



Indiana FSSA Electronic Visit Verification (EVV) Supplemental Training Material

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Covered Services – Personal Care Services

The covered services table referenced below lists all the covered services included in the Indiana FSSA Personal Care Services (PCS) Program.

Payer	HCPCS Code	Modifiers	Service Description	Billing Unit of Measure	Selection for Mobile/SMC (*)	Code for TVVCall
IN FSSA	97535	U7	Participant Assistance and Care	15 Mins	RBHA (TBI)	101
IN FSSA	H0034	UB	Medication Training and Support Services, individual	15 Mins	MTS w/indv (AMHH)	102
IN FSSA	H0034	UB, HR	Medication Training and Support Services, family/couple w/individual	15 Mins	MTS fam w/indv (AMHH)	103
IN FSSA	H0034	UB, HS	Medication Training and Support Services, family/couple w/o individual	15 Mins	MTSfamw/oindv (AMHH)	104
IN FSSA	H0034	UB, U1	Medication Training and Support Services	15 Mins	MTS grp w/indv (AMHH)	105
IN FSSA	H0034	UB, U1, HR	Medication Training and Support Services, group setting, family/couple w/individual	15 Mins	MTS grp fam w/indv (AMHH)	106
IN FSSA	H0034	UB, U1, HS	Medication Training and Support Services, group setting, family/couple w/o individual	15 Mins	MTSgrp famw/o in (AMHH)	107
IN FSSA	H2014	UB	Home and Community-Based Habilitation and Support Services	15 Mins	STD w/indv (AMHH)	108
IN FSSA	H2014	UB, HR	Home and Community-Based Habilitation and Support Services, family/couple w/ individual	15 Mins	STD fam w/indv (AMHH)	109
IN FSSA	H2014	UB, HS	Home and Community-Based Habilitation and Support Services, family/couple w/o individual	15 Mins	STDfamw/oindv (AMHH)	110
IN FSSA	H2014	HA	Skills Training	15 Mins	Skills Training	137
IN FSSA	S5125	U7, UA	Attendant care services agency	15 Mins	ATTC Agency (A&D/TBI)	111
IN FSSA	S5125	U7	Attendant care services (non-agency)	15 Mins	ATTC Non-Agency (A&D/TBI)	113
IN FSSA	S5130	U7, UA	Homemaker service, NOS, (agency)	15 Mins	HMK Agency (A&D/TBI)	115
IN FSSA	S5130	U7	Homemaker service, NOS, (non-agency)	15 Mins	HMK Non-Agency (A&D/TBI)	116
IN FSSA	S5150	UB	Unskilled respite care, not hospice	15 Mins	Respite (AMHH)	117
IN FSSA	S5150	U7, UA, U9	Unskilled Respite Care	15 Mins	RHHA (A&D/TBI)	118
IN FSSA	S5151	U7, U5	Respite Care Per Hour	Per Hour	RSPO (CIH/FSW)	119
IN FSSA	T1005	HA	Respite Care 15 Min	15 Mins	Respite (CMHW)	120
IN FSSA	T2016	U7, U5	Residential Habilitation Services, (over 35 hrs/wk)	Per Hour	RH20 (CIH)	121
IN FSSA	T2016	U7, U5, UA	Residential Habilitation Services, (35 or less hrs/wk)	Per Hour	RH10 (CIH)	122
IN FSSA	T2033	U7, U5	Participant Assistance and Care	Per Hour	PAC (FSW)	136

