

# Alternate EVV Vendor Quick Reference Guide

Highmark Wholecare - Pennsylvania



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# Overview

This document is provided to aid in an Alternate EVV Vendor's integration efforts strictly relating to the Payer - Highmark Wholecare.

Please make sure you have reviewed Netsmart's **Implementation Guide** as well as our **Rendered Services Data Dictionary**, which can always be found on the following site:

[Alternate EVV Vendor Integration](#)

If Alternate EVV Vendor elects to transmit XML, please refer to the Highmark Wholecare specific **Typecode Data Dictionary** for all typecode values that must be transmitted for certain fields. Pipe-Delimited (.txt file) expected values are also listed in this document.

## Expected Values

The below table presents expected values for certain fields, taken from the Rendered Services Data Dictionary. If Alternate EVV Vendor elects to transmit XML, please pay special attention to the typecode value

Rendered Service Field Name	Expected Value
<b>Jurisdiction</b>	<b>PA</b> XML typecode value = <b>38</b>
<b>Payer</b>	<b>GATE</b> XML typecode value = <b>250</b>
<b>Plan</b>	<b>NONE</b> XML typecode value = <b>0</b>
<b>Program</b>	(null) <b>**do not send any value for this field**</b>
<b>DeliverySystem</b>	<b>FFFS</b> XML typecode = <b>1</b>
<b>ProviderMedicaidId</b>	<b>**Provider's GateTech Vendor ID**</b> Value begins with the letter <b>S</b>

# Service Codes and Modifiers

Below are the ServiceCodes and Modifiers in-scope for EVV

Note the three fieldnames that match the fieldnames on the Rendered Services Data Dictionary:

ServiceCode

ServiceCodeMod1

ServiceCodeMod2

ServiceCode	ServiceCodeMod1	ServiceCodeMod2	Description
S9122			Home health aide or certified
S9122	TT		Home Health Aide of Certified
S9123			Nursing care in home rn
S9124			Nursing care, in the home
T1019			Personal Care ser per 15 min
T1019	TT		Personal care per 15 min
99500	AT		Home Visit Prenatal (Non HBP)
99501	AT		Home Visit Postnatal (Non HBP)
99501	AT	GT	Home Visit Postnatal (Non HBP)
G0151			Physical Therapy (Days 1-28) by a PT
G0151	UD		Physical Therapy (Days 29 and beyond) by a PT
G0151	U8		HHCP-SERV OF PT,EA 15 MIN
G0152			Occupational Therapy (Days 1- 28) by an OT
G0152	UD		Occupational Therapy (Day 29 and beyond) by an OT
G0152	U8		HHCP-SERV OF OT,EA 15 MIN
G0153			Speech Therapy (Days 1-28) by a Speech Therapist
G0153	UD		Speech Therapy (29th day and beyond) by a ST
G0154			HHCP - SVS OF RN, EA 15MIN
G0155			HHCP-SVS OF CSW,EA 15 MIN
G0156	U8		HHA visit to patient's home (Days 1-28) by home health aide
G0156	U8	UD	HHA visit to patient's home ( 29th day and beyond) by HH aide
G0156			HHCP-SVS OF AIDE,EA 15 MIN

