Missouri Department of Social Services EVV Vendor Specification

Version Number 14.0

CONTENTS

1. Revision History

Version	Author	Section	Changes	Date
V1.3	Clella Newcomb		Initial Draft	8/13/2021
V1.4	Clella Newcomb	Visit Data	Requirement of Visit Changes segment for Manual calls.	8/16/2021
V1.5	Clella Newcomb		Specification enhancement of segment names and specify non-segment information blocks to align to interface implementation and usage. Change "Visit Tasks" segment to "Tasks".	9/10/2021
V1.6	Clella Newcomb	Visit Data	Update CallDateTime and ChangeDateTime format to the correct date/time format including seconds. Please reference user guide for Date/Time usage. Update description for visit acknowledgement. Update "AdjInDateTime" to "AdjInDateTime" to correct element name.	2/10/2022
V2.0	Sandata Team		Initial Version (Approved)	6/1/2022
V2.1	Sandata Team	Client Data / Visit Data	Add ClientBirthDate to Client Segment Expand Memo Max Length (Visit Segment)	6/16/2022
V2.2	Sandata Team	Visit Data	Removal of Historical Data Load details	7/25/2022
V3.0	Sandata Team	Appendix 1 / Appendix 2	Add Home Health Programs Add Home Health Services	2/9/2023
V3.1	Sandata Team	Appendix 7	Add Missing Task exception	2/16/2023
V4.0	Sandata Team		Revised Version Approved	2/17/2023
V4.1	Tessie Austin		Add “Visit Memo Requirement Not Met” Exception Added Visit Memo Requirement to Services	06/23/2023
V4.2	Tessie Austin		Update reason code 250 to “Does Not Contain Task or Memo Information”	07/14/2023
V5.0	Debra DeFilippo		Revised Version Approved 07/24/2023	
V5.1	Tessie Austin	Visit Data	Corrected time format fields	08/01/2023
V5.2	Tessie Austin		Corrected definitions/formatting, addressed	08/03/2023

			descriptions that were missing information / cut off	
V6.0	Tessie Austin		Approved by state	08/08/2023
V6.1	Debra DeFilippo		Updated data segments in alignment with the changes for CR 565994	02/01/2025
V6.1a	Judy Ross		Updated for Change 659593. Table in Appendix 2 has been replaced noting the provider type for each service and noting the meaning.	02/23/2025
V6.1b	Brian Lawson		Rebuilt the document for general clean up	03/04/2025
V6.1c	Brian Lawson		Updated formatting issues per MO DSS feedback.	03/05/2025
V6.2	Brian Lawson		Updated RC 270 and 2 services per Renee.	03/05/2025
V7.0	Debra DeFilippo		Approved by State	03/05/2025
V7.1	Debra DeFilippo		Removal of the change included in CR 565994 for sending rejections for visits with only adjusted times - when adjusted times are sent via Alt EVV, it must require the change portion of the visit including the reason code and user who made the change. Visits where the service is not appropriate for the provider type will be rejected. The service and provider type can be found in Appendix 2.	4/4/2025
V7.2	Debra DeFilippo		Reverting back to the 7.0 version based on reinstating the change to adjusted times under CR 565994. Corrected typo under Calls segment to read as Required rather than Optional.	4/17/2025
V8.0	Debra DeFilippo		Approved by State	5/5/2025
V8.1	Debra DeFilippo		Added clarifying language around ChangeMadeBy on what is expected by the State. Updated document for accessibility standards.	7/10/2025
V9.0	Debra DeFilippo		Approved by State	7/10/2025
V9.1	Judy Ross/Lorelei Shannon		Formatting cleanup, added new reason code 280 for Accrued Minutes Visit, enabling tasks as required for the Independent Living Waiver (ILW) – Appendix 4 Tasks list updated and added 5 procedure codes for the MCOs.	8/14/2025

V10.0	Debra DeFilippo		Approved by State	8/28/2025
V10.1	Debra DeFilippo		Added the visit rules tied to new reason code 280 for Accrued Minutes Visit	9/9/2025
V10.2	Debra DeFilippo		Updated visit rules tied to new reason code 280 for Accrued Minutes Visit (effective 11/19/2025)	10/8/2025
V10.3	Judy Ross / Karen Ervin		Review and update formatting.	10/9/2025
V11.0	Debra DeFilippo		Approved by State	10/10/2025
V11.1	Debra DeFilippo		Added Task 280 Accrued Minutes Visit per CR 818159	10/23/2025
V12.0	Debra DeFilippo		Approved by State	10/29/2025
V12.1	Debra DeFilippo		Added troubleshooting guidance for error code 790 related to Accrued Minutes Visits	2/6/2026
V13.0	Debra DeFilippo		Approved by State	2/19/2026
V13.1	Debra DeFilippo		Added statement that modifier order does matter. Updated MCO Healthy Blue Service Descriptions. Added overnight visit handling recommendation.	7/7/2026
V14.0	Debra DeFilippo		Approved by State	7/17/2026

2. EVV Vendor Interface Transmission Guidelines

This interface supplies the delivery mechanisms and the data layout / structure necessary to provide externally sourced EVV data to the Sandata systems for processing.

File delivery notes.

Base Version	7.14
File format	JSON
File Delimiter	N/A
Headers	N/A
File extension	N/A
File encryption	Delivery occurs over secure HTTPS connection
Control file	N/A
RESTful API endpoints	Client: UAT: https://uat-api.sandata.com/interfaces/intake/clients/rest/api/v1.1 Employee: UAT: https://uat-api.sandata.com/interfaces/intake/employees/rest/api/v1.1 Visit: UAT: https://uat-api.sandata.com/interfaces/intake/visits/rest/api/v1.1 Client: Prod: https://prod-api.sandata.com/interfaces/intake/clients/rest/api/v1.1 Employee: Prod: https://prod-api.sandata.com/interfaces/intake/employees/rest/api/v1.1 Visit: Prod: https://prod-api.sandata.com/interfaces/intake/visits/rest/api/v1.1
Payload compression	No compression of data during delivery
Delivery mechanism	Via RESTful API call
Delivery frequency	No less frequent than daily (at time decided by each vendor supplying the EVV data). Can be multiple times per day at vendor's discretion.

3. Client Data Endpoint

This endpoint receives information regarding the individual member / beneficiary (known here as the 'Client') that receives care as part of the visit to be provided.

Note: The Client record must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will reject due to 'Unknown Client'.

Element	Description	Expected Value	Validation Rule
ProviderIdentification	Required segment. Note that this element will be required as part of the header information provided for all three types of transmissions. This information will be compared to the connection being used within the interface to ensure that the transmission is appropriate. If this match cannot be validated, the transmission will be rejected.		[Segment Required]
ProviderQualifier	Identifier being sent as the unique identifier for the provider.	"MedicaidID"	String match = "MedicaidID"
ProviderID	Unique identifier for the agency. Medicaid ID; exactly 9 digits including leading 0's	Medicaid ID; exactly 9 digits including leading 0's	Medicaid ID; exactly 9 digits including leading 0's
Client General Information	Required data in the body of the transmission. Additional fields may be required depending on the program; fields below may be ignored if a Payer Client feed is implemented.		[Segment Required]
ClientQualifier	Describes what type of identifier is being sent to identify the client.	"ClientMedicaidID"	String match = "ClientMedicaidID"
ClientIdentifier	Unique client identifier used by the state to reference the member data across all Medicaid activities.	Client DCN (Departmental Client Number assigned MO); exactly 8 digits including leading 0s	Client DCN (Departmental Client Number assigned by MO); exactly 8 digits including leading 0s
ClientFirstName	Client's First Name.	Client's First Name.	Max Length 30 Special Characters. ' - space supported
ClientMiddleInitial	Client's Middle Initial	Client's Middle Initial	Max Length 1 Can be NULL No Special Characters
ClientLastName	Client's Last Name	Client's Last Name	Max Length 30 Special Characters. ' - space supported
ClientMedicaidID	Unique ID provided by the State Medicaid program to the client. ClientMedicaidID must match the State feed. This is not a change in	Client DCN (Departmental Client Number assigned MO); exactly 8 digits	Client DCN (Departmental Client Number assigned by MO); exactly 8 digits including leading 0s

