In California, for Medi-Cal (also known as Medicaid) Electronic Visit Verification (CalEVV) is a telephone and computer-based solution that electronically verifies when in-home service visits occur for Personal Care Services (PCS) and Home Health Care Services (HHCS). All EVV systems must electronically verify the following six visit data elements: (1) Type of service performed; (2) Individual receiving the service; (3) Date of the service; (4) Location of service delivery; (5) Individual providing the services; and (6) Time the service begins and ends.

The 1115 Waiver, approved by CMS on January 1, 2022, authorizes California to provide Community-Based Adult Services (CBAS) Emergency Remote Services (ERS). ERS personal care and home health care provided in the home are subject to EVV requirements. Further guidance specific to in-home CBAS ERS will be forthcoming.

CalEVV is required for the following rendering Medi-Cal provider types (enrolled, contracted or sub-contracted) and/or using the procedures codes, identified in this document below:

NOTE: DHCS may amend this document at any time as a result of federal requirements.

| Medi-Cal Provider Type Codes | | | | | |
|---|---------------|--|--|--|--|
| Provider Description | Provider Type | | | | |
| AIDS Waiver Services | PT73 | | | | |
| Employment Agency | PT64 | | | | |
| Home and Community Based Services (HCBS) Benefit Provider | PT68 | | | | |
| Home Health Agency | PT 14 | | | | |
| Licensed Clinical Social Worker | PT70 | | | | |
| Licensed Vocational Nurse, | PT67 | | | | |
| Registered Nurse | | | | | |
| Multipurpose Senior Services Program (MSSP) | PT74 | | | | |
| Non-Profit Proprietary Agency | PT 95 | | | | |
| Occupational Therapist | PT 19 | | | | |
| Personal Care Agency | PT66 | | | | |
| Physical Therapist | PT 25 | | | | |
| Professional Corporation | PT69 | | | | |
| Speech Therapist | PT 37 | | | | |

Medi-Ca/ Waiver Program (MCWP)¹

| Procedure Code | Service Description | PCS or HHCS |
|-------------------|---|-------------|
| G0156 | Services of home health aide in home health setting, each 15 minutes | HHCS |
| G0299 | Direct skilled nursing services of a registered nurse (RN) in the home health setting, each 15 minutes | HHCS |
| G0300 | Direct skilled nursing services of a licensed practical nurse (LPN) in the home health setting, each 15 minutes | HHCS |
| S5130 | Homemaker service, nos; per 15 minutes | PCS |

Multipurpose Senior Services Program (MSSP)²

| Procedure Code | MSSP Service Code | Unit Type | Service Description |
|-------------------|----------------------|--------------|----------------------------|
| 28561 | 3.2 | Day | Supplemental Personal Care |
| 28562 | 3.2 | Hour | Supplemental Personal Care |
| 28563 | 3.2 | Visit | Supplemental Personal Care |
| 28574 | 5.1 | Day | Respite In-Home |
| 28575 | 5.1 | Hour | Respite In-Home |

In-Home Supportive Services (IHSS)

| Procedure | Service Description | PCS or HHCS |
|-----------|--------------------------------------|-------------|
| Code | | |
| 29525 | IHSS Provider Personal Care Services | PCS |
| | | |

¹ MCWP Billing Codes

² MSSP Billing Codes

Managed Care Plan Community Supports (MCP -CS)

| HCPCS Code | HCPCS Description | Modifier | Modifier Description | PCS or HHCS |
|---------------|--|----------|---|----------------|
| S5130 | Homemaker services in the home, per 15 minutes | U6 | Used by Managed Care with HCPCS code S5130 to indicate In-Lieu of Services Homemaker Services | PCS |
| S9125 | Respite care, in the home; per diem | U6 | Used by Managed Care with HCPCS code S9125 to indicate In-Lieu of Services Respite Services | PCS |
| T1019 | Personal care services in the home; per 15 minutes | U6 | Used by Managed Care with HCPCS code T1019 to indicate In-Lieu of Services Personal Care Services | PCS |
| T2020 | Day Habilitation; per diem | U6 | Used by Managed Care with HCPCS code T2020 to indicate Community Supports Day Habilitation Programs | PCS |
| H2014 | Skills training and development; per 15 minutes | U6 | Used by Managed Care with HCPCS code H2014 to indicate Community Supports Day Habilitation Programs | PCS |

