite when services are provided in own home or family home settings.