

Missouri Department of Social Services EVV Vendor Specification v6.0

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Version Update

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	06/23/2023

V4.2	Tessie Austin		Added Visit Memo Requirement to Services	
			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 descriptions that were missing information/cut off	08/03/2023
V6.0	Tessie Austin		Approved by state	08/08/2023

EVV Vendor Data Transmission Interface

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

Base Version

7.14

EVV Vendor Interface Transmission Guidelines

File Format	JSON
File Delimiter	not applicable
Headers	not applicable
File Extension	not applicable
File Encryption	Delivery to occur over secure HTTPS connection
Control File	not applicable
RESTful API Endpoint(s)	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
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.

File Delivery Notes

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.

Please 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.		[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
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.		[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 by 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.	Client DCN (Departmental Client Number assigned by MO); exactly 8 digits including leading 0s	Client DCN (Departmental Client Number assigned by MO); exactly 8 digits 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 for an employee.	Coordinator Identifier	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	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	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	be populated. Not required if ClientOtherID sent. Numbers only, no dashes and leading zeros must be included. May be required if needed for billing. Format #####	DO NOT PROVIDE	DO NOT PROVIDE; value will be stored if provided
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 String match = Yes No Can be NULL Default = No
ClientAddress	Required segment. At least one record for each client is required for the program.		[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"
ClientAddressesPrimary	One address must be designated as primary by sending True. Additional addresses will be False. Values: True/False	"False"	String match = "True" "False"

Element	Description	Expected Value	Validation Rule
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 <under score> . ' - # , / space supported
ClientAddressLine2	Street address line 2 associated with this address.	Address Line 2	Max Length 30 Can be NULL Special Characters <under score> . ' - # , / 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: 2 char standard US state abbreviation
ClientZip	Zip Code associated with this address. 9-digit primary address zip code. If additional 4 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
ClientAddressLatitude	Calculated for each address.	DO NOT PROVIDE	DO NOT PROVIDE
ClientPhone	<i>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.</i>		[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	<i>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.</i>	<i>Supplied here for legacy / multi-state vendor interfaces. Does not need to be provided for this program.</i>	[DO NOT PROVIDE]
ClientDesignee	<i>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.</i>		[DO NOT PROVIDE]

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. 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'.

Element	Description	Expected Value	Validation Rule
ProviderIdentification	<i>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.</i>		[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	9 digit with no alpha characters
Employee General Information	<i>Required data in the body of the transmission. This segment provides the basic information about the employee.</i>		[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
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
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

Visit Data Endpoint

Please 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.

Element	Description	Expected Value	Validation Rule
ProviderIdentification	<i>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.</i>		[Required]

Element	Description	Expected Value	Validation Rule
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	9 digit with no alpha characters
Visit General Information	<i>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 Visit</i>		[Required]
VisitOtherID	Visit identifier in the external system	Visit Identifier	Max Length 50 Special Character <under score> 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: EmployeeSSN, EmployeeRegID, EmployeeCustomID.	"EmployeeCustomID"	String match = "EmployeeCustomID"
EmployeeOtherID	Unique employee identifier in the external system, if any.	Vendor Identifier	Max Length 64 Special Character <under score> supported
EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received Family Care Safety Registry Number; 8 digits including Third Party EVV information with the payer information provided and should leading 0's be defined as the same value.		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 <under score> 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 all Medicaid activities.	Client DCN (Departmental Client Number assigned by 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 <under score> 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 would be mapped to the associated service.	HCPCS code column	See Services + Modifiers Appendix 2
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. 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. Otherwise do not provide a value for this element.	Adjusted Out Date/Time	Max Length 20 Can be NULL FORMAT: YYYY-MM-DDTHH:MM:SSZ
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. 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 <under score> . ' - , 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 EVV Vendor system set this value to False.	"True" "False"	String match = "True" "False" Can be NULL
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. Lack of schedule is on an exception basis.	DO NOT PROVIDE	DO NOT PROVIDE