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Home Health through a Home Health Agency Billing Codes³

• Codes identified below also applies to Fee For Service (FFS) providers

| HCPCS Code | Revenue Code | Service Description | PCS or HHCS |
|---------------|--|--|-------------------|
| G0151 | 0421 Physical Therapy Visit | Services performed by a qualified Physical Therapist in the home, each 15 minutes | HHCS |
| G0152 | 0431 Occupationa Therapy Visit | Services performed by a qualified Occupational Therapist in the home, each 15 minutes | HHCS |
| G0153 | 0441 Speech Pathology Visit | Services performed by a qualified Speech Language Pathologist in the home, each 15 minutes | HHCS |
| G0154 | 0551 Skilled Nursing Visit | Direct skilled nursing services of a licensed nurse (LPN or RN) in the home, each 15 minutes | HHCS |
| G0155 | 0561 Medical Social Services Visit | Services of a clinical social worker in the home, each 15 minutes | HHCS |
| G0156 | 0571 Aide/Home Health Visit | Services of Home Health Aide in the home, each 15 minutes | HHCS |
| G0162 | 0583 Visit/Home Health/Assessment | Skilled services by an RN in the delivery of management and evaluation of the plan of care, each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieve its purpose in the home.) | HHCS |
| G0162 | 0589 Visit/Home Health/Other | Skilled services of an RN in the delivery of management and evaluation of the plan of care, each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieve its purpose in the home.) | HHCS |
| CPT 99501 | 0580 Visit/Home Health | Home visit for post-natal assessment and follow-up care | HHCS |
| CPT 99502 | 0580 Visit/Home Health | Home visit for newborn care and assessment | HHCS |

³ Home Health Agency Billing Codes

| CPT | 0589 Visit/Home | Unlisted home visit service or procedure | HHCS |
|-------|-----------------|--|------|
| 99600 | Health/Other | | |

Home and Community-Based Agency (HCBA) Services Billing Codes and Services⁴

| HCPCS Code | Service Description | Provider Type | Modifiers | PCS or HHCS |
|---------------|--|------------------|-----------|-------------|
| S9122 | Home health aide or certified nurse assistant, providing care in the home, per hour. Individual private duty services provided by a certified home health aide (CHHA) who is employed by a Home Health Agency and supervised by a registered nurse, per hour. | HHA (14) | None | HHCS |
| S9122 | Home health aide or certified nurse assistant, providing care in the home, per hour. Individual private duty services provided by a certified home health aide (CHHA) who is employed by a Home Health Agency and supervised by a registered nurse, per hour. | HHA (14) | TT | HHCS |
| S9123 | Nursing care, in the home; by registered nurse, per hour (use of general nursing care only, not to be used when CPT codes 99500 thru 99602 can be used). Individual private duty nursing services provided by a registered nurse for individual and shared nursing care. | HHA (14) | None | HHCS |

⁴ Home and Community Based Services Billing Codes and Rates

| ПСВСС | UCDCS Complete Description Drawing Modifiers DCS on UUCS | | | | | |
|---------------|--|------------------|-----------|-------------|--|--|
| HCPCS Code | Service Description | Provider Type | Modifiers | PCS or HHCS | | |
| S9123 | Nursing care, in the home; by registered nurse, per hour (use of general nursing care only, not to be used when CPT codes 99500 thru 99602 can be used). Individual private duty nursing services provided by a registered nurse for individual and shared nursing care. | HCBS RN (67) | None | HHCS | | |
| S9124 | Nursing care, in the home; by licensed practical nurse, per hour. Individual private duty nursing services provided by a licensed vocational nurse (LVN) for individual and shared nursing care. | HHA (14) | None | HHCS | | |
| S9124 | Nursing care, in the home; by licensed practical nurse, per hour. Individual private duty nursing services provided by a licensed vocational nurse (LVN) for individual and shared nursing care. | HCBS LVN (67) | None | HHCS | | |
| S9124 | Nursing care, in the home; by licensed practical nurse, per hour. Individual private duty nursing services provided by a licensed vocational nurse (LVN) for individual and shared nursing care. | HHA (14) | ТТ | HHCS | | |
| S9124 | Nursing care, in the home; by licensed practical nurse, per hour. Individual private duty nursing services provided by a licensed vocational nurse (LVN) for individual and shared nursing care. | HCBS LVN (67) | TT | HHCS | | |