Payer	HCPCS Code	Modifiers	Service Description	Billing Unit of Measure	Selection for Mobile/SMC (*)	Code for TVVCall
INHUM	S5125	UA, U7	Humana - Attendant care services agency	15 Mins	HUM - ATTC Agency (A&D/TBI)	333
INHUM	S5125	U7	Humana - Attendant care services non-agency	15 Mins	HUM - ATTC Non-Agency (A&D/TBI)	334
INHUM	S5130	UA, U7	Humana - Homemaker service NOS agency	15 Mins	HUM - HMK Agency (A&D/TBI)	339
INHUM	S5130	U7	Humana - Homemaker service NOS non-agency	15 Mins	HUM - HMK Non-Agency (A&D/TBI)	340
INHUM	S5150	UA, U7, U9	Humana - Unskilled Respite Care	15 Mins	HUM - RHHA (A&D/TBI)	345
INUHC	S5125	U7	United - Attendant care services non-agency	15 Mins	UHC - ATTC Non-Agency (A&D/TBI)	338
INUHC	S5125	UA, U7	United - Attendant care services agency	15 Mins	UHC - ATTC Agency (A&D/TBI)	337
INUHC	S5130	UA, U7	United - Homemaker service NOS agency	15 Mins	UHC - HMK Agency (A&D/TBI)	343
INUHC	S5130	U7	United - Homemaker service NOS non-agency	15 Mins	UHC - HMK Non-Agency (A&D/TBI)	344
INUHC	S5150	UA, U7, U9	United - Unskilled Respite Care	15 Mins	UHC - RHHA (A&D/TBI)	347
INATM	S5125	U7	Anthem - Attendant care services non-agency	15 Mins	ATM - ATTC Non-Agency (A&D/TBI)	336
INATM	S5125	UA, U7	Anthem - Attendant care services agency	15 Mins	ATM - ATTC Agency (A&D/TBI)	335
INATM	S5130	UA, U7	Anthem - Homemaker service NOS agency	15 Mins	ATM - HMK Agency (A&D/TBI)	341
INATM	S5130	U7	Anthem - Homemaker service NOS non-agency	15 Mins	ATM - HMK Non-Agency (A&D/TBI)	342
INATM	S5150	UA, U7, U9	Anthem - Unskilled Respite Care	15 Mins	ATM - RHHA (A&D/TBI)	346

Covered Services – Home Health Care Services

The covered services table referenced below lists all the covered services included in the Indiana FSSA Home Health Care Services (HHCS) Program. (**Managed Care Payer/Program Abbreviations:** ATM-Anthem; CRS-CareSource; MDW-MDWise; MHS-MHS; UHC-United Healthcare)