Element	Description	Expected Value	Validation Rule
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	<i>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.</i>		[Optional]
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 <under score> supported
CallType	The type of device used to create the event. Any call with GPS data collected should be identified as Mobile. FVV should be used for any type of fixed visit verification device. Visit Changes segment is required for CallType = Manual.	"Telephony" "Mobile" "FW" "Manual" "Other"	String match = Telephony Mobile FVV Manual Other
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 <under score> 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 2 primary.15 digit precision Can be NULL Decimal format with (-)XX.XXXXXXXXXXXXXXX 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.XXXXXXXXXXXXXXX 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
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	<i>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.</i>		<i>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.</i>
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 could be a system identifier for the user or an email. Could also be a system process, in which case it should be identified.	Unique Identifier of Change Agent	Max Length 64 No Special Characters
ChangeDateTime	Date and time when change is made. At least to the second.	Date and Time When Change is Made	Max length 20 Can be NULL 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 <under score> 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 Indicated 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	<i>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</i>		[Conditional]

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 See Task ID column this visit. Please reference the task id that is associated with the service in the Task List Appendix.	See Task List Appendix
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Element	Description	Expected Value	Validation Rule
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
	[DO NOT PROVIDE]	[DO NOT PROVIDE]	
VisitExceptionAcknowledgement			[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

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Appendix 1: Payers + Programs

Payer ID	Program/Waiver Name	Program ID	Programs & 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 + Modifier

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service Description	Task Required	Visit Memo Requirement
MOBCBS	BCBSHH	92521	EP				MOBCBS - Evaluation of speech fluency (HCY)	No	No
MOBCBS	BCBSHH	92522	EP				MOBCBS - Evaluation of speech sound production(HCY)	No	No
MOBCBS	BCBSHH	92523	EP				MOBCBS-Eval of speech sound prod w/language comp/expression-HCY	No	No
MOBCBS	BCBSHH	92524	EP				MOBCBS- Behavioral/qualitative analysis of voice/resonance (HCY)	No	No
MOBCBS	BCBSHH	97161	EP				MOBCBS - PT Evaluation through (HCY) Low Complexity	No	No
MOBCBS	BCBSHH	97162	EP				MOBCBS - PT Evaluation through (HCY) Moderate Complexity	No	No
MOBCBS	BCBSHH	97163	EP				MOBCBS - PT Evaluation through (HCY) High Complexity	No	No
MOBCBS	BCBSHH	97164	EP				MOBCBS - PT Re-Evaluation Establish Plan of Care	No	No
MOBCBS	BCBSHH	97165	EP				MOBCBS - OT Evaluation through (HCY) Low Complexity	No	No
MOBCBS	BCBSHH	97166	EP				MOBCBS - OT Evaluation through (HCY) Moderate Complexity	No	No
MOBCBS	BCBSHH	97167	EP				MOBCBS - OT Evaluation through (HCY) High Complexity	No	No
MOBCBS	BCBSHH	99501					MOBCBS - Maternity Post Discharge Home Visit	No	No
MOBCBS	BCBSHH	G0151	96				MOBCBS - PT by a Physical Therapist (HAB)	No	No
MOBCBS	BCBSHH	G0151	EP				MOBCBS - PT by a Physical Therapist (HCY)	No	No
MOBCBS	BCBSHH	G0151	SC				MOBCBS - PT by a Physical Therapist (MedNec)	No	No
MOBCBS	BCBSHH	G0151					MOBCBS - PT by a Physical Therapist	No	No
MOBCBS	BCBSHH	G0152	96				MOBCBS - OT by a Occupational Therapist (HAB)	No	No
MOBCBS	BCBSHH	G0152	EP				MOBCBS - OT by a Occupational Therapist (HCY)	No	No
MOBCBS	BCBSHH	G0152	SC				MOBCBS - OT by a Occupational Therapist (MedNec)	No	No
MOBCBS	BCBSHH	G0152					MOBCBS - OT by a Occupational Therapist	No	No
MOBCBS	BCBSHH	G0153	96				MOBCBS - ST by a Speech and Language Pathologist (HAB)	No	No
MOBCBS	BCBSHH	G0153					MOBCBS - ST by a Speech and Language Pathologist	No	No
MOBCBS	BCBSHH	G0153	EP				MOBCBS - ST by a Speech and Language Pathologist (HCY)	No	No
MOBCBS	BCBSHH	G0153	SC				MOBCBS - ST by a Speech and Language Pathologist (MedNec)	No	No
MOBCBS	BCBSHH	G0156	EP				MOBCBS - HH Aide Services (HCY)	No	No
MOBCBS	BCBSHH	G0156					MOBCBS - HH Aide Services	No	No
MOBCBS	BCBSHH	G0157	96				MOBCBS - PT by a PTA (HAB)	No	No