6

| HCPCS Code | Service Description | Provider Type | Modifiers | PCS or HHCS |
|---------------|---|------------------------------|-----------|-------------|
| T1005 | Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location. 1 unit= 15 minutes. | HHA (14) | None | PCS |
| T1005 | Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location. 1 unit= 15 minutes. | Personal Care Agency (66) | None | PCS |
| T1005 | Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location. 1 unit= 15 minutes. | Employment Agency (64) | None | PCS |

| HCPCS Code | Service Description | Provider Type | Modifiers | PCS or HHCS |
|---------------|--|------------------|-----------|----------------|
| T1019 | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMO), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant). | HHA (14) | None | PCS |

| HCPCS Code | Service Description | Provider Type | Modifiers | PCS or HHCS |
|---------------|--|---------------------------|-----------|----------------|
| | Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. 1 unit = 15 minutes. | | | |
| T1019 | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMO), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant). Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. 1 unit = 15 minutes. | Professional Corp (69) | None | PCS |

| HCPCS Code | Service Description | Provider Type | Modifiers | PCS or HHCS |
|---------------|---|--|-----------|----------------|
| T1019 | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMO), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant). Supportive services to assist an individual to remain at home and includes assistance to | Non-Profit Proprietary Agency (95) | None | PCS |

| HCPCS Code | Service Description | Provider Type | Modifiers | PCS or HHCS |
|---------------|--|---------------------------------|-----------|----------------|
| | independent activities of daily living and adult companionship. 1 unit = 15 minutes. | | | |
| T1019 | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMO), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant). Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. 1 unit = 15 minutes. | Personal Care Agency (66) | None | PCS |

| HCPCS Code | Service Description | Provider Type | Modifiers | PCS or HHCS |
|---------------|---|---------------------------|-----------|----------------|
| T1019 | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMO), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant). Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily | Employment Agency (64) | None | PCS |

| HCPCS Code | Service Description | Provider Type | Modifiers | PCS or HHCS |
|---------------|--|---------------------------|-----------|----------------|
| | living and adult companionship. 1 unit = 15 minutes. | | | |
| T2017 | Habilitation, residential, waiver; 15 minutes. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units). | HHA (14) | None | PCS |
| T2017 | Habilitation, residential, waiver; 15 minutes. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units). | Professional Corp (69) | None | PCS |

| HCPCS Code | Service Description | Provider Type | Modifiers | PCS or HHCS |
|---------------|--|---|-----------|----------------|
| T2017 | Habilitation, residential, waiver; 15 minutes. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units). | Non-Profit Proprietary Agency (95 | None | PCS |
| T2017 | Habilitation, residential, waiver, 15 minutes. | HCBS RN (67) | None | HHCS |

| HCPCS Code | Service Description | Provider Type | Modifiers | PCS or HHCS |
|---------------|--|-------------------------------|-----------|----------------|
| | Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units). | | | |
| T2017 | Habilitation, residential, waiver; 15 minutes. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units). | HCBS Benefit Provider (68) | None | PCS |

Private Duty Nursing - Individual Nurse Providers (INP)⁵

| HCPCS Code | Revenue Code | Modifiers Description | Service Description | PCS or HHCS |
|---------------|---|--|--|-------------------|
| S9123 | 0940-Other therapeutic services, general | EP-Service provided as part of Medicaid Early Periodic Screening Diagnostic and Treatment (EPSDT). | Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) | HHCS |
| S9124 | 0940-Other therapeutic services, general | EP-Service provided as part of Medicaid EPSDT | Nursing care, in the home, by licensed practical nurse, per hour | HHCS |