G0156	AT		HHCP-SVS OF AIDE,EA 15 MIN
G0156	TT		HHCP-SVS OF AIDE,EA 15 MIN
G0156	U9		HHCP-SVS OF AIDE,EA 15 MIN
G0156	UD		HHCP-SVS OF AIDE,EA 15 MIN
G0299			DIR SNS RN HH/HOSPICE SET
G0299	UB		DIR SNS RN HH/HOSPICE SET
G0299	U8		HHA visit to a patient's home (day 1-28) by a RN
G0299	U8	UD	HHA visit to patient's home (29th day and beyond) by a RN
G0300	U8		HHA visit to a patient's home (day 1-28) by a LPN
G0300	U8	UD	HHA visit to patient's home (29th day and beyond) by a LPN
G0300			DIR SNS LPN HH/HOSPICE SET
G0300	UB		DIR SNS LPN HH/HOSPICE SET
S9122	UD		HOM HLTH AIDE/CNA PROV CARE
S9123			EPSDT - Registered Nurse (Pediatric Shift Care)
S9123	TT		EPSDT - Registered Nurse (Pediatric Shift Care)
S9124			EPSDT - Licensed Practical Nurse PDN (Pediatric Shift Care)
S9124	TT		NRSNG HOME CARE/LPN PER HOUR
S9127			SOCIAL WORK VISIT, IN THE HO
S9128			SPEECH THERAPY, IN THE HOME
S9129			OCCUPATIONAL THERAPY, IN THE
S9131			PHYSICAL THERAPY, IN THE HOM
T1000			PRIVATE DUTY/INDEPENDENT NUR
T1000	TT		PRIVATE DUTY/INDEPENDENT NUR
T1002	SE		Home Health - Nursing (RN)
T1002			RN SERVICES, UP TO 15 MINUTE
T1002	TT		Home Health - Nursing (RN)
T1003			Home Health - Nursing (LPN)
T1003	TT		Home Health - Nursing (LPN)
T1003	SE		Home Health - Nursing (LPN)
T2025	GN		Speech/Language Therapy – 15 min
T2025	GO		Home Health – Occupational Therapy
T2025	GO	U4	Home Health – Occupational Therapy Assist
T2025	GP		Home Health – Physical Therapy
T2025	GP	U4	Home Health – Physical Therapy

# Missed Visits – Payer Specific Codes

## When a Visit is Scheduled, but did not occur

Please refer to the Implementation Guide, Page 7 for in-depth information regarding how to transmit a *Missed Visit* – also referred to as 'Unable to Complete'

The below table provides the expected codes to be transmitted in the following fields:

MissedVisitReason

MissedVisitActionTaken

Field Name	Numeric Code (XML typecode)	Pipe-Delimited Text Code	Description
MissedVisitReason	76	UN	No Staff Assigned
MissedVisitReason	77	NACO	Assigned Caregiver Called Out
MissedVisitReason	78	NACL	Assigned Caregiver Was Late
MissedVisitReason	79	H	Hospitalization
MissedVisitReason	80	FRFD No Explanation	Family Declined Services, No Explanation Given
MissedVisitReason	81	FRFD Holiday	Family Declined Services Due To A Holiday
MissedVisitReason	82	FRFD Declined Replacement	Assigned Caregiver Was Not Available. Family Declined Replacement Staff.
MissedVisitReason	83	FRFD Vacation	Family Declined Services Due To Being Away/On Vacation
MissedVisitReason	84	FRFD Cancellation	Family Cancelled, Services Not Needed
MissedVisitReason	85	FRFD Family Home	Services Not Needed Due To The Family Being Home
MissedVisitReason	86	PI	Private Insurance is Covering These Hours
MissedVisitReason	8	OTHR	Other
MissedVisitActionTaken	20	RSLVD	Resolved
MissedVisitActionTaken	21	RECRT	Currently Recruiting Online and in Ads
MissedVisitActionTaken	22	NWST	New Staff in Training
MissedVisitActionTaken	6	OTHR	Other

## Address Type

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Please ensure all 'COMPLETED' visits contain the following values:

StartAddressType

EndAddressType

The below table provides the allowed values for the above fields:

Field Name	Numeric Code (XML TC)	Text Code	Description
AddressType	10	HOME	Home/Residence
AddressType	20	RELR	Relatives or Friends Residence
AddressType	50	MEDI	Medical Facility
AddressType	70	ASLF	Assisted Living Facility
AddressType	80	GROU	Group Home
AddressType	100	INDC	Independent Clinic
AddressType	110	CMHC	Community Mental Health Center
AddressType	120	CORF	Comprehensive Outpatient Rehab Facility
AddressType	180	ADHC	Adult Day Healthcare Facility

## Referring Physician

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All COMPLETED visits must contain Referring Physician information, in order to prevent your Providers from performing additional tasks. Netsmart will not 'reject' transmissions that do not contain these values, as your Providers do have the ability to manually add these values in their Netsmart Provider Portal:

ReferringPhysicianFirstName

ReferringPhysicianLastName

ReferringPhysicianNpi

\*Please note, all Providers admins have the ability to manually add Address Type and Referring Physician values to their Recipients in their Netsmart Provider Portal in the event their Alternate EVV Vendor is not transmitting these fields.