Element	Description	Expected Value	Validation Rule
	functionality; this is adding clarifying information for documentation purposes only.	including leading 0s	
MissingMedicaidID	Indicator that a patient is a newborn. Program requires a Client to have a medicaid number so this field will always be True.	“False”	String match = “False” Can be NULL
SequenceID	The Third Party EVV visit sequence ID. Sandata recommends this be a timestamp (to the second) to ensure order of the client data updates.	Third Party EVV Visit Sequence ID	Max length 16 If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters
ClientOtherID	Additional client user-defined ID. This value is used to match the client to an existing record during import.	Primary Client Key from the Alt EVV System	Max Length 24 Can be NULL No Special Characters
ClientTimeZone	Client’s primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Please see the Appendix 5 for acceptable values.	"US/Central"	String match = "US/Central"
Coordinator	The staff member assigned to the client in a specific agency as the coordinator Identifier for an employee.	Coordinator	Max Length 3 Can be NULL No Special Characters
ClientBirthDate	Client’s Date of Birth. Format YYYY-MM-DD (zero filled). e.g. 1985-06-01 ClientBirthDate will be matched to the State feed. This is not a change in functionality; this is adding clarifying information for documentation purposes only.	Client Birth Date	FORMAT: YYYY-MM-DD Cannot be NULL
ClientID	This is a value auto-assigned by internal process within EAS.	DO NOT PROVIDE	DO NOT PROVIDE; values provided will be utilized and client record will be invalid.
ClientCustomID	Additional client user-defined ID. Commonly used to customize the built-in ClientID within the system. May be equal to another ID provided.	DO NOT PROVIDE	DO NOT PROVIDE; value will be stored if provided
ClientSSN	Not required if ClientOtherID sent. Numbers only, no dashes and leading zeros must be included. May be required if needed for	DO NOT PROVIDE	DO NOT PROVIDE; value will be stored if provided

Element	Description	Expected Value	Validation Rule
	billing. Format #########		
ProviderAssentContPlan	Indicator to capture provider's assent that the member's contingency plan provided will be reviewed with the member every 90 days and documentation will be provided.	DO NOT PROVIDE	DO NOT PROVIDEString match = Yes | No Can be NULLDefault = No
ClientAddress	Required segment. At least one record for each client is required for the program.		[Segment Required]
ClientAddressType	Values: Home, Business, Other. Note that multiple of the same type can be provided. Default to Other if not available.	"Home"| "Business" | "Other"	String match = "Home"| "Business" | "Other"
ClientAddressIsPrimary	One address must be designated as primary by sending True. Additional addresses will be False. Values: True/False	"False"	String match = "True" | "False"
ClientAddressLine1	Street address line 1 associated with this address. PO Box may be used for Safe at Home participants. PO Box may impact GPS reporting.	Address Line 1	Max Length 30 Special Characters <underscore> . ' - # , / space supported
ClientAddressLine2	Street address line 2 associated with this address.	Address Line 2	Max Length 30 Can be NULL Special Characters <underscore> . ' - # , / space supported
ClientCounty	County associated with this address	County	Max Length 25 Can be NULL Special Characters . ' - space supported
ClientCity	City associated with this address.	City	Max Length 30 Special Characters . - space supported
ClientState	State associated with this address. Two character standard abbreviation referenced in Appendix 6.	State	Format: two character standard US state abbreviation
ClientZip	Zip Code associated with this address. Nine-digit primary address zip code. If additional four digits are not known, provide zeros.	Zip Code	Format: ######### Rules: This is the full nine digits of the zip code for a business mailing zip code. If the +4 cannot be provided, please send '0000'.
ClientAddressLongitude	Calculated for each address.	DO NOT PROVIDE	DO NOT PROVIDE

Element	Description	Expected Value	Validation Rule
ClientAddressLatitude	Calculated for each address.	DO NOT PROVIDE	DO NOT PROVIDE
ClientPhone	Optional segment. Provides the phone numbers associated with the client receiving care. Multiple phone numbers can be supplied for a client, each in its own segment.		[Segment Optional]
ClientPhoneType	Values: Home, Mobile, Business and Other. Note that multiple of the same type can be provided. Default to Other if not available.	"Home" | "Mobile" | "Business" | "Other"	String match = "Home" | "Mobile" | "Business" | "Other" Permitted values Can be NULL
ClientPhone	Client phone number including area code. (no country code, no dashes and no parentheses)	Client Phone Number	FORMAT: ##########
ClientPayerInformation	This segment is only required for programs where members/clients and their association to the associated programs and services is not provided by the payer. Supplied here for legacy / multi-state vendor interfaces. Does not need to be provided for this program.		[DO NOT PROVIDE]
ClientDesignee	Provide if applicable for the client and in the absence of a payer client feed. This is an OPTIONAL segment. If provided, all required fields must be included.		[DO NOT PROVIDE]

4. Employee Data Endpoint

This endpoint receives information regarding the individual caregiver (known here as the 'Employee') that delivered the actual care to the individual as part of the visit.

Note: The Employee must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will reject due to 'Unknown Employee'.

Element	Description	Expected Value	Validation Rule
ProviderIdentification	Required segment. Note that this element will be required as part of the header information provided for all three types of transmissions. This information will be compared to the connection being used within the interface to ensure that the transmission is appropriate. If this match cannot be validated, the transmission will be rejected.		[Segment Required]
ProviderQualifier	Identifier being sent as the unique identifier for the provider.	"MedicaidID"	String match = "MedicaidID"
ProviderID	Unique identifier for the agency. Medicaid ID; exactly 9 digits including leading 0's	Medicaid ID; exactly 9 digits including leading 0's	Medicaid ID; exactly 9 digits including leading 0's
Employee General Information	Required data in the body of the transmission. Additional fields may be required depending on the program; fields below may be ignored if a Payer Client feed is implemented.		[Segment Required]
EmployeeQualifier	Value being sent to uniquely identify the employee.	"EmployeeCustomID"	String match = "EmployeeCustomID"
EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided and should be defined as the same value.	Family Care Safety Registry Number; 8 digits including leading 0's	Family Care Safety Registry Number; 8 digits including leading 0's
EmployeeOtherID	Unique employee identifier in the external system.	Vendor Employee Identifier	Max Length 64 Can be NULL Format: #########
SequenceID	The Third Party EVV visit sequence ID to which the change applied	Third Party EVV Visit Sequence ID	Max Length 16 If TIMESTAMP is used: YYYYMMDDHHMMSS (Numbers only; no characters)
EmployeeLastName	Employee's last name	Employee's Last Name	Max Length 30 Special Characters . ' - space supported

Element	Description	Expected Value	Validation Rule
EmployeeFirstName	Employee's first name	Employee's First Name	Max Length 30 Special Characters . ' - space supported
EmployeeEmail	Employee's email address	Employee's Email Address	Max Length 64 Can be NULL FORMAT: xxx@yyy.zzz RULES: @ and extension (.zzz) are required to validate email address.
EmployeeManagerEmail	Email of the employee's manager	Email of the Employee's Manager	Max Length 64 Can be NULL FORMAT: xxx@yyy.zzz RULES: @ and extension (.zzz) are required to validate email address.
EmployeeEndDate	Employee's HR recorded end date.	Employee End Date	FORMAT: YYYY-MM-DD Can be NULL
EmployeeSSN	Employee Social Security Number. Employee SSN may be required depending on the program rules.	DO NOT PROVIDE	DO NOT PROVIDE
EmployeeAPI	Employee client's alternate provider identifier or Medicaid ID	DO NOT PROVIDE	DO NOT PROVIDE
EmployeePosition	Values for payer/state programs to be determined during implementation. If multiple positions, send primary.	DO NOT PROVIDE	DO NOT PROVIDE
EmployeeHireDate	Employee's date of hire.	DO NOT PROVIDE	DO NOT PROVIDE

5. Visit Data Endpoint

This endpoint receives information regarding the individual caregiver (known here as the 'Employee') that delivered the actual care to the individual as part of the visit. Please note- the Employee must be successfully delivered and loaded PRIOR to the delivery of the Visit information, or else the visit will reject due to 'Unknown Employee'.

Note: The visit information must be loaded AFTER the client and the employee associated with the visit have been loaded, or else the visit record will error out. Historical visits can be transmitted for up to 3 years in the past.

Recommendation: For overnight visits, it is recommended to split the visits at midnight (Example: 10:00 PM to 12:00 AM and 12:00 AM to 08:00 AM)

Element	Description	Expected Value	Validation Rule
ProviderIdentification	Required segment. Note that this element will be required as part of the header information provided for all three types of transmissions. This information will be compared to the connection being used within the interface to ensure that the transmission is appropriate. If this match cannot be validated, the transmission will be rejected.		[Segment Required]
ProviderQualifier	Identifier being sent as the unique identifier for the provider.	"MedicaidID"	String match = "MedicaidID"
ProviderID	Unique identifier for the agency. Medicaid ID; exactly 9 digits including leading 0's	Medicaid ID; exactly 9 digits including leading 0's	Medicaid ID; exactly 9 digits including leading 0's
Visit General Information	Required segment - Provides the base data regarding an EVV visit. If a visit is changed (corrections, alterations, updates) over time, the same visit may be delivered multiple times, each sharing the same 'VisitKey', but each change represented with a different Sequence ID- ascending over time-to allow the state's Aggregator system to keep the changes ordered appropriately. Each update to a visit should also be accompanied by a 'VisitChanges' segment.		[Segment Required]
VisitOtherID	Visit identifier in the external system	Visit Identifier	Max Length 50 Special Character <underscore> supported
SequenceID	The Third Party EVV visit sequence ID to which the change applied	Third Party EVV Visit Sequence ID	Max length 16 If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters
EmployeeQualifier	Value being sent to uniquely identify the employee. Values:	"EmployeeCustomID"	String match = "EmployeeCustomID"

