

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202205 JANUARY 20, 2022

IHCP excludes electronic visit verification requirement in 24-hour congregate settings

The *21st Century Cures Act* directs Medicaid programs to require personal care service and home health service providers to use an electronic visit verification (EVV) system to document services rendered. See *Indiana Health Coverage Programs (IHCP) Bulletin BT201855* for more information. The implementation date for requiring use of an EVV system for personal care services was delayed to Jan. 1, 2021. The implementation date for requiring use of an EVV system for home health services remains Jan. 1, 2023.

Effective for dates of service on or after Feb. 1, 2022, the IHCP will no longer require EVV records when certain services are performed in a 24-hour congregate setting. Providers are instructed to use the HQ modifier to indicate that services are being performed in a 24-hour congregate setting.

This billing guidance applies to the following waiver services:

- S5151 U7 U5 – *Respite Care*
- T2016 U7 U5 – *Residential Habilitation (Hourly)*
- T2016 U7 U5 UA – *Residential Habilitation (Hourly), 35 hours or less per week*
- T2033 U7 U5 – *Participant Assistance and Care*

Providers may add the HQ modifier on the claim for these services when applicable, even though the modifier will not be included on the member's authorized Notice of Action (NOA).

The *Procedure Codes and Modifiers for Personal Care Services That Require EVV* will be updated. These codes and modifiers are accessible through the [Code Sets](#) page at in.gov/medicaid/providers.



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