Payer	Program	HCPCS Code	Modifiers	Service Description	Billing Unit of Measure	Code for TVVCall
INFSSA	Indiana	92521		FSSA - EVALUATION OF SPEECH FLUENCY	Per Diem	200
INFSSA	Indiana	92522		FSSA - EVALUATE SPEECH PRODUCTION	Per Diem	206
INFSSA	Indiana	92523		FSSA - SPEECH SOUND LANG COMPREHEN	Per Diem	212
INFSSA	Indiana	92524		FSSA - BEHAVRAL QUALIT ANALYS VOICE	Per Diem	218
INFSSA	Indiana	97161		FSSA - PT EVAL LOW COMPLEX 20 MIN	Per Diem	224
INFSSA	Indiana	97162		FSSA - PT EVAL MOD COMPLEX 30 MIN	Per Diem	230
INFSSA	Indiana	97163		FSSA - PT EVAL HIGH COMPLEX 45 MIN	Per Diem	236
INFSSA	Indiana	97165		FSSA - OT EVAL LOW COMPLEX 30 MIN	Per Diem	248
INFSSA	Indiana	97166		FSSA - OT EVAL MOD COMPLEX 45 MIN	Per Diem	254
INFSSA	Indiana	97167		FSSA - OT EVAL HIGH COMPLEX 60 MIN	Per Diem	260
INFSSA	Indiana	99600		FSSA - HOME VISIT NOS/HHA	Per Hour	267
INFSSA	Indiana	99600	TE	FSSA - HOME VISIT NOS/LPN	Per Hour	268
INFSSA	Indiana	99600	TD	FSSA - HOME VISIT NOS/RN	Per Hour	266
INFSSA	Indiana	99601		FSSA - HOME INFUSION/VISIT 2 HRS	Per Hour	284
INFSSA	Indiana	99602		FSSA - HOME INFUSION EACH ADDTL HR	Per Hour	290
INFSSA	Indiana	G0151		FSSA- HHCP-SERV OF PT, EA 15 MIN	15 Mins	296
INFSSA	Indiana	G0152		FSSA - HHCP-SERV OF OT, EA 15 MIN	15 Mins	302
INFSSA	Indiana	G0153		FSSA - HHCP-SVS OF S/L PATH, EA 15 MIN	15 Mins	308
INATM	ATM	92521		ATM - EVALUATION OF SPEECH FLUENCY	Per Diem	201
INATM	ATM	92522		ATM - EVALUATE SPEECH PRODUCTION	Per Diem	207
INATM	ATM	92523		ATM - SPEECH SOUND LANG COMPREHEN	Per Diem	213
INATM	ATM	92524		ATM - BEHAVRAL QUALIT ANALYS VOICE	Per Diem	219
INATM	ATM	97161		ATM - PT EVAL LOW COMPLEX 20 MIN	Per Diem	225
INATM	ATM	97162		ATM - PT EVAL MOD COMPLEX 30 MIN	Per Diem	231
INATM	ATM	97163		ATM - PT EVAL HIGH COMPLEX 45 MIN	Per Diem	237
INATM	ATM	97165		ATM - OT EVAL LOW COMPLEX 30 MIN	Per Diem	249
INATM	ATM	97166		ATM - OT EVAL MOD COMPLEX 45 MIN	Per Diem	255
INATM	ATM	97167		ATM - OT EVAL HIGH COMPLEX 60 MIN	Per Diem	261
INATM	ATM	99600		ATM - HOME VISIT NOS/HHA	Per Hour	270
INATM	ATM	99600	TE	ATM - HOME VISIT NOS/LPN	Per Hour	271
INATM	ATM	99600	TD	ATM - HOME VISIT NOS/RN	Per Hour	269
INATM	ATM	99601		ATM - HOME INFUSION/VISIT 2 HRS	Per Hour	285
INATM	ATM	99602		ATM - HOME INFUSION EACH ADDTL HR	Per Hour	291
INATM	ATM	G0151		ATM - HHCP-SERV OF PT, EA 15 MIN	15 Mins	297
INATM	ATM	G0152		ATM - HHCP-SERV OF OT, EA 15 MIN	15 Mins	303
INATM	ATM	G0153		ATM - HHCP-SVS OF S/L PATH, EA 15 MIN	15 Mins	309
INCRS	CRS	92521		CRS - EVALUATION OF SPEECH FLUENCY	Per Diem	202

