

# AHCCCS E.V.V.

## ELECTRONIC VISIT VERIFICATION Frequently Asked Questions (FAQ)

### Telehealth | December 2020 | *Revised*

*What services subject to EVV are allowed to be provided via telehealth?*

The following is a list of service codes subject to EVV including an outline of whether or not telehealth is allowed on a permanent basis, temporary basis or not allowed at all.

**Temporary - Telephonic service delivery** is allowable on a temporary basis to be provided telephonically starting on dates of service March 17, 2020 until the end of the COVID-19 declared emergency. A full list of the codes temporarily allowed to be provided telephonically may be found [here](#).

**Permanent - Telephonic service delivery** has been allowable prior to the COVID-19 declared emergency and will continue to be available after the end of the emergency. A full list of the codes permanently allowed to be provided telephonically may be found [here](#).

**Permanent - Combined audio/visual service delivery** has been allowable prior to the COVID-19 declared emergency and will continue to be available after the end of the emergency. A full list of the codes permanently allowed to be provided with combined audio/visual delivery may be found [here](#) under the Reference Extracts entitled “Telehealth Code Set.”

EVV Services: Personal Care Services		Telephonic	Combined Audio/Visual
Service	HCPCS Code	Permanent, Temporary or Not Allowed	Permanent, Temporary or Not Allowed
Attendant Care	S5125	Not Allowed	Not Allowed
Companion Care	S5135	Not Allowed	Not Allowed
Habilitation	T2017	Temporary	Permanent
Homemaker	S5130	Not Allowed	Not Allowed

EVV Services: Home Health Services		Telephonic	Combined Audio/Visual
Service	HCPCS Code	Permanent, Temporary or Not Allowed	Permanent, Temporary or Not Allowed
Personal Care	T1019	Not Allowed	Not Allowed
Respite	S5150 or S5151	Not Allowed	Not Allowed
Skills Training and Development	H2014	Permanent	Permanent
Home Health Aide	T1021	Not Allowed	Not Allowed
Nursing	G0299 and G0300	Not Allowed	Not Allowed
Occupational Therapy	G0152 and S9129	Not Allowed	Not Allowed
Physical Therapy	G0151 and S9131	Not Allowed	Not Allowed
Private Duty Nursing (continuous nursing services)	S9123 and S9124	Not Allowed	Not Allowed
Respiratory Therapy	S5181	Not Allowed	Not Allowed
Speech Therapy	G0153 and S9128	Not Allowed	Not Allowed

In summary, the following services subject to EVV are allowed to be provided via tele-health as outlined below:

**Habilitation (T2017)** is allowed to provide services via telephone on a temporary basis and via combined audio/visual service delivery on a permanent basis.

**Skills Training and Development (H2014)** is allowed to be provided both via telephone and via combined audio/visual service delivery on a permanent basis.

*Is EVV required for services provided through telehealth (telephonic or combined audio/visual) service delivery?*

In order to make a determination whether or not EVV is required, the provider must refer to the requirements for identifying the Place of Service (POS) when providing telehealth services. A summary of those requirements for T2017 and H2014 is provided below.

**Habilitation (T2017) - Telephonic Service Delivery (Temporarily Allowable)**

1. Providers need to bill using the UD modifier
2. The POS is determined by the location of the member during service delivery.
3. If the member is either at home (POS 12) or in the community (POS 99), EVV is required.

**Habilitation (T2017) - Combined Audio/Visual Service Delivery (Permanently Allowable)**

1. Providers need to bill using the GT modifier
2. The POS is determined by the location of the member during service delivery.
3. If the member is either at home (POS 12) or in the community (POS 99), EVV is required.

**Skills Training and Development (H2014) - Telephonic Service Delivery (Permanently Allowable)<sup>1</sup>**

1. The POS that must be used is POS 02
2. EVV is not required.

**Skills Training and Development (H2014) - Combined Audio/Visual Service Delivery (Permanently Allowable)**

1. Providers need to bill using the GT modifier
2. The POS is determined by the location of the member during service delivery.
3. If the member is either at home (POS 12) or in the community (POS 99), EVV is required.

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<sup>1</sup> The reference to the use of the UD Modifier was removed.

*How does EVV work for telehealth service delivery when the member and the provider are at two different locations? How do we document the location of service delivery?*

AHCCCS is recommending providers use the mobile application or smartphone device for telehealth visits.

**Sandata System Users:**

Providers should follow the same procedures for signing in and out of a service visit with a few exceptions. The phone will record the location of the provider via a GPS ping when the provider clocks in and out. When clocking out the provider will need to indicate that the member is unable to verify and should also add a note in the area provided that the service was delivered via tele-health. A visit exception (Client Signature) will be triggered because the member did not verify service delivery. In visit maintenance, the provider agency will need to apply the appropriate reason code (Member/Designee Unavailable to Verify) and add "Telehealth visit" in a memo field.

**Alternate System Users:**

If you are using an Alternate EVV Vendor, the vendor will have a similar process for resolving the "Client Signature" exception with the reason code (Member/Designee Unavailable to Verify) and add "Telehealth visit" in a memo field. The vendor may have other/different functionality specific to documenting or resolving the location of service delivery since the provider and the member are in two different locations.

*Why is AHCCCS requiring EVV for telehealth services? Shouldn't these services be exempt?*

The broad intent of the 21st Century Cures Act is to require EVV for services that members receive in their home or in the community. AHCCCS contends that telehealth services are still subject to EVV even though the provider and caregiver may be in two different locations. Location is only one data element required to be recorded through an EVV system. If the services and places of service are listed on AHCCCS webpage ([www.azahcccs.gov/EVV](http://www.azahcccs.gov/EVV)), they are subject to EVV regardless of whether or not they are provided through telehealth delivery.

Note: It is always incumbent upon providers to make sure they are up to date with telehealth coding criteria. Providers can use the following references to ensure coding practices are compliant.

1. COVID-19 Coding and Billing Information

(<https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html#COVID19>)

2. Complete telehealth list

([https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/TelehealthCodeSet\\_COVID.xlsx](https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/TelehealthCodeSet_COVID.xlsx))