

- EVV Service Confirmations (authorizations) to support elements needed in a data file (auth file) for the identified EVV services, regardless of lines of business or other contracting agreements.

Provider Description	Provider Type
Attendant Care Agency	PT 40
Behavioral Outpatient Clinic	PT 77
Community Service Agency	PT A3
Fiscal Intermediary	PT FI
Habilitation Provider	PT 39
Home Health Agency	PT 23
Integrated Clinic	PT IC
Non-Medicare Certified Home Health Agency	PT 95
Private Nurse	PT 46

Service	HCPCS Service Codes	DDD FOCUS Codes
Attendant Care	S5125	ATC
Companion Care	S5135	
Habilitation*	T2016 and T2017	HAH, HAI, HID
Home Health Services (aide, therapy, and part-time/intermittent nursing services)		
Nursing	G0299 and G0300	
Home Health Aide	T1021	
Physical Therapy	G0151 and S9131	
Occupational Therapy	G0152 and S9129	
Respiratory Therapy	S5181	
Speech Therapy	G0153 and S9128	
Private Duty Nursing (continuous nursing services)	S9123 and S9124	HN1, HNR
Homemaker	S5130	HSK
Personal Care	T1019	
Respite	S5150 and S5151	RSP, RSD
Skills Training and Development	H2014	

Place of Service Description	POS Code
Home	12
Assisted Living Facility	13
Other	99

- It is not AHCCCS' intent that this would change any claims processes in place now. AHCCCS will not dictate how the Health Plan will create EVV Service Confirmations.
- It is also not AHCCCS' intent to impact in any way the access or timeliness to services.

- For example, AHCCCS Fee For Service will handle EVV Service Confirmations in this manner:
 - AHCCCS is going to leverage an existing Web Portal for provider access
 - There will be a Specific Case Type that the provider can input directly and we won't require said Case Type to be pended and reviewed. This allows AHCCCS to capture the minimum data elements without expansion of prior authorization requirements.
- There is one data element that we know may cause some challenges. The date of assessment will be a new data element. We are defining the date of assessment as:
 - The date the need was identified, the date the service was requested by the member or their representative, or the date the service was determined by an authorized representative from the Health Plan or at the Provider level.
 - For ALTCS and Behavioral Health this could be the care planning team meeting
 - For ALTCS, this could be a member contacting their Case Manager about the need for new or additional services hours
 - This could also be the date the request for service was received (order for service).
 - Please speak with your program subject matter experts for service delivery for help with the date of assessment.
- AHCCCS is extending the timeline for EVV through the first half of 2020. EVV has to roll out before the end of the state fiscal year, but we are looking at the 1st or 2nd quarter.
- We will update you with the timeframe Sandata will expect to start receiving your test files as soon as it becomes available.