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service Description	Task Required	Visit Memo Requirement
MOBCBS	BCBSHH	G0157	EP				MOBCBS - PT by a PTA (HCY)	No	No
MOBCBS	BCBSHH	G0157	SC				MOBCBS - PT by a PTA (MedNec)	No	No
MOBCBS	BCBSHH	G0157					MOBCBS - PT by a PTA	No	No
MOBCBS	BCBSHH	G0158	96				MOBCBS - OT by an OT Assistant (HAB)	No	No
MOBCBS	BCBSHH	G0158	EP				MOBCBS - OT by an OT Assistant (HCY)	No	No
MOBCBS	BCBSHH	G0158	SC				MOBCBS - OT by an OT Assistant (MedNec)	No	No
MOBCBS	BCBSHH	G0158					MOBCBS - OT by an OT Assistant	No	No
MOBCBS	BCBSHH	G0159	96				MOBCBS - PT Maintenance by a PT (HAB)	No	No
MOBCBS	BCBSHH	G0159	EP				MOBCBS - PT Maintenance by a PT (HCY)	No	No
MOBCBS	BCBSHH	G0159	SC				MOBCBS - PT Maintenance by a PT (MedNec)	No	No
MOBCBS	BCBSHH	G0159					MOBCBS - PT Maintenance by a PT	No	No
MOBCBS	BCBSHH	G0160	SC				MOBCBS - OT Maintenance by a OT (MedNec)	No	No
MOBCBS	BCBSHH	G0160					MOBCBS - OT Maintenance by a OT	No	No
MOBCBS	BCBSHH	G0160	96				MOBCBS - OT Maintenance by a OT (HAB)	No	No
MOBCBS	BCBSHH	G0160	EP				MOBCBS - OT Maintenance by a OT (HCY)	No	No
MOBCBS	BCBSHH	G0161	96				MOBCBS - ST Maintenance by a ST (HAB)	No	No
MOBCBS	BCBSHH	G0161	EP				MOBCBS - ST Maintenance by a ST (HCY)	No	No
MOBCBS	BCBSHH	G0161	SC				MOBCBS - ST Maintenance by a ST (MedNec)	No	No
MOBCBS	BCBSHH	G0161					MOBCBS - ST Maintenance by a ST	No	No
MOBCBS	BCBSHH	G0162	EP				MOBCBS-Skilled Nursing by RN for Mgmt and Eval of the POC (HCY)	No	No
MOBCBS	BCBSHH	G0162					MOBCBS - Skilled Nursing by a RN for Mgmt and Eval of the POC	No	No
MOBCBS	BCBSHH	G0299	EP				MOBCBS - Direct Skilled Nursing by a RN (HCY)	No	No
MOBCBS	BCBSHH	G0299					MOBCBS - Direct Skilled Nursing by a RN	No	No
MOBCBS	BCBSHH	G0300	EP				MOBCBS - Direct Skilled Nursing by a LPN (HCY)	No	No
MOBCBS	BCBSHH	G0300					MOBCBS - Direct Skilled Nursing by a LPN	No	No
MOBCBS	BCBSHH	T1001	EP				MOBCBS - Skilled Nurse Evaluation Visit through HCY	No	No
MOBCBS	MOBCBS	T1019					MOBCBS - 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	DDD	T1019	HA				MOCDD - Personal Assistant Individual Agency/Contractor	No	Yes
MODSS	DDD	T1019	HI				COMP - Personal Assistant Individual Agency/Contractor	No	Yes