Element	Description	Expected Value	Validation Rule
	EmployeeSSN, EmployeeRegID, EmployeeCustomID.		
EmployeeOtherID	Unique employee identifier in the external system, if any.	Vendor Identifier	Max Length 64 Special Character <underscore> supported
EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided and should be defined as the same value.	Family Care Safety Registry Number; 8 digits including leading 0's	Family Care Safety Registry Number; 8 digits including leading 0's
GroupCode	This visit was part of a group visit. Group Code is used to reassemble all members of the group.	Group Code	Max Length 6 Can be NULL Special Character <underscore> supported
ClientIDQualifier	Describes what type of identifier is being sent to identify the client.	"ClientMedicaidID"	String match = "ClientMedicaidID"
ClientID	Unique client identifier used by the state to reference the member data across by all Medicaid activities.	Client DCN (Departmental Client Number assigned MO); exactly 8 digits including leading 0s	Client DCN (Departmental Client Number assigned by MO); exactly 8 digits including leading 0s
ClientOtherID	Additional client user-defined ID. This value is used to match the client to an existing record during import.	Vendor System Client ID	Max Length 24 Can be NULL Special Character <underscore> supported
VisitCancelledIndicator	True/False – Set to False as the default. Set to True if a visit with no call in or call out is to be cancelled / deleted	"False"	String match = "True" | "False"
PayerID	Sandata EVV assigned ID for the payer.	Payer column	See Payer + Programs Appendix 1
PayerProgram	If applicable, the program to which this visit belongs.	Program code column	See Payer + Programs Appendix 1
ProcedureCode	This is the billable procedure code which	HCPCS code column	See Services + Modifiers Appendix 2

Element	Description	Expected Value	Validation Rule
	would be mapped to the associated service.		
Modifier1	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed.	Modifier 1 column	See Services + Modifiers Appendix 2 Can be NULL
Modifier2	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed.	Modifier 2 column	See Services + Modifiers Appendix 2 Can be NULL
Modifier3	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed.	Modifier 3 column	See Services + Modifiers Appendix 2 Can be NULL
Modifier4	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed.	Modifier 4 column	See Services + Modifiers Appendix 2 Can be NULL
VisitTimeZone	Visit primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Should be provided if the visit is occurring in a time zone other than that of the client.	"US/Central"	String match = "US/Central"
AdjInDateTime	Adjusted in date/time if adjustments to the date/time values sent in the call segment at least one original call in or call out must be sent (preferably both). Visits will be rejected if no original call in or call out is sent. Adjusted times are only be used to update previously submitted Call times. The Adjusted times represent the actual visit time(s) otherwise do not provide a value for this element.	Adjusted In Date/Time	Max Length 20 Can be NULL FORMAT: YYYY-MM-DDTHH:MM:SSZ
AdjOutDateTime	Adjusted out date/time if adjustments to the date/times values sent in the call segment at least one original call in	Adjusted Out Date/Time	Max Length 20 Can be NULL FORMAT: YYYY-MM-DDTHH:MM:SSZ

Element	Description	Expected Value	Validation Rule
	or call out must be sent (preferably both). Visits will be rejected if no original call in or call out is sent. Adjusted times are only be used to update previously submitted Call times. The Adjusted times represent the actual visit time(s) otherwise do not provide a value for this element.		
BillVisit	True for all visits in this program. False is only sent if the visit is not to be considered for claims validation and set to omit status.	"True"	String match = "True"
Memo	Associated free form text for all visits. MO DSS requires that a memo be submitted for all visits that are performed for the DDD program. ***Memo exception will trigger if memo doesn't contain at least 25 characters on visits where the Program is DDD***.	Memo	Max Length 1024 Can be NULL Special Characters <underscore> . ' - , space supported
ClientVerifiedTimes	If the client did verify times in EVV Vendor system set this value to True. If the client did not verify times in EVV Vendor system set this value to False.	"True" | "False"	String match = "True" | "False" Can be NULL
ClientVerifiedTasks	If the client did verify tasks performed in EVV Vendor system set this value to True. If the client did not verify tasks performed in EVV Vendor system set this value to False.	"True" | "False"	String match = "True" | "False" Can be NULL
ClientVerifiedService	If the client did verify service performed in EVV Vendor system set this value to True. If the client did not verify service performed in	"True" | "False"	String match = "True" | "False" Can be NULL

Element	Description	Expected Value	Validation Rule
	EVV Vendor system set this value to False.		
ClientSignatureAvailable	The actual signature will not be transferred. The originating system will be considered the system of record. If the client signature is captured in EVV Vendor system set this value to True. If the client signature is not captured in EVV Vendor system set this value to False.	"True" | "False"	String match = "True" | "False" Can be NULL
ClientVoiceRecording	The actual voice recording will not be transferred. The originating system will be considered the system of record. If the client voice recording is captured in EVV Vendor system set this value to True. If the client voice recording is not captured in EVV Vendor system set this value to False.	"True" | "False"	String match = "True" | "False" Can be NULL
ScheduleStartTime	Activity / Schedule start date and time. This field is generally required but may be omitted if the schedule is denoting services that can happen at any time within the service date. Schedules are required in all cases. Lack of a schedule is on an exception basis.	DO NOT PROVIDE	DO NOT PROVIDE
ScheduleEndTime	Activity / Schedule end date and time. This field is generally required but may be omitted if the schedule is denoting services that can happen at any time within the service date. Schedules are required in all cases.	DO NOT PROVIDE	DO NOT PROVIDE

Element	Description	Expected Value	Validation Rule
	Lack of schedule is on an exception basis.		
ContingencyPlan	Indicator of member's contingency plan selected by member. Valid values include (CODE should be sent only): CODE- Description CP01 - Reschedule within 2 Hours CP02 - Reschedule within 24 Hours CP03 - Reschedule within 48 Hours CP04 - Next Scheduled Visit	DO NOT PROVIDE	DO NOT PROVIDE
Reschedule	Indicator if schedule is a "reschedule"	DO NOT PROVIDE	DO NOT PROVIDE
HoursToBill	Hours that are going to be billed.	DO NOT PROVIDE	DO NOT PROVIDE
HoursToPay	If payroll is in scope for the payer program, the hours to pay.	DO NOT PROVIDE	DO NOT PROVIDE
Calls	Required segment – If calls are not provided, adjusted times must be included in the parent visit element. Calls include any type of clock in or clock out depending on system capabilities. Note that some vendor systems may not record some visit activity as calls. If this is the case, the call element can be omitted. Sandata will treat visit information without calls as manually entered. This is an optional segment but required if there are calls associated with the visit.		[Segment Conditional]
CallExternalID	Call identifier in the external system	Call Identifier	Max Length 16 No Special Characters
CallDateTime	Event date time. Must be to the second.	Call Date Time	Max length 20 FORMAT: YYYY-MM-DDTHH:MM:SS
CallAssignment	Values: Time In, Time Out, Other	"Time In" | "Time Out" | "Other"	String match = "Time In" | "Time Out" | "Other"
GroupCode	This visit was part of a group visit. Group Code is used to reassemble all members of the group.	Group Code	Max Length 6 Can be NULL Special Character <underscore> supported
CallType	The type of device used to create the event. Any call with GPS data collected should be identified as	"Telephony" | "Mobile" | "FVV" | "Manual"	String match = "Telephony" | "Mobile" | "FVV" | "Manual"

Element	Description	Expected Value	Validation Rule
	Mobile. FVV should be used for any type of fixed visit verification device. Telephony should be used only for visits collected from a landline phone. Manual would be used when one of the previously mentioned devices are not used or when an adjustment is made to the original call in/call out time Visit Changes segment is required for CallType = Manual. "Other" is no longer a valid CallType.		
ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	HCPCS code column	See Services + Modifiers Appendix 2
ClientIdentifierOnCall	If a client identifier was entered on the call, this value should be provided.	Third Party EVV Client Identifier on Call	Max Length 10 Special Character <underscore> supported
MobileLogin	Login used if a mobile application is in use for GPS calls. Required if CallType = Mobile.	Mobile Login	Max Length 64 Can be NULL No Special Characters
CallLatitude	GPS latitude recorded during event. Latitude has a range of -90 to 90 with a 15 digit precision. Required for CallType = Mobile.	Latitude	Decimal with sign if negative 3 primary. 15 digit precision Can be NULL Decimal format with (-)XXX . XXXXXXXXXXXXXX digits
CallLongitude	GPS longitude recorded during event. Longitude has a range of -180 to 180 with a 15 digit precision. Required for CallType = Mobile.	Longitude	Decimal with sign if negative 3 primary. 15 digit precision Can be NULL Decimal format with (-)XXX . XXXXXXXXXXXXXX digits
TelephonyPIN	PIN for telephony. Identification for the employee using telephony. Required if CallType = Telephony.	Telephony PIN	Max Length 9 Can be NULL Numbers only