⁵Private Duty Nursing FAQ

Private Duty Nursing - Home Health Agency⁶

| HCPCS | Revenue Code | Modifiers | Services Description | PCS |
|-------|--|---|---|------------|
| Code | | Description | | or HHCS |
| G0156 | 0572 - Home Health Aide, hourly charge | EP - Service provided as part of Medicaid EPSDT | Services of a Home Health Aide in home health setting, each 15 minutes | HHCS |
| G0162 | 0551 - Skilled nursing, per visit | EP - Service provided as part of Medicaid EPSDT | Skilled services by a RN for management and evaluation of the plan of care, each 15 minutes (the recipient's underlying condition or complication requires a RN to ensure that essential non-skilled care achieves its purpose in the home health setting). | HHCS |
| G0299 | 0551 - Skilled Nursing, per visit | EP - Service provided as part of Medicaid EPSDT | Direct skilled nursing services of an RN in the home health setting, each 15 minutes | HHCS |

| HCPCS Code | Revenue Code | Modifiers Description | Service Description | PCS or |
|---------------|--|--|--|-----------|
| | | • | | HHCS |
| G0300 | 0551 - Skilled nursing per visit | EP-Service provided as part of Medicaid EPSDT. | Directed skilled nursing services of a licensed practical nurse (LPN) in the home setting, each 15 minutes | HHCS |
| T1002 | 0551 - Skilled nursing, per visit | EP-Service provided as part of Medicaid EPSDT | RN services, up to 15 minutes | HHCS |
| T1003 | 0551 - Skilled | EP-Service provided as | LPN and LVN services, up to 15 minutes | HHCS |

⁶ Home Health Crosswalk EPSDT

| HCPCS Code | Revenue Code | Modifiers Description | Service Description | PCS or HHCS |
|---------------|-----------------------|------------------------------|---------------------|-------------------|
| | nursing, per visit | part of Medicaid EPSDT | | |

California Children Services (CCS)

| HCPCS Code | Revenue Code | Modifiers Description | Service Description | PCS or HHCS |
|---------------|-----------------|--------------------------|--|-------------------|
| G0156 | 0572 | EP | Services of a Home Health Aide in home health setting, each 15 minutes | HHCS |
| G0162 | 0551 | EP | Skilled services by a RN for management and evaluation of the plan of care, each 15 minutes (the recipient's underlying condition or complication requires a RN to ensure that essential non-skilled care achieves its purpose in the home health setting) | HHCS |
| G0299 | 0551 | EP | Direct skilled nursing services of an RN in the home health setting, each 15 minutes | HHCS |
| G0300 | 0551 | EP | Directed skilled nursing services of a licensed practical nurse (LPN) in the home setting, each 15 minutes | HHCS |
| T1002 | 0551 | EP | RN services, up to 15 minutes | HHCS |
| T1003 | 0551 | EP | LPN and LVN services, up to 15 minutes | HHCS |
| S9123 | 0940 | EP | Nursing care, in the home; by RN per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) | HHCS |

| HCPCS | Revenue | Modifiers | Service Description | PCS |
|-------|---------|-------------|---|------|
| Code | Code | Description | | or |
| | | | | HHCS |
| S9124 | 0940 | EP | Nursing care, in the home, by | HHCS |
| | | | licensed practical nurse, per hour | |
| T1030 | 0940 | EP | Shared Nursing care, in the home, by RN, per diem | HHCS |
| T1031 | 0940 | EP | Shared Nursing care, in the home, by licensed practical nurse, per diem | HHCS |

Department of Developmental Services (DDS) Regional Center Service Codes

| Service Code | Service Name | PCS or HHCS |
|-----------------|---|-------------|
| 062 | Personal Assistance | PCS |
| 310 | Respite | PCS |
| 313 | Homemaker | PCS |
| 320 | Community Living Supports | PCS |
| 359 | Home Health Aide | HHCS |
| 361 | Skilled Nursing | HHCS |
| 372 | Speech, Hearing & Language | HHCS |
| 375 | Occupational Therapy | HHCS |
| 376 | Physical Therapy | HHCS |
| 460 | Participant Directed Nursing Services | HHCS |
| 465 | Participant-Directed Respite Service, Family Member | PCS |
| 707 | Speech Pathology | HHCS |
| 742 | Licensed Vocational Nurse | HHCS |
| 744 | Registered Nurse | HHCS |
| 772 | Physical Therapy | HHCS |
| 773 | Occupational Therapy | HHCS |
| 854 | Home Health, Agency | HHCS |
| 856 | Home Health Aide | HHCS |
| 858 | Homemaker | PCS |
| 860 | Homemaker Service | PCS |
| 862 | In-Home Respite Services, Agency | PCS |
| 864 | In-Home Respite Worker | PCS |
| 896 | Supported Living Services | PCS |