



North Dakota DHS HHCS Claims Validation Addendum v1.1

Addendum to Claims Validation Specification 7.13

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Version Update

Version	Name	Title	Changes	Date
V0.1	John Kalivas	Senior Director, Payer Solutions	Initial Draft to match to ND business rules	02.03.2021
V0.2	Jason Feder	Director, System Integration Testing	Revision to match to ND business rules clarification	
V0.3	Clella Newcomb	Director, Implementation Services	Clarifying statements for valid values and updates to service code descriptions	05.12.2021
V0.4	Clella Newcomb	Director, Implementation Services	Clarify Descriptions for Units and MatchingRule elements update footer	10.06.2021
V1.0	Michael Buerger	Technical Account Manager	Updated Appendices to include HHCS Payer and Programs and additional PCS services and modifiers Validated Units Rule = Add Units	02.23.2023
V1.1	A. Fong	Technical Account Manager	Updated Services and Modifiers. Update to formatting surrounding change, file name, cover page, version history and footer. ZD#575209.	03.19.2024/3.29.24

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1 Overview

This addendum should be used along with the generic specification for Claims Validation, as it provides customer specific values and formats that will be required for the request and will be returned as part of the claim’s validation process.

1.1 Intended Audience

The intended audience of this document is:

- Project Management and Technical teams at Sandata.
- Project Management and Technical teams at State of North Dakota who will be implementing this interface.

1.2 Claims Validation Transmission Guidelines

There are two processes by which the claims interface will receive requests: real-time RESTful API or batched files. This implementation will utilize the RESTful API for claims validation matching logic.

2 Transaction Layout

Reference the generic specification for a listing of all the fields that will be included in the claim’s validation request and response services. The data utilized in this interface will mirror the program specific data captured on intake interfaces and via other means, such as the EVV user interface.

This addendum should be utilized to reference program specific values and formats for North Dakota Medicaid that will be included in the full claim’s validation interface.

Required Segment Definitions:

- Data segments may be required or optional. When sending data included in a particular segment, all required fields must be provided.
- If a data segment is optional and will not be sent, you may disregard all data fields including those that are required. The concept of required fields only applies when any given data segment is being sent to Sandata.

2.1 Claims Request Data Points

NOTE: ALL elements are REQUIRED to be provided, with exception of Units (which has a conditional rule noted in the description).

Daims ValidationData Transmission Interface

DRAFT

This interface supplies the delivery mechanisms and the data layout / structure necessary to provide externally sourced 837 billing data to the Sandata systems for validation.

Base Version 7.13

Claims Validation Interface Transmission Guidelines

File Format RESTful API

Claims Request Data Endpoint	NOTE: ALL elements are REQUIRED to be provided, with exception of Units (which has a conditional rule noted in the description).			
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Element	Description	Expected Value	Validation Rule	Required (Y/N)
BusinessEntityMedicaidIdentifier	Unique identifier for the provider. Each individual request must include the business entity Medicaid identifier or value agreed to between the payer and Sandata. It is assumed that for real time transactions, the ID will always be the same within a single batch. For batch files, they can vary per transaction.	Provider ID	7 min and max length All Numeric (#####)	Yes
RequestType	Model1 = Single Visit Model2 = Visits – Detail for each visit found returned Model3 = Rolled-up Single summarized response returned	"Model3" Note the program is not restricted to Model3	String match = See description for list of valid values Note the program is not restricted to Model3	Yes
BatchID	Unique identifier for the group of requests. Created and assigned by the Payer. IDs cannot be reused within a payer. These IDs do not recycle nor do they have a life-span. For REST API, must be the same for every request included in a single call to the API. For Batch API, records will only be processed if they match the BatchID provided in the control file.	Batch ID	Max Length 19 Numeric digits only	Yes
TransactionID	Unique identifier for the request generated by Payer IDs cannot be reused within the same batch (BatchID).	Transaction ID	Max Length 19 Numeric digits only	Yes
Payer	Identifier for the Payer sending the request. Value will be assigned to the payer by Sandata.	ND	See Appendix 1 for valid values	Yes
ICN	The assigned Claim Identifier or Internal Control Number (ICN) is a unique value assigned to every claim in order to distinguish it from all other claims received by the system.	ICN	Max Length 30 Cannot be NULL No Special Characters	Yes
DLN	Detail Line Number. A sequential and unique line number of each detail line within the claim.	DLN	Max Length 30 Cannot be NULL No Special Characters	Yes
ProviderQualifier	Identifier type for the provider invoicing ID. Possible values: SandataID, NPI, API, MedicaidID, TaxID, Taxonomy, Legacy, VendorID, Other.	MedicaidID	String Match = MedicaidID	Yes
ProviderID	Identifier sent must be paired with the ProviderQualifier for invoicing.	Provider ID	7 min and max length All Numeric (#####)	Yes