Element	Description	Expected Value	Validation Rule
OriginatingPhoneNumber	Originating phone number for telephony. Required if CallType = Telephony.	Originating Phone Number	Max Length 10 Can be NULL No Special Characters
Location	Specific values to be provided based on the program.	DO NOT PROVIDE	DO NOT PROVIDE
VisitChanges	Optional segment. This segment is provided when a visit has been manually entered, altered or updated in the source system. The Visit General segment should reflect the updated information, while this associated Visit Change segment should record the details around that change, and supply the reason code for why it occurred.		This is an OPTIONAL segment- it will not be supplied for new visits (delivered for the first time), but MUST be delivered for any manual calls, updates or alterations to an existing visit. If provided, all required fields must be included.
SequenceID	The Third Party EVV visit sequence ID to which the change applied.	Third Party EVV Visit Sequence ID	Max length 16 If TIMESTAMP is used: YYYYMMDDHHMMSS Numbers only; no other characters
ChangeMadeBy	The unique identifier of the user, system or process that made the change. This should be a recognizable first and last name or email address of the user who made the change and should not be a generic system identifier. **Note:** Per MO DSS Regulation 13 CSR 70-3.320 (2) (G), manual call-in and/or call-out entries shall not be created by the direct care worker and/or participant that generated the original visit entry; they should be created by a provider agency supervisor or administrator.	Unique Identifier of Change	Max Length 64 No Special Characters
ChangeDateTime	Date and time when change is made. At least to the second.	Date and Time When Change was Made	Max length 20 Can be NULL

Element	Description	Expected Value	Validation Rule
			FORMAT: YYYY-MM-DDTHH:MM:SSZ
GroupCode	This visit was part of a group visit. GroupCode is used to reassemble all members of the group.	Group Code	Max Length 6 Can be NULL Special Character <underscore> supported
ReasonCode	Reason Code associated with the change. Required if CallType = Manual.	Reason Code column	See Reason codes Appendix 3
ChangeReasonMemo	Reason/Description of the change being made if entered. Required for some reason codes.	Note if Inidicated in Required? Column	Max Length 256 Can be NULL No Special Characters
ResolutionCode	Resolution codes, if selected. Resolution Codes are specific to the program.	DO NOT PROVIDE	DO NOT PROVIDE
Tasks	Optional segment. This optional segment contains the non-service specific details regarding activities the caregiver performed during the visit. These detailed activities are known as 'Tasks' and often align to the care plan designed for the individual receiving care. Please refer to the service task required in the Service + Modifier Appendix to determine if one or more tasks must be submitted with this visit. Please reference the task id that is associated with the service in the Task list Appendix		[Conditional Segment]
TaskID	TaskID, this TaskID must map to the Task IDs used for the agency in the Sandata system. Please refer to the service task required in the Service + Modifier Appendix to determine if one or more tasks must be submitted with this visit. Please reference the task id that is associated with the service in the Task List Appendix.	See Task ID column	See Task List Appendix
TaskReading	Task reading recorded during the service.	Task Reading	Max Length 6 Can be NULL No Special Characters
TaskRefused	True, False	"True" | "False"	String match = "True" | "False" Can be NULL

Element	Description	Expected Value	Validation Rule
VisitExceptionAcknowledgement	Segment exists to allow the user to send an acknowledgement for an exception that cannot be fixed.		[DO NOT PROVIDE]
ExceptionID	ID for the exception being acknowledged.	DO NOT PROVIDE	DO NOT PROVIDE
ExceptionAcknowledged	True/False	DO NOT PROVIDE	DO NOT PROVIDE

Appendix 1: Payers + Programs

Payer ID	Program / Wavier Name	Program ID	Program & Waivers Covered
MODSS	MO Department of Social Services	DSDS	Division of Senior and Disability Services
MODSS	MO Department of Social Services	BHSH	Bureau of HIV, STD, & Hepatitis
MODSS	MO Department of Social Services	SHCN	Special Health Care Needs
MODSS	MO Department of Social Services	DDD	Division of Developmental Disabilities
MOHSH	Home State Health (Centene)	MOHSH	Home State Health (Centene)
MOBCBS	Healthy Blue (BCBS)	MOBCBS	Healthy Blue (BCBS)
MOUHC	United Healthcare (UHC)	MOUHC	United Healthcare (UHC)
MODSS	MO Department of Social Services	SHCNHH	Healthy Children and Youth (HCY) (Home Health Care Services)
MODSS	MO Department of Social Services	DSSHH	MO Department of Social Services Home Health Care Services
MOHSH	Home State Health (Centene)	HSHHH	Home State Health (Centene) Home Health Care Services
MOBCBS	Healthy Blue (BCBS)	BCBSHH	Healthy Blue (BCBS) Home Health Care Services
MOUHC	United Healthcare (UHC)	UHCHH	United Healthcare (UHC) Home Health Care Services

Appendix 2: Services + Modifiers

The service and modifier(s) provided must be aligned to the agency's Provider Type. The Provider Type is designated by the first two digits of their state-assigned Medicaid Provider ID.

Important: If the service and modifier combination received is not aligned for the Provider Type, the record will be rejected and must be resubmitted to the Aggregator for the correct account for that agency's Provider Type, per the following tables. Modifier order does matter and visits will be rejected if the order is not correct.

Note: MCO Healthy Blue has requested to change the Service Descriptions in the Aggregator and replace MOBCBS with MOHB. Historical visits will also reflect the updated service description.

Provider Type 26 – Personal Care

Payer	Program	HCPCS Code	Mod1	Mod2	Mod3	Mod4	Service Description	Task Required	Memo Required
MOBCBS	MOBCBS	T1019					MOHB - Personal Care Assistant	No	No
MOBCBS	MOBCBS	T1019	TF				MOHB – Advanced Personal Care	No	No
MOBCBS	MOBCBS	T1019	TF	EP			MOHB – Advanced Personal Care Assistant	No	No
MOBCBS	MOBCBS	T1019	EP				MOHB – Personal Care Assistant	No	No
MODSS	BHSH	T1019	TF				BHSH - Advanced Personal Care	No	No
MODSS	BHSH	T1019	U4				BHSH - AIDS Personal Care	No	No
MODSS	BHSH	T1019					BHSH - Personal Care	No	No
MODSS	DSDS	T1019	TF				DSDS - Advanced Personal Care	Yes	No
MODSS	DSDS	T1019	U2				DSDS - CDS Personal Care	Yes	No
MODSS	DSDS	T1019	U6				DSDS - ILW Personal Care	Yes	No
MODSS	DSDS	T1019					DSDS - Personal Care	Yes	No
MODSS	SHCN	S5125	U5				MFAW - Waiver Attendant Care	No	No

Payer	Program	HCPCS Code	Mod1	Mod2	Mod3	Mod4	Service Description	Task Required	Memo Required
MODSS	SHCN	T1019	EP				HCY - Personal Care Assistant	No	No
MODSS	SHCN	T1019	TF	EP			HCY - Advanced Personal Care Assistant	No	No
MODSS	SHCN	T1019	TF				MFAW - Advanced Personal Care Assistant	No	No
MODSS	SHCN	T1019					MFAW- Personal Care Assistant	No	No
MOHSH	MOHSH	T1019					MOHSH - Personal Care Assistant	No	No
MOHSH	MOHSH	T1019	TF				MOHSH – Advanced Personal Care	No	No
MOHSH	MOHSH	T1019	TF	EP			MOHSH – Advanced Personal Care Assistant	No	No
MOHSH	MOHSH	T1019	EP				MOHSH – Personal Care Assistant	No	No
MOUHC	MOUHC	T1019					MOUHC - Personal Care Assistant	No	No
MOUHC	MOUHC	T1019	TF				MOUHC – Advanced Personal Care	No	No
MOUHC	MOUHC	T1019	TF	EP			MOUHC – Advanced Personal Care Assistant	No	No
MOUHC	MOUHC	T1019	EP				MOUHC – Personal Care Assistant	No	No

Provider Type 28 – Aged & Disabled Waiver Homemaker/Chore and Respite

Payer	Program	HCPCS Code	Mod1	Mod2	Mod3	Mod4	Service Description	Task Required	Memo Required
MODSS	DSDS	S5120					DSDS - Chore	Yes	No
MODSS	DSDS	S5130					DSDS - Homemaker	Yes	No
MODSS	DSDS	S5150	TF				DSDS - Advanced Respite	No	No
MODSS	DSDS	S5150					DSDS - Basic In-Home Respite	No	No