INCRS	CRS	92522		CRS - EVALUATE SPEECH PRODUCTION	Per Diem	203
INCRS	CRS	92523		CRS - SPEECH SOUND LANG COMPREHEN	Per Diem	214
INCRS	CRS	92524		CRS - BEHAVRAL QUALIT ANALYS VOICE	Per Diem	220
INCRS	CRS	97161		CRS - PT EVAL LOW COMPLEX 20 MIN	Per Diem	226
INCRS	CRS	97162		CRS - PT EVAL MOD COMPLEX 30 MIN	Per Diem	232
INCRS	CRS	97163		CRS - PT EVAL HIGH COMPLEX 45 MIN	Per Diem	238
INCRS	CRS	97165		CRS - OT EVAL LOW COMPLEX 30 MIN	Per Diem	250
INCRS	CRS	97166		CRS - OT EVAL MOD COMPLEX 45 MIN	Per Diem	256
INCRS	CRS	97167		CRS - OT EVAL HIGH COMPLEX 60 MIN	Per Diem	262
INCRS	CRS	99600		CRS - HOME VISIT NOS	Per Hour	274
INCRS	CRS	99600	TE	CRS - HOME VISIT NOS/LPN	Per Hour	273
INCRS	CRS	99600	TD	CRS - HOME VISIT NOS/RN	Per Hour	272
INCRS	CRS	99601		CRS - HOME INFUSION/VISIT 2 HRS	Per Hour	286
INCRS	CRS	99602		CRS - HOME INFUSION EACH ADDTL HR	Per Hour	292
INCRS	CRS	G0151		CRS - HHCP-SERV OF PT, EA 15 MIN	15 Mins	298
INCRS	CRS	G0152		CRS - HHCP-SERV OF OT, EA 15 MIN	15 Mins	304
INCRS	CRS	G0153		CRS - HHCP-SVS OF S/L PATH, EA 15 MIN	15 Mins	310
INMDW	MDW	92521		MDW - EVALUATION OF SPEECH FLUENCY	Per Diem	204
INMDW	MDW	92522		MDW - EVALUATE SPEECH PRODUCTION	Per Diem	210
INMDW	MDW	92523		MDW - SPEECH SOUND LANG COMPREHEN	Per Diem	216
INMDW	MDW	92524		MDW - BEHAVRAL QUALIT ANALYS VOICE	Per Diem	222
INMDW	MDW	97161		MDW - PT EVAL LOW COMPLEX 20 MIN	Per Diem	228
INMDW	MDW	97162		MDW - PT EVAL MOD COMPLEX 30 MIN	Per Diem	234
INMDW	MDW	97163		MDW - PT EVAL HIGH COMPLEX 45 MIN	Per Diem	240
INMDW	MDW	97165		MDW - OT EVAL LOW COMPLEX 30 MIN	Per Diem	252
INMDW	MDW	97166		MDW - OT EVAL MOD COMPLEX 45 MIN	Per Diem	258
INMDW	MDW	97167		MDW - OT EVAL HIGH COMPLEX 60 MIN	Per Diem	264
INMDW	MDW	99600		MDW - HOME VISIT NOS/HHA	Per Hour	279
INMDW	MDW	99600	TE	MDW - HOME VISIT NOS/LPN	Per Hour	278
INMDW	MDW	99600	TD	MDW - HOME VISIT NOS/RN	Per Hour	280
INMDW	MDW	99601		MDW - HOME INFUSION/VISIT 2 HRS	Per Hour	288
INMDW	MDW	99602		MDW - HOME INFUSION EACH ADDTL HR	Per Hour	294
INMDW	MDW	G0151		MDW - HHCP-SERV OF PT, EA 15 MIN	15 Mins	300
INMDW	MDW	G0152		MDW - HHCP-SERV OF OT, EA 15 MIN	15 Mins	306
INMDW	MDW	G0153		MDW - HHCP-SVS OF S/L PATH, EA 15 MIN	15 Mins	312
INMHS	MHS	92521		MHS - EVALUATION OF SPEECH FLUENCY	Per Diem	203
INMHS	MHS	92522		MHS - EVALUATE SPEECH PRODUCTION	Per Diem	209
INMHS	MHS	92523		MHS - SPEECH SOUND LANG COMPREHEN	Per Diem	215
INMHS	MHS	92524		MHS - BEHAVRAL QUALIT ANALYS VOICE	Per Diem	221
INMHS	MHS	97161		MHS - PT EVAL LOW COMPLEX 20 MIN	Per Diem	227
INMHS	MHS	97162		MHS - PT EVAL MOD COMPLEX 30 MIN	Per Diem	233
INMHS	MHS	97163		MHS - PT EVAL HIGH COMPLEX 45 MIN	Per Diem	239
INMHS	MHS	97165		MHS - OT EVAL LOW COMPLEX 30 MIN	Per Diem	251
INMHS	MHS	97166		MHS - OT EVAL MOD COMPLEX 45 MIN	Per Diem	257
INMHS	MHS	97167		MHS - OT EVAL HIGH COMPLEX 60 MIN	Per Diem	263