PatientQualifier	Defines what ID is being sent for the Client. Values include: MedicaidID, PayerID (custom identifier associated with the payer for the client).	MedicaidID	String Match = MedicaidID	Yes
PatientID	Identifier for the client. Must be paired with the PatientQualifier.	9 min and max length All values start with ND followed by 7 numbers (ND#####)	9 min and max length All values start with ND followed by 7 numbers (ND#####)	Yes
ServiceStartDate	The date when the services started.	Service start date	Max Length 10 FORMAT: YYYY-MM-DD	Yes
ServiceEndDate	If there is a range of dates that are being requested, the last start date of the service and must be greater than the 'ServiceStartDate'. Otherwise, this will be assumed to be equal to the start date of service "ServiceStartDate". Note that requesting more than one day in a request has the potential to substantially increase processing time. It is recommended that the range be limited to no more than 31 days.	Service end date	Max Length 10 FORMAT: YYYY-MM-DD	Yes
ProcedureCode	Service identifier / HCPCS Code. Code used for billing the procedure.	HCPCS	See Appendix 2 HCPCS Code for valid values. All value not defined in Appendix two will cause the transaction to reject	Yes
Units	Units requested by and being returned to the adjudication system, see the table below with the unit calculation rules as applied. Value can handle a fraction with up to 2 decimal places format #####.##. Decimal place and the decimal values are optional. NOTE: Units are required if the request requires units for matching purposes.	Billed Units	Numeric only	Required
UnitsRule	Valid for models 2 and 3. Whether units should be calculated for individual visits and added or units should be calculated based on the total time of all visits. AddUnits = Individual visit units added together then evaluated against the request. AddTime= Add together total time for all visits found then calculate the total units to compare to the request.	AddUnits	See description for list of valid values	Yes
Modifier1	Modifiers indicate the order to associate with the visit. This field can also be used to identify if this is considered a group visit, if applicable. Note that modifiers can be provided in any order, but it is assumed that they will be provided in Modifier1, then Modifier2, etc. It is not expected that one of the modifiers in sequence will be missing (e.g. provide Modifier1 and Modifier3 with Modifier2 null).	Modifier 1	See Appendix 2 Modifier columns for valid values. All value not defined in Appendix two will cause the transaction to reject	Conditional

Modifier2	Modifiers indicate the order to associate with the visit. This field can also be used to identify if this is considered a group visit, if applicable. Note that modifiers can be provided in any order, but it is assumed that they will be provided in Modifier1, then Modifier2, etc. It is not expected that one of the modifiers in sequence will be missing (e.g. provide Modifier1 and Modifier3 with Modifier2 null).	Modifier 2	See Appendix 2 Modifier columns for valid values. All value not defined in Appendix two will cause the transaction to reject	Conditional
Modifier3	Modifiers indicate the order to associate with the visit. This field can also be used to identify if this is considered a group visit, if applicable. Note that modifiers can be provided in any order, but it is assumed that they will be provided in Modifier1, then Modifier2, etc. It is not expected that one of the modifiers in sequence will be missing (e.g. provide Modifier1 and Modifier3 with Modifier2 null).	Modifier 3	See Appendix 2 Modifier columns for valid values. All value not defined in Appendix two will cause the transaction to reject	Conditional
Modifier4	Modifiers indicate the order to associate with the visit. This field can also be used to identify if this is considered a group visit, if applicable. Note that modifiers can be provided in any order, but it is assumed that they will be provided in Modifier1, then Modifier2, etc. It is not expected that one of the modifiers in sequence will be missing (e.g. provide Modifier1 and Modifier3 with Modifier2 null).	Modifier 4	See Appendix 2 Modifier columns for valid values. All value not defined in Appendix two will cause the transaction to reject	Conditional
MatchingRule	When finding visits, whether the units should be matched exactly. Three possible options: <ul style="list-style-type: none">ExactMatch – Return exact matched visit(s) only.EqualOrGreaterThan – Return visit(s) if total units are equal to or greater than the value requested.ExcludeUnits – Return all visits matching other criteria regardless of total units. Note that if the user is looking for a single visit and the exact match is set to EqualOrGreaterThan or ExcludeUnits, the system will return the visit with the units that are closest to the units requested that has not already been returned. If all visits have already been returned, the same cycling logic will be used as for ExactMatch.	"EqualOrGreaterThan"	String match = "EqualOrGreaterThan" "ExactMatch" "ExcludeUnits" Note the program is not restricted to EqualOrGreaterThan	Yes