Provider Type 58 – Home Health Care

Payer	Program	HCPCS Code	Mod1	Mod2	Mod3	Mod4	Service Description	Task Required	Memo Required
MOBCBS	BCBSHH	92521	EP				MOHB - Evaluation of speech fluency (HCY)	No	No
MOBCBS	BCBSHH	92522	EP				MOHB - Evaluation of speech sound production (HCY)	No	No
MOBCBS	BCBSHH	92523	EP				MOHB - Eval of speech sound prod w/language comp/expression-HCY	No	No
MOBCBS	BCBSHH	92524	EP				MOHB - Behavioral/qualitative analysis of voice/resonance (HCY)	No	No
MOBCBS	BCBSHH	97161	EP				MOHB - PT Evaluation through (HCY) Low Complexity	No	No
MOBCBS	BCBSHH	97162	EP				MOHB - PT Evaluation through (HCY) Moderate Complexity	No	No
MOBCBS	BCBSHH	97163	EP				MOHB - PT Evaluation through (HCY) High Complexity	No	No
MOBCBS	BCBSHH	97164	EP				MOHB - PT Re-Evaluation Establish Plan of Care	No	No
MOBCBS	BCBSHH	97165	EP				MOHB - OT Evaluation through (HCY) Low Complexity	No	No
MOBCBS	BCBSHH	97166	EP				MOHB - OT Evaluation through (HCY) Moderate Complexity	No	No
MOBCBS	BCBSHH	97167	EP				MOHB - OT Evaluation through (HCY) High Complexity	No	No
MOBCBS	BCBSHH	99501					MOHB - Maternity Post Discharge Home Visit	No	No
MOBCBS	BCBSHH	G0151	96				MOHB - PT by a Physical Therapist (HAB)	No	No
MOBCBS	BCBSHH	G0151	EP				MOHB - PT by a Physical Therapist (HCY)	No	No
MOBCBS	BCBSHH	G0151	SC				MOHB - PT by a Physical Therapist (MedNec)	No	No
MOBCBS	BCBSHH	G0151					MOHB - PT by a Physical Therapist	No	No

MOBCBS	BCBSHH	G0152	96				MOHB - OT by a Occupational Therapist (HAB)	No	No
MOBCBS	BCBSHH	G0152	EP				MOHB - OT by a Occupational Therapist (HCY)	No	No
MOBCBS	BCBSHH	G0152	SC				MOHB - OT by a Occupational Therapist (MedNec)	No	No
MOBCBS	BCBSHH	G0152					MOHB - OT by a Occupational Therapist	No	No
MOBCBS	BCBSHH	G0153	96				MOHB - ST by a Speech and Language Pathologist (HAB)	No	No
MOBCBS	BCBSHH	G0153					MOHB - ST by a Speech and Language Pathologist	No	No
MOBCBS	BCBSHH	G0153	EP				MOHB - ST by a Speech and Language Pathologist (HCY)	No	No
MOBCBS	BCBSHH	G0153	SC				MOHB - ST by a Speech and Language Pathologist (MedNec)	No	No
MOBCBS	BCBSHH	G0156	EP				MOHB - HH Aide Services (HCY)	No	No
MOBCBS	BCBSHH	G0156					MOHB - HH Aide Services	No	No
MOBCBS	BCBSHH	G0157	96				MOHB - PT by a PTA (HAB)	No	No
MOBCBS	BCBSHH	G0157	EP				MOHB - PT by a PTA (HCY)	No	No
MOBCBS	BCBSHH	G0157	SC				MOHB - PT by a PTA (MedNec)	No	No
MOBCBS	BCBSHH	G0157					MOHB - PT by a PTA	No	No
MOBCBS	BCBSHH	G0158	96				MOHB - OT by an OT Assistant (HAB)	No	No
MOBCBS	BCBSHH	G0158	EP				MOHB - OT by an OT Assistant (HCY)	No	No
MOBCBS	BCBSHH	G0158	SC				MOHB - OT by an OT Assistant (MedNec)	No	No
MOBCBS	BCBSHH	G0158					MOHB - OT by an OT Assistant	No	No
MOBCBS	BCBSHH	G0159	96				MOHB - PT Maintenance by a PT (HAB)	No	No
MOBCBS	BCBSHH	G0159	EP				MOHB - PT Maintenance by a PT (HCY)	No	No

MOBCBS	BCBSHH	G0159	SC				MOHB - PT Maintenance by a PT (MedNec)	No	No
MOBCBS	BCBSHH	G0159					MOHB - PT Maintenance by a PT	No	No
MOBCBS	BCBSHH	G0160	SC				MOHB - OT Maintenance by a OT (MedNec)	No	No
MOBCBS	BCBSHH	G0160					MOHB - OT Maintenance by a OT	No	No
MOBCBS	BCBSHH	G0160	96				MOHB - OT Maintenance by a OT (HAB)	No	No
MOBCBS	BCBSHH	G0160	EP				MOHB - OT Maintenance by a OT (HCY)	No	No
MOBCBS	BCBSHH	G0161	96				MOHB - ST Maintenance by a ST (HAB)	No	No
MOBCBS	BCBSHH	G0161	EP				MOHB - ST Maintenance by a ST (HCY)	No	No
MOBCBS	BCBSHH	G0161	SC				MOHB - ST Maintenance by a ST (MedNec)	No	No
MOBCBS	BCBSHH	G0161					MOHB - ST Maintenance by a ST	No	No
MOBCBS	BCBSHH	G0162	EP				MOHB - Skilled Nursing by RN for Mgmt and Eval of the POC (HCY)	No	No
MOBCBS	BCBSHH	G0162					MOHB - Skilled Nursing by a RN for Mgmt and Eval of the POC	No	No
MOBCBS	BCBSHH	G0299	EP				MOHB - Direct Skilled Nursing by a RN (HCY)	No	No
MOBCBS	BCBSHH	G0299					MOHB - Direct Skilled Nursing by a RN	No	No
MOBCBS	BCBSHH	G0299	SC				MOHB - Skilled Nursing Service by RN in the HH/Hospice setting	No	No
MOBCBS	BCBSHH	G0300	EP				MOHB - Direct Skilled Nursing by a LPN (HCY)	No	No
MOBCBS	BCBSHH	G0300					MOHB - Direct Skilled Nursing by a LPN	No	No
MOBCBS	BCBSHH	G0300	SC				MOHB - Skilled Nursing Service by LPN in the HH/Hospice setting	No	No

MOBCBS	BCBSHH	T1001	EP				MOHB - Skilled Nurse Evaluation Visit through HCY	No	No
MODSS	DSSHH	92521	EP				DSS - Evaluation of speech fluency (HCY)	No	No
MODSS	DSSHH	92522	EP				DSS - Evaluation of speech sound production (HCY)	No	No
MODSS	DSSHH	92523	EP				DSS-Eval of speech sound prod w/language comp/expression(HCY)	No	No
MODSS	DSSHH	92524	EP				DSS-Behavioral/qualitative analysis of voice/resonance (HCY)	No	No
MODSS	DSSHH	97161	EP				DSS - PT Evaluation through (HCY) Low Complexity	No	No
MODSS	DSSHH	97162	EP				DSS - PT Evaluation through (HCY) Moderate Complexity	No	No
MODSS	DSSHH	97163	EP				DSS - PT Evaluation through (HCY) High Complexity	No	No
MODSS	DSSHH	97164	EP				DSS - PT Re-Evaluation Establish Plan of Care	No	No
MODSS	DSSHH	97165	EP				DSS - OT Evaluation through (HCY) Low Complexity	No	No
MODSS	DSSHH	97166	EP				DSS - OT Evaluation through (HCY) Moderate Complexity	No	No
MODSS	DSSHH	97167	EP				DSS - OT Evaluation through (HCY) High Complexity	No	No
MODSS	DSSHH	99501					DSS - Maternity Post Discharge Home Visit	No	No
MODSS	DSSHH	G0151	96				DSS - PT by a Physical Therapist (HAB)	No	No
MODSS	DSSHH	G0151	EP				DSS - PT by a Physical Therapist (HCY)	No	No
MODSS	DSSHH	G0151	SC				DSS - PT by a Physical Therapist (MedNec)	No	No
MODSS	DSSHH	G0151	UB				DSS - PT by a Physical Therapist (Exception)	No	No
MODSS	DSSHH	G0151					DSS - PT by a Physical Therapist	No	No
MODSS	DSSHH	G0152	96				DSS - OT by a Occupational Therapist (HAB)	No	No