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service Description	Task Required	Visit Memo Requirement
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
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	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
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	No	No
MODSS	DSDS	T1019					DSDS - Personal Care	Yes	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

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service Description	Task Required	Visit Memo Requirement
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

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service Description	Task Required	Visit Memo Requirement
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	SHCN	S5125	U5				MFAW - Waiver Attendant Care	No	No
MODSS	SHCN	T1019	HB				BIW - Personal Care Assistant	No	No
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
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

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service Description	Task Required	Visit Memo Requirement
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

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service Description	Task Required	Visit Memo Requirement
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	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	T1001	EP				MOHSH - Skilled Nurse Evaluation Visit through HCY	No	No
MOHSH	MOHSH	T1019					MOHSH - Personal Care Assistant	No	No
MOUHC	MOUHC	T1019					MOUHC - Personal Care Assistant	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

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service Description	Task Required	Visit Memo Requirement
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

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Service Description	Task Required	Visit Memo Requirement
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	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	T1001	EP				MOUHC - Skilled Nurse Evaluation Visit through HCY	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
999	Other	YES

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
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
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

Task ID	Task Description	Service
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-Injectible 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
0501	Asst. with Toileting	T1019 U2
0502	Bathing (Consumer Directed Model)	T1019 U2
0503	Bowel/Bladder Routine	T1019 U2
0504	Catheter Hygiene (Consumer Directed Model)	T1019 U2
0505	Change Linens	T1019 U2
0506	Clean Bath (Consumer Directed Model)	T1019 U2
0507	Clean Floors	T1019 U2
0508	Clean Kitchen (Consumer Directed Model)	T1019 U2
0509	Clean/Maintain Equipment	T1019 U2
0510	Dressing/Grooming (Consumer Directed Model)	T1019 U2
0511	Essential Correspond (Consumer Directed Model)	T1019 U2
0512	Essential Transportation	T1019 U2
0513	Laundry (Home)	T1019 U2
0514	Laundry (Off Site)	T1019 U2
0515	Make Bed	T1019 U2
0516	Meal Prep/Eating	T1019 U2
0517	Medications	T1019 U2
0518	Mobility/Transfer	T1019 U2
0519	Ostomy Hygiene (Consumer Directed Model)	T1019 U2
0520	Passive ROM (Consumer Directed Model)	T1019 U2
0521	Tidy and Dust	T1019 U2
0522	Trash (Consumer Directed Model)	T1019 U2
0523	Treatments	T1019 U2
0524	Turning/Positioning	T1019 U2
0525	Wash Dishes	T1019 U2

Appendix 5: Valid Time Zones

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
Canada/Saskatchewan	Active
Canada/Yukon	Active

Appendix 6: US State Abbreviations

US State	State Abbreviation	US State	State Abbreviation
Alabama	AL	Nebraska	NE
Alaska	AK	Nevada	NV
Arizona	AZ	New Hampshire	NH
Arkansas	AR	New Jersey	NJ
California	CA	New Mexico	NM
Colorado	CO	New York	NY
Connecticut	CT	North Carolina	NC
Delaware	DE	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	Utah	UT
Maine	ME	Vermont	VT
Maryland	MD	Virginia	VA
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	WI
Mississippi	MS	Wyoming	WY
Missouri	MO		
Montana	MT		

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