Claims Response Data Points			
Element	Description	Expected Value	Validation Rule
BusinessEntityMedicaidIdentifier	The response will return the same value that was received in the request.	Provider ID	7 min and max length All Numeric (#####)
RequestType	The response will return the same value that was received in the request.	Model3	String = Model3



BatchID	The response will return the same value that was received in the request.	Batch ID	BatchID
TransactionID	The response will return the same value that was received in the request.	Transaction ID	Unique identifier for the request
Payer	The response will return the same value that was received in the request.	ND	See Appendix 1 for valid values.
ICN	The response will return the same value that was received in the request.	ICN	N/A
DLN	The response will return the same value that was received in the request.	DLN	N/A
ProviderQualifier	The response will return the same value that was received in the request.	MedicaidID	String Match = MedicaidID
ProviderID	The response will return the same value that was received in the request.	Provider ID	7 min and max length All Numeric (#####)
PatientQualifier	Defines what ID is being sent for the Client. Exact value to be determined during implementation. Accepted Values: MedicaidID – Client Medicaid ID. This will look at BOTH the Client Medicaid ID and Client Alternate ID for a matching value. PayerID – The custom identifier associated with the payer for the Client. The response will return the same value that was received in the request.	MedicaidID	String Match = MedicaidID
PatientID	Exact value to be determined during implementation. Identifier sent must be paired with the PatientQualifier. The response will return the same value that was received in the request.	9 min and max length All values start with ND followed by 7 numbers (ND#####)	9 min and max length All values start with ND followed by 7 numbers (ND#####)
ServiceStartDate	The response will return the same value that was received in the request.	Start Date for Claim	FORMAT: YYYY-MM-DD
ServiceEndDate	If there is a range of dates that are being requested, the last start date of service. Otherwise, this will be assumed to be equal to the start date of service “ServiceStartDate”.	End Date for Claim	FORMAT: YYYY-MM-DD
ProcedureCode	The response will return the same value that was received in the request.	HCPCS	See Appendix 2 HCPCS Code for valid values. All value not defined in Appendix

			2 will cause the transaction to reject
Units	Units calculated for the visit(s) being returned. For model 2, each visit provided will include the calculated units for that visit. For model 3 this will be the total units for all visits based on the units rule.	Billed Units	Numeric only
UnitsRule	The response will return the same value that was received in the request.	AddUnits	See description for list of valid values
Modifier1	The response will return the same value that was received in the request.	Modifier 1	See Appendix 2 Modifier columns for valid values. All value not defined in Appendix two will cause the transaction to reject
Modifier2	The response will return the same value that was received in the request.	Modifier 2	See Appendix 2 Modifier columns for valid values. All value not defined in Appendix two will cause the transaction to reject
Modifier3	The response will return the same value that was received in the request.	Modifier 3	See Appendix 2 Modifier columns for valid values. All value not defined in Appendix two will cause the transaction to reject
Modifier4	The response will return the same value that was received in the request.	Modifier 4	See Appendix 2 Modifier columns for valid values. All value not defined in Appendix two will cause the transaction to reject
MatchingRule	The response will return the same value that was received in the request.	EqualOrGreaterThan	String = ExactMatch EqualOrGreaterThan ExcludeUnits
AdjInDateTime	The value returned will be the visit's in time. If the in time has been adjusted, the Adjusted In will be returned. If the time has not been adjusted, the actual in call will be returned. NOTE: This value will be omitted for model 3.	N/A	Not included in Model3
AdjOutDateTime	The value returned will be the visit's out time. If the in time has been adjusted, the Adjusted Out will be returned. If the time has not been adjusted, the actual out call will be returned. NOTE: This value will be omitted for model 3.	N/A	Not included in Model3