MODSS	DSSHH	G0152	EP				DSS - OT by a Occupational Therapist (HCY)	No	No
MODSS	DSSHH	G0152	SC				DSS - OT by a Occupational Therapist (MedNec)	No	No
MODSS	DSSHH	G0152	UB				DSS - OT by a Occupational Therapist (Exception)	No	No
MODSS	DSSHH	G0152					DSS - OT by a Occupational Therapist	No	No
MODSS	DSSHH	G0153	96				DSS - ST by a Speech and Language Pathologist (HAB)	No	No
MODSS	DSSHH	G0153					DSS - ST by a Speech and Language Pathologist	No	No
MODSS	DSSHH	G0153	EP				DSS - ST by a Speech and Language Pathologist (HCY)	No	No
MODSS	DSSHH	G0153	SC				DSS - ST by a Speech and Language Pathologist (MedNec)	No	No
MODSS	DSSHH	G0156					DSS - HH Aide Services	No	No
MODSS	DSSHH	G0157	96				DSS - PT by a PTA (HAB)	No	No
MODSS	DSSHH	G0157	EP				DSS - PT by a PTA (HCY)	No	No
MODSS	DSSHH	G0157	SC				DSS - PT by a PTA (MedNec)	No	No
MODSS	DSSHH	G0157	UB				DSS - PT by a PTA (Exception)	No	No
MODSS	DSSHH	G0157					DSS - PT by a PTA	No	No
MODSS	DSSHH	G0158	96				DSS - OT by an OT Assistant (HAB)	No	No
MODSS	DSSHH	G0158	EP				DSS - OT by an OT Assistant (HCY)	No	No
MODSS	DSSHH	G0158	SC				DSS - OT by an OT Assistant (MedNec)	No	No
MODSS	DSSHH	G0158	UB				DSS - OT by an OT Assistant (Exception)	No	No
MODSS	DSSHH	G0158					DSS - OT by an OT Assistant	No	No
MODSS	DSSHH	G0159	96				DSS - PT Maintenance by a PT (HAB)	No	No

MODSS	DSSHH	G0159	EP				DSS - PT Maintenance by a PT (HCY)	No	No
MODSS	DSSHH	G0159	SC				DSS - PT Maintenance by a PT (MedNec)	No	No
MODSS	DSSHH	G0159					DSS - PT Maintenance by a PT	No	No
MODSS	DSSHH	G0160	SC				DSS - OT Maintenance by a OT (MedNec)	No	No
MODSS	DSSHH	G0160					DSS - OT Maintenance by a OT	No	No
MODSS	DSSHH	G0160	96				DSS - OT Maintenance by a OT (HAB)	No	No
MODSS	DSSHH	G0160	EP				DSS - OT Maintenance by a OT (HCY)	No	No
MODSS	DSSHH	G0161	96				DSS - ST Maintenance by a ST (HAB)	No	No
MODSS	DSSHH	G0161	EP				DSS - ST Maintenance by a ST (HCY)	No	No
MODSS	DSSHH	G0161	SC				DSS - ST Maintenance by a ST (MedNec)	No	No
MODSS	DSSHH	G0161					DSS - ST Maintenance by a ST	No	No
MODSS	DSSHH	G0162					DSS - Skilled Nursing by a RN for Mgmt and Eval of the POC	No	No
MODSS	DSSHH	G0299	SC				DSS-Skilled Nursing Service by RN in the HH/Hospice setting	No	No
MODSS	DSSHH	G0299					DSS - Direct Skilled Nursing by a RN	No	No
MODSS	DSSHH	G0300	SC				DSS-Skilled Nursing Service by LPN in the HH/Hospice setting	No	No
MODSS	DSSHH	G0300					DSS - Direct Skilled Nursing by a LPN	No	No
MODSS	DSSHH	T1001	EP				DSS - Skilled Nurse Evaluation Visit through HCY	No	No
MODSS	SHCNHH	G0156	EP				SHCN - HH Aide Services (HCY)	No	No
MODSS	SHCNHH	G0162	EP				SHCN-Skilled Nursing by a RN for Mgmt and Eval of the POC (HCY)	No	No
MODSS	SHCNHH	G0299	EP				SHCN - Direct Skilled Nursing by a RN (HCY)	No	No
MODSS	SHCNHH	G0300	EP				SHCN - Direct Skilled Nursing by a LPN (HCY)	No	No

MOHSH	HSHHH	92521	EP				MOHSH - Evaluation of speech fluency (HCY)	No	No
MOHSH	HSHHH	92522	EP				MOHSH - Evaluation of speech sound production (HCY)	No	No
MOHSH	HSHHH	92523	EP				MOHSH-Eval of speech sound prod w/language comp/expression-HCY	No	No
MOHSH	HSHHH	92524	EP				MOHSH-Behavioral/qualitative analysis of voice/resonance (HCY)	No	No
MOHSH	HSHHH	97161	EP				MOHSH - PT Evaluation through (HCY) Low Complexity	No	No
MOHSH	HSHHH	97162	EP				MOHSH - PT Evaluation through (HCY) Moderate Complexity	No	No
MOHSH	HSHHH	97163	EP				MOHSH - PT Evaluation through (HCY) High Complexity	No	No
MOHSH	HSHHH	97164	EP				MOHSH - PT Re-Evaluation Establish Plan of Care	No	No
MOHSH	HSHHH	97165	EP				MOHSH - OT Evaluation through (HCY) Low Complexity	No	No
MOHSH	HSHHH	97166	EP				MOHSH - OT Evaluation through (HCY) Moderate Complexity	No	No
MOHSH	HSHHH	97167	EP				MOHSH - OT Evaluation through (HCY) High Complexity	No	No
MOHSH	HSHHH	99501					MOHSH - Maternity Post Discharge Home Visit	No	No
MOHSH	HSHHH	G0151	96				MOHSH - PT by a Physical Therapist (HAB)	No	No
MOHSH	HSHHH	G0151	EP				MOHSH - PT by a Physical Therapist (HCY)	No	No
MOHSH	HSHHH	G0151	SC				MOHSH - PT by a Physical Therapist (MedNec)	No	No
MOHSH	HSHHH	G0151					MOHSH - PT by a Physical Therapist	No	No
MOHSH	HSHHH	G0152	96				MOHSH - OT by a Occupational Therapist (HAB)	No	No

MOHSH	HSHHH	G0152	EP				MOHSH - OT by a Occupational Therapist (HCY)	No	No
MOHSH	HSHHH	G0152	SC				MOHSH - OT by a Occupational Therapist (MedNec)	No	No
MOHSH	HSHHH	G0152					MOHSH - OT by a Occupational Therapist	No	No
MOHSH	HSHHH	G0153	96				MOHSH - ST by a Speech and Language Pathologist (HAB)	No	No
MOHSH	HSHHH	G0153					MOHSH - ST by a Speech and Language Pathologist	No	No
MOHSH	HSHHH	G0153	EP				MOHSH - ST by a Speech and Language Pathologist (HCY)	No	No
MOHSH	HSHHH	G0153	SC				MOHSH - ST by a Speech and Language Pathologist (MedNec)	No	No
MOHSH	HSHHH	G0156	EP				MOHSH - HH Aide Services (HCY)	No	No
MOHSH	HSHHH	G0156					MOHSH - HH Aide Services	No	No
MOHSH	HSHHH	G0157	96				MOHSH - PT by a PTA (HAB)	No	No
MOHSH	HSHHH	G0157	EP				MOHSH - PT by a PTA (HCY)	No	No
MOHSH	HSHHH	G0157	SC				MOHSH - PT by a PTA (MedNec)	No	No
MOHSH	HSHHH	G0157					MOHSH - PT by a PTA	No	No
MOHSH	HSHHH	G0158	96				MOHSH - OT by an OT Assistant (HAB)	No	No
MOHSH	HSHHH	G0158	EP				MOHSH - OT by an OT Assistant (HCY)	No	No
MOHSH	HSHHH	G0158	SC				MOHSH - OT by an OT Assistant (MedNec)	No	No
MOHSH	HSHHH	G0158					MOHSH - OT by an OT Assistant	No	No
MOHSH	HSHHH	G0159	96				MOHSH - PT Maintenance by a PT (HAB)	No	No
MOHSH	HSHHH	G0159	EP				MOHSH - PT Maintenance by a PT (HCY)	No	No
MOHSH	HSHHH	G0159	SC				MOHSH - PT Maintenance by a PT (MedNec)	No	No

MOHSH	HSHHH	G0159					MOHSH - PT Maintenance by a PT	No	No
MOHSH	HSHHH	G0160	SC				MOHSH - OT Maintenance by a OT (MedNec)	No	No
MOHSH	HSHHH	G0160					MOHSH - OT Maintenance by a OT	No	No
MOHSH	HSHHH	G0160	96				MOHSH - OT Maintenance by a OT (HAB)	No	No
MOHSH	HSHHH	G0160	EP				MOHSH - OT Maintenance by a OT (HCY)	No	No
MOHSH	HSHHH	G0161	96				MOHSH - ST Maintenance by a ST (HAB)	No	No
MOHSH	HSHHH	G0161	EP				MOHSH - ST Maintenance by a ST (HCY)	No	No
MOHSH	HSHHH	G0161	SC				MOHSH - ST Maintenance by a ST (MedNec)	No	No
MOHSH	HSHHH	G0161					MOHSH - ST Maintenance by a ST	No	No
MOHSH	HSHHH	G0162	EP				MOHSH-Skilled Nursing by a RN for Mgmt and Eval of the POC (HCY)	No	No
MOHSH	HSHHH	G0162					MOHSH - Skilled Nursing by a RN for Mgmt and Eval of the POC	No	No
MOHSH	HSHHH	G0299	EP				MOHSH - Direct Skilled Nursing by a RN (HCY)	No	No
MOHSH	HSHHH	G0299					MOHSH - Direct Skilled Nursing by a RN	No	No
MOHSH	HSHHH	G0299	SC				MOHSH-Skilled Nursing Service by RN in the HH/Hospice setting	No	No
MOHSH	HSHHH	G0300	EP				MOHSH - Direct Skilled Nursing by a LPN (HCY)	No	No
MOHSH	HSHHH	G0300					MOHSH - Direct Skilled Nursing by a LPN	No	No
MOHSH	HSHHH	G0300	SC				MOHSH -Skilled Nursing Service by LPN in the HH/Hospice setting	No	No

