# Picture

# **UPDATE: EVV Hard Launch date:** Dates of service 1/1/22 and thereafter

# **Provider Billing Facts for Electronic Visit Verification (EVV)**

# Personal Care and Supportive Home Care Providers

In collaboration with WPS, a billing reference was developed to support providers when submitting claims for EVV services. We hope you will find this reference tool helpful as you navigate through the new EVV billing requirements for both soft and hard launches.

**Please see updates to previous information published on 12.14.2020:**

* **Section IV** - EVV codes with modifiers that bypass EVV editing regarding modifier U3 and transportation services
  + S5125 U3 added to edits
* **Section V** – Multiple caregivers providing services on the same date
  + New process to prevent duplicate claim denials

**EVV Provider Billing Facts:**

* 1. **EVV codes:**
     1. Personal Care Services:
        1. T1019: per 15 minutes
        2. T1020: per day
     2. Supportive Home Care Services:
        1. S5125: per 15 minutes
        2. S5126: per day
  2. **EVV units:** 
     1. T1019 and S5125:
        1. Bill one unit per 15 minutes
        2. Use normal rounding rules provided by ForwardHealth
           1. Graphical user interface, table

              Description automatically generated
     2. T1020 and S5126: bill one unit per calendar date (per claim line)
  3. **Dates of service:** 
     1. Each line must contain one date
     2. Date ranges should not be billed
     3. Overnight stays: bill each date on separate claim lines with the appropriate number of units per day
  4. **EVV codes with modifiers that bypass EVV editing:**
     1. KX modifiers for live-in caregivers
        1. Providers must bill the KX modifier on the claim to bypass the EVV editing rules
        2. If the KX modifier is not billed on a claim, WPS will search for a matching EVV visit key
     2. S5125 U3 and T1019 U3 for transportation services
        1. Providers must bill the U3 modifier on the claim to bypass the EVV editing rules
        2. If the U3 modifier is not billed on a claim, WPS will search for a matching EVV visit key
  5. **Multiple caregivers providing services on the same date:**
     1. No live-in caregiver: when submitting claims for the same date, Tax ID, service code and authorization, providers must bundle the services on one claim line to avoid duplicate claim denials
     2. Multiple caregivers and a live-in caregiver for the same date of service:
        1. **EDI or paper claim forms:** providers must separate services on multiple claims lines
           1. One line must contain all services performed for the date **without** the KX modifier
           2. The next line must contain the live-in caregivers service units **including** the KX modifier
        2. **Excel Spreadsheet** **claims:** providers must separate services on multiple claims lines within the same spreadsheet
           1. One line must contain all services performed for the date **without** the KX modifier
           2. The next line must contain the live-in caregivers service units **including** the KX modifier
  6. **WPS EVV denial reason codes:** 
     1. EVV soft launch editing messages is applied beginning with dates of service 11/2/2020 through 12/31/21.
        1. FAV: *Future EVV claims billed with a date range will not be accepted.  Services should be billed as single lines.*
        2. FAW: *No EVV visit key found. An EVV visit key is required to pay services. Future EVV claims without a matching visit key will not be accepted*.
        3. FAX: *In the future this claim will not be paid. The units billed for this date of service exceed the number of remaining EVV visit key units.*
        4. FAZ: *In the future, this claim will not be paid.  There are no remaining EVV visit key units for this date of service.*
     2. EVV hard launch denial editing will be applied beginning with dates of service 1/1/22. Claims will deny for the below reasons:
        1. FA1: *EVV claims with a date range are not accepted. Resubmit claim as single line items per date of service.*
        2. FA2: *No EVV visit key found; EVV claims without a matching visit key are not payable.*
        3. FA3: *The number of units billed for this date of service exceed the number of remaining EVV visit key units.*
        4. FA4: *There are no remaining EVV visit key units for this date of service.*
     3. Claims denied in full are required to be billed as a new claim after the EVV visit key has been adjusted or the claim adjusted to match the EVV visit key
     4. Prior to submitting a corrected claim, the EVV visit key should be verified to ensure all units, dates, codes are updated to cover the corrected claim information to reduce the number of corrected claims returned unprocessed

**Contact Information:**

**EVV visit key, SanData system and other related EVV questions:**

For assistance with EVV technical and program-related questions contact the Wisconsin Department of Health Services (DHS) Electronic Visit Verification (EVV) Customer Care.

**Hours: Monday – Friday, 8:00 a.m. – 5:00 p.m.**

**Email:** [**VDXC.ContactEVV@Wisconsin.gov**](mailto:VDXC.ContactEVV@Wisconsin.gov)

**Phone: 833–931–2035**

**EVV Authorization and Claims Support:**

For assistance with EVV Inclusa claim and authorization support contact the SHC/SDS/Home Health Authorization and Claim Support team.

**Hours: Monday – Friday, 8:00 a.m. – 4:30 p.m.**

**Email:** [**ACS-SHC-SDS-HomeHealth@inclusa.org**](mailto:ACS-SHC-SDS-HomeHealth@inclusa.org) **Phone: 888-544-9353, Option 7**