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DetailsReason	This field will contain the details for the failure. Only the first edit reason for the failure will be returned.	<p>This field will contain the details for the failure. Only the first edit reason for the failure will be returned.</p> <p>If Details is set to "Incorrectly formatted batch", then possible values Include:</p> <p>"Duplicate BatchID"</p> <p>"Duplicate TransactionID"</p> <p>"Inconsistent BusinessEntityMedicaidID"</p> <p>"Non-Sequential DLN"</p> <p>If Details is set to "Incorrectly formatted record", then possible values Include:</p> <p>"BatchID is Null "</p> <p>"BusinessEntityMedicaidIdentifier is NULL"</p> <p>"Incorrectly formatted record. The BusinessEntityMedicaidIdentifier (%S) is not valid. It must be a String with max length of 50."</p> <p>"TransactionID is NULL"</p> <p>"TransactionID is a negative value"</p> <p>"Incorrectly formatted record. The TransactionID value (%S) is not valid. It must be a positive integer."</p> <p>"ProviderQualifier is NULL"</p> <p>"Incorrectly formatted record. The ProviderQualifier value (%S) is invalid. It must be one of these values (SandataID MedicaidID NPI TaxID)."</p> <p>"ProviderID is NULL"</p> <p>"Incorrectly formatted record. The ProviderID value (%S) is not valid. It must be a String with max length of 64."</p> <p>"Payer is NULL"</p> <p>"ServiceSartDate is NULL"</p> <p>"Incorrectly formatted record. The ServiceStartDate value (%S) is invalid. It must be in yyyy-mm-dd format."</p> <p>"Incorrectly formatted record. ServiceEndDate (%D2) is before ServiceStartDate (%D1)."</p>	String = <detail string related to Incorrectly formatted batch">
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		<p>“Incorrectly formatted record. The gap between ServiceEndDate (%D2) and ServiceStartDate (%D1) is greater than 31 days.”</p> <p>“ProcedureCode is Null”</p> <p>“Incorrectly formatted record. The ProcedureCode value (%S) is invalid. It must be a string up to 5 alphanumeric characters.”</p> <p>“RequestType is NULL”</p> <p>“Incorrectly formatted record. The RequestType (%S)) is invalid. It must be one of these three values (Model1 Model2 Model3).”</p> <p>“UnitsRule is NULL”</p> <p>“Incorrectly formatted record. The UnitsRule value (%S) is invalid. It must be one of these two values (AddUnits AddTime).”</p> <p>“MatchingRule is NULL”</p> <p>“Incorrectly formatted record. The MatchingRule value (%S) is invalid. It must be one of these three values (ExactMatch EqualOrGreaterThan ExcludeUnits).”</p> <p>“Incorrectly formatted record. The Modifier1 value (%S) is invalid. It must be a alphanumeric value with length of two.”</p> <p>“Incorrectly formatted record. The Modifier2 value (%S) is invalid. It must be a alphanumeric value with length of two.”</p> <p>“Incorrectly formatted record. The Modifier3 value (%S) is invalid. It must be a alphanumeric value with length of two.”</p> <p>“Incorrectly formatted record. The Modifier4 value (%S) is invalid. It must be a alphanumeric value with length of two.”</p> <p>“Incorrectly formatted record. The PatientQualifier is null.”</p>	
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		<p>“Incorrectly formatted record. The PatientQualifier value (%S) is invalid. It must be one of these values (MedicaidID PayerID).” “PatientID is NULL” “Incorrectly formatted record. The PatientID value (%S) is not valid. It must be a String with max length of 15.” “ICN is NULL” “Incorrectly formatted record. The ICN value (%S) is not valid. It must be a string with a maximum length of 13, which will be increased to 25 in 8.1.14 release.” “DLN is NULL” “Incorrectly formatted record. The DLN value (%S) is invalid. It must be a positive number up to 99.” “Units is NULL” “Incorrectly formatted record. The Units value (%S) is invalid. It must be a decimal value less than 100000.”</p>	
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Appendices