MOHSH	HSHHH	T1001	EP				MOHSH - Skilled Nurse Evaluation Visit through HCY	No	No
MOUHC	UHCHH	92521	EP				MOUHC - Evaluation of speech fluency (HCY)	No	No
MOUHC	UHCHH	92522	EP				MOUHC - Evaluation of speech sound production (HCY)	No	No
MOUHC	UHCHH	92523	EP				MOUHC-Eval of speech sound prod w/language comp/expression-HCY	No	No
MOUHC	UHCHH	92524	EP				MOUHC-Behavioral/qualitative analysis of voice/resonance (HCY)	No	No
MOUHC	UHCHH	97161	EP				MOUHC - PT Evaluation through (HCY) Low Complexity	No	No
MOUHC	UHCHH	97162	EP				MOUHC - PT Evaluation through (HCY) Moderate Complexity	No	No
MOUHC	UHCHH	97163	EP				MOUHC - PT Evaluation through (HCY) High Complexity	No	No
MOUHC	UHCHH	97164	EP				MOUHC - PT Re-Evaluation Establish Plan of Care	No	No
MOUHC	UHCHH	97165	EP				MOUHC - OT Evaluation through (HCY) Low Complexity	No	No
MOUHC	UHCHH	97166	EP				MOUHC - OT Evaluation through (HCY) Moderate Complexity	No	No
MOUHC	UHCHH	97167	EP				MOUHC - OT Evaluation through (HCY) High Complexity	No	No
MOUHC	UHCHH	99501					MOUHC - Maternity Post Discharge Home Visit	No	No
MOUHC	UHCHH	G0151	96				MOUHC - PT by a Physical Therapist (HAB)	No	No
MOUHC	UHCHH	G0151	EP				MOUHC - PT by a Physical Therapist (HCY)	No	No
MOUHC	UHCHH	G0151	SC				MOUHC - PT by a Physical Therapist (MedNec)	No	No
MOUHC	UHCHH	G0151					MOUHC - PT by a Physical Therapist	No	No

MOUHC	UHCHH	G0152	96				MOUHC - OT by a Occupational Therapist (HAB)	No	No
MOUHC	UHCHH	G0152	EP				MOUHC - OT by a Occupational Therapist (HCY)	No	No
MOUHC	UHCHH	G0152	SC				MOUHC - OT by a Occupational Therapist (MedNec)	No	No
MOUHC	UHCHH	G0152					MOUHC - OT by a Occupational Therapist	No	No
MOUHC	UHCHH	G0153	96				MOUHC - ST by a Speech and Language Pathologist (HAB)	No	No
MOUHC	UHCHH	G0153					MOUHC - ST by a Speech and Language Pathologist	No	No
MOUHC	UHCHH	G0153	EP				MOUHC - ST by a Speech and Language Pathologist (HCY)	No	No
MOUHC	UHCHH	G0153	SC				MOUHC - ST by a Speech and Language Pathologist (MedNec)	No	No
MOUHC	UHCHH	G0156					MOUHC - HH Aide Services	No	No
MOUHC	UHCHH	G0156	EP				MOUHC - HH Aide Services (HCY)	No	No
MOUHC	UHCHH	G0157	96				MOUHC - PT by a PTA (HAB)	No	No
MOUHC	UHCHH	G0157	EP				MOUHC - PT by a PTA (HCY)	No	No
MOUHC	UHCHH	G0157	SC				MOUHC - PT by a PTA (MedNec)	No	No
MOUHC	UHCHH	G0157					MOUHC - PT by a PTA	No	No
MOUHC	UHCHH	G0158	96				MOUHC - OT by an OT Assistant (HAB)	No	No
MOUHC	UHCHH	G0158	EP				MOUHC - OT by an OT Assistant (HCY)	No	No
MOUHC	UHCHH	G0158	SC				MOUHC - OT by an OT Assistant (MedNec)	No	No
MOUHC	UHCHH	G0158					MOUHC - OT by an OT Assistant	No	No
MOUHC	UHCHH	G0159	96				MOUHC - PT Maintenance by a PT (HAB)	No	No
MOUHC	UHCHH	G0159	EP				MOUHC - PT Maintenance by a PT (HCY)	No	No

MOUHC	UHCHH	G0159	SC				MOUHC - PT Maintenance by a PT (MedNec)	No	No
MOUHC	UHCHH	G0159					MOUHC - PT Maintenance by a PT	No	No
MOUHC	UHCHH	G0160	SC				MOUHC - OT Maintenance by a OT (MedNec)	No	No
MOUHC	UHCHH	G0160					MOUHC - OT Maintenance by a OT	No	No
MOUHC	UHCHH	G0160	96				MOUHC - OT Maintenance by a OT (HAB)	No	No
MOUHC	UHCHH	G0160	EP				MOUHC - OT Maintenance by a OT (HCY)	No	No
MOUHC	UHCHH	G0161	96				MOUHC - ST Maintenance by a ST (HAB)	No	No
MOUHC	UHCHH	G0161	EP				MOUHC - ST Maintenance by a ST (HCY)	No	No
MOUHC	UHCHH	G0161	SC				MOUHC - ST Maintenance by a ST (MedNec)	No	No
MOUHC	UHCHH	G0161					MOUHC - ST Maintenance by a ST	No	No
MOUHC	UHCHH	G0162	EP				MOUHC-Skilled Nursing by a RN for Mgmt and Eval of the POC (HCY)	No	No
MOUHC	UHCHH	G0162					MOUHC - Skilled Nursing by a RN for Mgmt and Eval of the POC	No	No
MOUHC	UHCHH	G0299	EP				MOUHC - Direct Skilled Nursing by a RN (HCY)	No	No
MOUHC	UHCHH	G0299					MOUHC - Direct Skilled Nursing by a RN	No	No
MOUHC	UHCHH	G0299	SC				MOUHC-Skilled Nursing Service by RN in the HH/Hospice setting	No	No
MOUHC	UHCHH	G0300	EP				MOUHC - Direct Skilled Nursing by a LPN (HCY)	No	No
MOUHC	UHCHH	G0300					MOUHC - Direct Skilled Nursing by a LPN	No	No
MOUHC	UHCHH	G0300	SC				MOUHC -Skilled Nursing Service by LPN in the HH/Hospice setting	No	No

MOUHC	UHCHH	T1001	EP				MOUHC - Skilled Nurse Evaluation Visit through HCY	No	No

Provider Type 85 – Community Based Developmental Disabilities

Payer	Program	HCPCS Code	Mod1	Mod2	Mod3	Mod4	Service Description	Task Required	Memo Required
MODSS	DDD	T1019	HA				MOCDD - Personal Assistant Individual Agency/Contractor	No	Yes
MODSS	DDD	T1019	HI				COMP - Personal Assistant Individual Agency/Contractor	No	Yes
MODSS	DDD	T1019	HQ	HA			MOCDD - Personal Assistant Group Agency/Contractor	No	Yes
MODSS	DDD	T1019	HQ	HI			COMP - Personal Assistant Group Agency/Contractor	No	Yes
MODSS	DDD	T1019	HQ	HX			PFH - Personal Assistant Group Agency/Contractor	No	Yes
MODSS	DDD	T1019	HQ	U1			CSW - Personal Assistant Group Agency/Contractor	No	Yes
MODSS	DDD	T1019	HX				PFH - Personal Assistant Individual Agency/Contractor	No	Yes
MODSS	DDD	T1019	SC	HA			MOCDD - Personal Assistant Medical, Agency/Contractor	No	Yes
MODSS	DDD	T1019	SC	HI			COMP - Personal Assistant Medical, Agency/Contractor	No	Yes
MODSS	DDD	T1019	SC	HX			PFH - Personal Assistant Medical, Agency/Contractor	No	Yes
MODSS	DDD	T1019	SC	SE	HA		MOCDD - Personal Assistant Medical, Self-Directed	No	Yes
MODSS	DDD	T1019	SC	SE	HI		COMP - Personal Assistant Medical, Self-Directed	No	Yes
MODSS	DDD	T1019	SC	SE	HX		PFH - Personal Assistant Medical, Self-Directed	No	Yes
MODSS	DDD	T1019	SC	SE	U1		CSW - Personal Assistant Medical, Self-Directed	No	Yes
MODSS	DDD	T1019	SC	U1			CSW - Personal Assistant Medical, Agency/Contractor	No	Yes
MODSS	DDD	T1019	U1				CSW - Personal Assistant Individual Agency/Contractor	No	Yes