INMHS	MHS	99600		MHS - HOME VISIT NOS	Per Hour	276
INMHS	MHS	99600	TE	MHS - HOME VISIT NOS/LPN	Per Hour	275
INMHS	MHS	99600	TD	MHS - HOME VISIT NOS/RN	Per Hour	277
INMHS	MHS	99601		MHS - HOME INFUSION/VISIT 2 HRS	Per Hour	287
INMHS	MHS	99602		MHS - HOME INFUSION EACH ADDTL HR	Per Hour	293
INMHS	MHS	G0151		MHS - HHCP-SERV OF PT, EA 15 MIN	15 Mins	299
INMHS	MHS	G0152		MHS - HHCP-SERV OF OT, EA 15 MIN	15 Mins	305
INMHS	MHS	G0153		MHS - HHCP-SVS OF S/L PATH, EA 15 MIN	15 Mins	311
INUHC	UHC	92521		UHC - EVALUATION OF SPEECH FLUENCY	Per Diem	205
INUHC	UHC	92522		UHC - EVALUATE SPEECH PRODUCTION	Per Diem	211
INUHC	UHC	92523		UHC - SPEECH SOUND LANG COMPREHEN	Per Diem	217
INUHC	UHC	92524		UHC - BEHAVRAL QUALIT ANALYS VOICE	Per Diem	223
INUHC	UHC	97161		UHC - PT EVAL LOW COMPLEX 20 MIN	Per Diem	229
INUHC	UHC	97162		UHC - PT EVAL MOD COMPLEX 30 MIN	Per Diem	235
INUHC	UHC	97163		UHC - PT EVAL HIGH COMPLEX 45 MIN	Per Diem	241
INUHC	UHC	97165		UHC - OT EVAL LOW COMPLEX 30 MIN	Per Diem	253
INUHC	UHC	97166		UHC - OT EVAL MOD COMPLEX 45 MIN	Per Diem	259
INUHC	UHC	97167		UHC - OT EVAL HIGH COMPLEX 60 MIN	Per Diem	265
INUHC	UHC	99600		UHC - HOME VISIT NOS/HHA	Per Hour	283
INUHC	UHC	99600	TE	UHC - HOME VISIT NOS/LPN	Per Hour	282
INUHC	UHC	99600	TD	UHC - HOME VISIT NOS/RN	Per Hour	281
INUHC	UHC	99601		UHC - HOME INFUSION/VISIT 2 HRS	Per Hour	289
INUHC	UHC	99602		UHC - HOME INFUSION EACH ADDTL HR	Per Hour	295
INUHC	UHC	G0151		UHC - HHCP-SERV OF PT, EA 15 MIN	15 Mins	301
INUHC	UHC	G0152		UHC - HHCP-SERV OF OT, EA 15 MIN	15 Mins	307
INUHC	UHC	G0153		UHC - HHCP-SVS OF S/L PATH, EA 15 MIN	15 Mins	313
INHUM	HUM	92521		HUM - EVALUATION OF SPEECH FLUENCY	Per Diem	314
INHUM	HUM	92522		HUM - EVALUATE SPEECH PRODUCTION	Per Diem	315
INHUM	HUM	92523		HUM - SPEECH SOUND LANG COMPREHEN	Per Diem	316
INHUM	HUM	92524		HUM - BEHAVRAL QUALIT ANALYS VOICE	Per Diem	317
INHUM	HUM	97161		HUM - PT EVAL LOW COMPLEX 20 MIN	Per Diem	318
INHUM	HUM	97162		HUM - PT EVAL MOD COMPLEX 30 MIN	Per Diem	319
INHUM	HUM	97163		HUM - PT EVAL HIGH COMPLEX 45 MIN	Per Diem	320
INHUM	HUM	97165		HUM - OT EVAL LOW COMPLEX 30 MIN	Per Diem	322
INHUM	HUM	97166		HUM - OT EVAL MOD COMPLEX 45 MIN	Per Diem	323
INHUM	HUM	97167		HUM - OT EVAL HIGH COMPLEX 60 MIN	Per Diem	324
INHUM	HUM	99600		HUM - HOME VISIT NOS/HHA	Per Hour	325
INHUM	HUM	99600	TE	HUM - HOME VISIT NOS/LPN	Per Hour	326
INHUM	HUM	99600	TD	HUM - HOME VISIT NOS/RN	Per Hour	327
INHUM	HUM	99601		HUM - HOME INFUSION/VISIT 2 HRS	Per Hour	328
INHUM	HUM	99602		HUM - HOME INFUSION EACH ADDTL HR	Per Hour	329
INHUM	HUM	G0151		HUM - HHCP-SERV OF PT, EA 15 MIN	15 Mins	330
INHUM	HUM	G0152		HUM - HHCP-SERV OF OT, EA 15 MIN	15 Mins	331
INHUM	HUM	G0153		HUM - HHCP-SVS OF S/L PATH, EA 15 MIN	15 Mins	332

Security Settings

This section contains the program requirements specified for logins and passwords.