1 Payers & Programs

PayerID	Program/Waiver Name	Program ID	Program Description
ND	Aging Services	AS	Medicaid State Plan Personal Care HCBS Medicaid waiver Technology Dependent Medicaid waiver National Family Caregiver Support Program Service Payments for Elderly & Disabled (SPED) Expanded-Service Payments for Elderly and Disabled (Ex-SPED)
ND	Medical Services Division	MSD	Medically Fragile Children’s waiver Children’s Hospice waiver Medicaid funded Home Health Services - requiring home visit Autism Spectrum Disorder Birth through Age 14 waiver
ND	Development Disabilities Division	DD	Traditional IID/DD HCBS waiver
ND	Medical Services Division Home Health	MSDHH	Medical Services Division Home Health

2 Services & Modifiers

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
ND	AS	S5108					Nurse Education
ND	AS	S5115					Extended Personal Care
ND	AS	S5115	TD				Extended Personal Care - Nurse
ND	AS	S5120					Chore Labor
ND	AS	S5120	XP				Chore Labor
ND	AS	S5130					Homemaker Services Aging
ND	AS	S5130	XP				Homemaker Services Aging
ND	AS	S5135					Supervision
ND	AS	S5135	TF				Companionship Services
ND	AS	S5135	XP				Supervision
ND	AS	S5150					Respite Aging
ND	AS	S5150	XP				Respite Aging
ND	AS	T1019					Personal Care - Unit
ND	AS	T1019	XP				Personal Care - Unit
ND	AS	T1020					Personal Care - Daily
ND	AS	T2001					Non-medical Transportation
ND	AS	T2001	UC				Non-medical Transportation - escort
ND	AS	T2021					Transitional Living
ND	AS	S5100					Personal Care with Supervision
ND	AS	S5100	XP				Personal Care with Supervision



ND	DD	G0300					Extended Home Health Care - Skilled Nursing - LPN
ND	DD	S5125					In Home Support (provider managed)
ND	DD	S5125	XP				In Home Support (provider managed)
ND	DD	S5126					In Home Support - Self Directed DD
ND	DD	S5130					Homemaker Services DD
ND	DD	S5130	XP				Homemaker Services DD
ND	DD	T2017					Independent Habilitation
ND	DD	S5150					Respite Care
ND	DD	S5150	XP				Respite Care
ND	DD	S5150	UC				Respite Care-AFFC
ND	MSD	G0156					Children's Hospice Respite
ND	MSD	S5126					In Home Support- Self Directed CMF
ND	MSD	S5150					Respite Agency
ND	MSD	T2027					Respite
ND	MSD	G0299					Hospice RN
ND	MSD	G9054					Palliative Care
ND	MSD	Q5001					Hospice
ND	MSD	G0300					Hospice LPN
ND	MSD	G9012					SMOKING CESSATION COUNSELING DEMONSTRATION PROJECT.
ND	MSDHH	G0151					Physical Therapy
ND	MSDHH	G0152					Occupational Therapy
ND	MSDHH	G0153					Speech Therapy
ND	MSDHH	G0299					Skilled Nursing (RN)
ND	MSDHH	G0300					Skilled Nursing (LPN)
ND	MSDHH	G0156					Home Health Aide
ND	MSDHH	G0157					Physical Therapy PTA
ND	MSDHH	G0158					Occupational Therapy OTA
ND	MSDHH	G0159					Physical Therapy Maintenance
ND	MSDHH	G0160					Occupational therapy maintenance program
ND	MSDHH	G0161					Speech Therapy maintenance program
ND	MSDHH	G0495					RN Skilled Services or Education

ND	DD	S5125					In Home Support (provider managed)
ND	DD	S5125	XP				In Home Support (provider managed)
ND	DD	S5126					In Home Support - Self Directed DD
ND	DD	S5130					Homemaker Services DD
ND	DD	S5130	XP				Homemaker Services DD
ND	DD	T2017					Independent Habilitation
ND	MSD	G0156					Children's Hospice Respite
ND	MSD	S5126					In Home Support- Self Directed CMF
ND	MSD	S5150					Respite Agency
ND	MSD	T2027					Respite
ND	MSD	G0299					Hospice RN
ND	MSD	G9054					Palliative Care
ND	MSD	Q5001					Hospice
ND	MSD	G0300					Hospice LPN
ND	MSD	G9012					SMOKING CESSATION COUNSELING DEMONSTRATION PROJECT.
ND	MSDHH	G0151					Physical Therapy
ND	MSDHH	G0152					Occupational Therapy
ND	MSDHH	G0153					Speech Therapy
ND	MSDHH	G0299					Skilled Nursing (RN)
ND	MSDHH	G0300					Skilled Nursing (LPN)
ND	MSDHH	G0156					Home Health Aide
ND	MSDHH	G0157					Physical Therapy PTA
ND	MSDHH	G0158					Occupational Therapy OTA
ND	MSDHH	G0159					Physical Therapy Maintenance
ND	MSDHH	G0160					Occupational therapy maintenance program
ND	MSDHH	G0161					Speech Therapy maintenance program