Payer	Program	HCPCS Code	Mod1	Mod2	Mod3	Mod4	Service Description	Task Required	Memo Required
MODSS	DDD	T1019	U2	HA			MOCDD - Personal Assistant Individual, Self-Directed	No	Yes
MODSS	DDD	T1019	U2	HI			COMP - Personal Assistant Individual, Self-Directed	No	Yes
MODSS	DDD	T1019	U2	HX			PFH - Personal Assistant Individual, Self-Directed	No	Yes
MODSS	DDD	T1019	U2	U1			CSW - Personal Assistant Individual, Self-Directed	No	Yes
MODSS	SHCN	T1019	HB				BIW - Personal Care Assistant	No	No

Appendix 3: Reason Codes

Reason Code	Reason	Note Required?
100	Member No Show	YES
110	Member Unavailable	YES
120	Member Refused Verification	YES
130	Member Refused Service	YES
140	Member Incapable, Designee Unavailable	NO
150	Caregiver Failed to Call In - Verified Services Were Delivered	NO
160	Caregiver Failed to Call Out - Verified Services Were Delivered	NO
170	Caregiver Failed to Call In and Out - Verified Services Were Delivered	NO
180	Caregiver Called Using an Alternate Phone	YES
190	Caregiver Change	NO
200	Mobile App Issue/Inoperable	NO
210	Telephony Issue/Inoperable	NO
220	FVV Issue/Inoperable	NO
230	Service Outside the Home	YES
240	Unsafe Environment	YES
250	Does Not Contain Task or Memo Information	YES
260	DD Budget Authorization Approved Late	NO
270	DD Correction for System Alignment	NO
280	Accrued Minutes Visit	NO

Notes:

New Reason Code 280 effective November 19, 2025, with the following rules:

- Provider/Vendors must submit accrued minutes visits with a visit date reflecting the month in which it was accrued.
- Only 1 Accrued Minutes Visit is allowed per day, per client, per procedure code/modifier; however, there is no unit restriction, but the duration must be divisible by 15 (e.g., 30 minutes, 45 minutes).
- Accrued Minutes Visits with a 0-minute duration will be rejected.

- Visits must include all required data elements to be in a verified status.

Error Code 790 Rules (troubleshooting guidance if vendors are receiving this error related to Accrued Minutes Visits):

- *The service on the Accrued Minutes Visit must me a unit-based service (meaning it is billed in 15-minute increments).*
- *The calculated time (total Duration) for the Accrued Minutes Visit must be evenly divisible by 15 minutes exactly (i.e. Time In= 01:00:00, Time Out= 01:15:00).*
- *The call type entered for the Accrued Minutes Visit must be M, manual.*
- *There cannot be an existing Accrued Minutes Visit for the same account/day/payor/service/client with a different visit ID specified.*

Reason Code 999 for "Other" is no longer a valid reason code effective July 2025.

New Reason Codes 260 and 270 are effective July 2025.

Appendix 4: Tasks

Task ID	Task Description	Service
0100	Air Mattresses/Bedding	S5120
0101	Clean Closets/Basement/Attic	S5120
0102	Provide In-Home Rodent Control	S5120
0103	Shampoo Rugs	S5120
0104	Spray Insects In-Home/OTC Supply	S5120
0105	Wash Walls/Woodwork	S5120
0200	Clean Bath (Homemaker)	S5130
0201	Clean Kitchen (Homemaker)	S5130
0202	Clean Living Area	S5130
0203	Essential Correspond (Homemaker)	S5130
0204	Iron/Mend	S5130
0205	Laundry (Home/Off Site)	S5130
0206	Make Bed/Change Linens	S5130
0207	Meals/Dishes	S5130
0208	Shopping/Errands	S5130
0209	Wash Windows/Blinds	S5130
0210	Trash (Homemaker)	S5130
0280	Accrued Minutes Visit	S5120, S5130, T1019, T1019 TF, T1019 U2, T1019 U6
0300	Bathing (Agency-Model)	T1019
0301	Dietary	T1019
0302	Dressing/Grooming (Agency-Model)	T1019
0303	Med Rel HC Tasks: Clean Bath	T1019
0304	Med Rel HC Tasks: Clean Kitchen	T1019
0305	Med Rel HC Tasks: Clean Living Area	T1019
0306	Med Rel HC Tasks: Iron/Mend	T1019
0307	Med Rel HC Tasks: Laundry (Home/Off Site)	T1019
0308	Med Rel HC Tasks: Make Bed/Change Linens	T1019
0309	Med Rel HC Tasks: Meals/Dishes	T1019
0310	Med Rel HC Tasks: Shop/Errands/Correspond	T1019

Task ID	Task Description	Service
0311	Med Rel HC Tasks: Trash	T1019
0312	Med Rel HC Tasks: Wash Windows/Blinds	T1019
0313	Mobility/Transfer/Position	T1019
0314	Self Admin of Meds	T1019
0315	Toileting	T1019
0400	Aseptic Dressings	T1019 TF
0401	Asst Trans Device (Advanced Personal Care)	T1019 TF
0402	Bowel Program	T1019 TF
0403	Catheter Hygiene (Advanced Personal Care)	T1019 TF
0404	Non-Injectable Meds	T1019 TF
0405	Ostomy Hygiene (Advanced Personal Care)	T1019 TF
0406	Passive ROM (Advanced Personal Care)	T1019 TF
0500	Asst. Trans Device (Consumer Directed Model)	T1019 U2, T1019 U6
0501	Asst. with Toileting	T1019 U2, T1019 U6
0502	Bathing (Consumer Directed Model)	T1019 U2, T1019 U6
0503	Bowel/Bladder Routine	T1019 U2, T1019 U6
0504	Catheter Hygiene (Consumer Directed Model)	T1019 U2, T1019 U6
0505	Change Linens	T1019 U2, T1019 U6
0506	Clean Bath (Consumer Directed Model)	T1019 U2, T1019 U6
0507	Clean Floors	T1019 U2, T1019 U6
0508	Clean Kitchen (Consumer Directed Model)	T1019 U2, T1019 U6
0509	Clean/Maintain Equipment	T1019 U2, T1019 U6
0510	Dressing/Grooming (Consumer Directed Model)	T1019 U2, T1019 U6
0511	Essential Correspond (Consumer Directed Model)	T1019 U2, T1019 U6
0512	Essential Transportation	T1019 U2, T1019 U6
0513	Laundry (Home)	T1019 U2, T1019 U6
0514	Laundry (Off Site)	T1019 U2, T1019 U6
0515	Make Bed	T1019 U2, T1019 U6
0516	Meal Prep/Eating	T1019 U2, T1019 U6

Task ID	Task Description	Service
0517	Medications	T1019 U2, T1019 U6
0518	Mobility/Transfer	T1019 U2, T1019 U6
0519	Ostomy Hygiene (Consumer Directed Model)	T1019 U2, T1019 U6
0520	Passive ROM (Consumer Directed Model)	T1019 U2, T1019 U6
0521	Tidy and Dust	T1019 U2, T1019 U6
0522	Trash (Consumer Directed Model)	T1019 U2, T1019 U6
0523	Treatments	T1019 U2, T1019 U6
0524	Turning/Positioning	T1019 U2, T1019 U6
0525	Wash Dishes	T1019 U2, T1019 U6

Appendix 5: Valid Time Zone

Time Zone Code	Daylight Savings Time Observed?
US/Alaska	Active
US/Aleutian	Active
US/Arizona	Inactive
US/Central	Active
US/East-Indiana	Active
US/Eastern	Active
US/Hawaii	Inactive
US/Indiana-Starke	Active
US/Michigan	Active
US/Mountain	Active
US/Pacific	Active
US/Samoa	Inactive
America/Indiana/Indianapolis	Active
America/Indiana/Knox	Active
America/Indiana/Marengo	Active
America/Indiana/Petersburg	Active
America/Indiana/Vevay	Active
America/Indiana/Vincennes	Active
America/Puerto Rico	Active
Canada/Atlantic	Active
Canada/Central	Active
Canada/East-Saskatchewan	Inactive
Canada/Eastern	Active
Canada/Mountain	Active
Canada/Newfoundland	Active
Canada/Pacific	Active

Time Zone Code	Daylight Savings Time Observed?
Canada/Saskatchewan	Active
Canada/Yukon	Active

Appendix 6: State Abbreviations

State	Abbreviation
Alabama	AL
Alaska	AK
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
Washington, DC	DC
Delaware	DE
Florida	FL
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nevada	NV
New Hampshire	NH

State	Abbreviation
New Jersey	NKJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WOI
Wyoming	WY

Appendix 7: Exception Codes

Exception Code	Exception	Fix or Acknowledge
0	Unknown Client	FIX
1	Unknown Employee	FIX
23	Missing Service	FIX
2	Visits Without Any Calls	FIX
3	Visits Without In-Call	FIX
4	Visits Without Out Call	FIX
10	Missing Task (if required)	FIX
44	Visit Memo Requirement Not Met	FIX