For Sandata EVV:

- Username: the email address entered during user account creation.
- Password:
 - Minimum length of 12 characters
 - Must contain at least one upper case letter
 - Must contain at least one lower case letter
 - Must contain at least one number
 - Must contain at least one special character
- Password is valid for 90 days.
- The last 12 passwords are stored in the system and cannot be re-used.

For Sandata Mobile Connect (SMC):

- Username: the email address entered during account creation.
- Password:
 - Minimum length of 12 characters
 - Must contain at least one upper case letter
 - Must contain at least one lower case letter
 - Must contain at least one number
 - Must contain at least one special character
- Password is valid for 90 days.
- Application Timeout: 5 minutes.
- Application Lock Out: 5 unsuccessful sequential login attempts within 15 minutes.
- Security Questions: 5 security questions must be set up and answered when resetting a forgotten password.

Reason Codes

Reason codes are used when making all Visit Maintenance changes or updates, including fixing exceptions and when making manual changes to visits. There is also the ability to add a note to provide additional clarification when reason codes are selected. For certain reason codes, the note may be required.

The table below lists the reason codes for the Indiana FSSA Program and if the code requires a note to be entered.

Note that reason code descriptions may be abbreviated for presentation on the Sandata EVV and Sandata Aggregator system.

Reason Code	Reason	Note Required?
10	Caregiver Error	No
20	Member Unavailable	No
30	Mobile Device Issue	No
40	Telephony Issue	No
50	Member Refused Verification	Yes
60	Service Outside the Home	No
99	Other	Yes

Tasks Performed

Tasks are the actual activities performed during the visit. The Sandata EVV system provides a standard task list across the program that the employee selects from to indicate tasks provided. The list of tasks cannot be limited by employee discipline or service.

- For the Sandata Mobile Connect application, the employee selects as many tasks as appropriate based on the Task Description column in the below table. For each selected task, the employee will specify if it was completed or refused by the client.
- For Sandata Telephony, the employee will select the tasks performed by entering the task ID. The system will validate their keypad entry and, if valid, read back the text in the 'Task Description' column.

Task ID	Task Description
0001	Bath - Bed/Sponge Bath
0002	Bath - Shower/Tub
0003	Dress - Assist w/Dressing
0004	Hygiene - Hair Care/Clean
0005	Hygiene - Mouth Care
0006	Hygiene - Nail Care
0007	IADLs - Meal Prep
0008	IADLs - Light House Clean
0009	IADLs - Laundry
0010	IADLs - Errands
0011	IADLs - Med Reminders
0012	Mobility - Ambulation
0013	Mobility - In/Out Bed
0014	Mobility - Transfer
0015	Toilet - Bathroom
0016	Toilet - Bedside Commode
0017	Toilet - Urinal/Bedpan
0018	Toilet - Incontinence
0019	Dress - Skin care/Location
0020	Hygiene - Shave/Cosmetics
0021	IADL - Assist with feeding
0022	Mobility - Walker/Cane/Wheelchair
0023	Mobility - Weight bearing pivot transfer
0024	Mobility - Non weight bearing transfer
0025	Mobility - Hoyer lift
0026	Mobility - Continuous track (lift)
0027	Mobility - Transfer board
0028	Medical - Vital signs
0029	Medical - Assist with glucometer
0030	Medical - Apply/Remove braces
0031	Medical-Active/Passive range of motion(ROM)
0032	Medical - Catheter/Colostomy care
0033	Medical - Seizure precautions
0034	Medical - Encourage fluids