3 Time Zones

Time Zone Code
US/Alaska
US/Aleutian
US/Arizona
US/Central
US/East-Indiana
US/Eastern
US/Hawaii
US/Indiana-Starke
US/Michigan
US/Mountain
US/Pacific
US/Samoa
America/Indiana/Indianapolis
America/Indiana/Knox
America/Indiana/Marengo
America/Indiana/Petersburg
America/Indiana/Vevay
America/Indiana/Vincennes
America/Puerto_Rico
Canada/Atlantic
Canada/Central
Canada/East-Saskatchewan
Canada/Eastern
Canada/Mountain
Canada/Newfoundland
Canada/Pacific
Canada/Saskatchewan
Canada/Yukon

4 Terminology

Sandata Terminology	Other Possible References
Agency	Agency Provider Provider Account Billing Agency
Authorization	Service Plan Prior Auth
Client	Individual Patient Member Recipient Beneficiary
Contract	Program Program Code
Employee	Caregiver

	Admin Home Health Aide Consumer Directed Worker Staff Worker Individual Provider Scheduler
HCPCS	Bill Code Procedure Code Service Code
Payer	Admission Insurance Company Contract Managed Care Organization (MCO) State
Provider	Agency Third Party Administrator (TPA)

5 Inbound Example

```
{
  "EVV_Request": [{
    "BusinessEntityMedicaidIdentifier": "1234567",
    "RequestType": "Model3",
    "BatchID": "121334",
    "TransactionID": "121212125",
    "Payer": "ND",
    "ICN": "123123123",
    "DLN": "1",
    "ProviderQualifier": "MedicaidID",
    "ProviderID": "1234567",
    "PatientQualifier": "MedicaidID",
    "PatientID": "ND1234567",
    "ServiceStartDate": "2020-07-23",
    "ServiceEndDate": "2020-07-24",
    "ProcedureCode": " S5115",
    "Units": "4",
    "UnitsRule": "AddUnits",
    "Modifier1": "TD",
    "Modifier2": null,
    "Modifier3": null,
    "Modifier4": null,
    "MatchingRule": "EqualOrGreaterThan"
  ]
}
```

6 Response Example

```
{
  "id": "e556a4a3-5d53-44c3-8f05-0137489c36ec",
  "status": "SUCCESS",
  "token": null,
  "messageSummary": null,
  "messageDetail": null,
  "errorMessage": null,
  "failedCount": 0,
  "succeededCount": 1,
  "cached": false,
  "cachedDate": null,
  "totalRows": 0,
  "page": 0,
  "pageSize": 0,
  "orderByColumn": null,
  "orderByDirection": null,
  "data": {
    "EVV_Response": [
      {
        "RequestType": "Model3",
        "ServiceStartDate": "2020-07-23",
        "ServiceEndDate": "2020-07-23",
        "UnitsRule": "AddUnits",
        "Modifier1": "TD",
        "Modifier2": null,
        "Modifier3": null,
        "Modifier4": null,
        "MatchingRule": "EqualOrGreaterThan",
        "GroupCode": null,
        "VisitKey": "2151857428, 2151857320",
        "RecordsFound": "2",
        "DetailsReason": null,
        "BusinessEntityMedicaidIdentifier": "1234567",
        "BatchID": "1213354",
        "TransactionID": "121212125",
        "Payer": "ND",
        "ICN": "123123123",
        "DLN": "1",
        "ProviderQualifier": "MedicaidID",
        "ProviderID": "1234567",
        "PatientQualifier": "MedicaidID",
        "PatientID": "ND1234567",
        "DateofService": null,
        "ProcedureCode": " S5115",
        "Units": "4.0",
        "AdjInDateTime": null,
        "AdjOutDateTime": null,
        "VisitTimeZone": "US/Arizona",
```



```
      "VisitFound": true,
      "Details": null
    }
  ]
}
```