

Electronic Visit Verification Service Code Listing



The following services provided to clients enrolled in the Connecticut Home Care (CHC), Personal Care Assistant (PCA) and Acquired Brain Injury (ABI) programs are required to utilize EVV.

- 1021Z - PERSONAL CARE SERVICES: PER 15 MINUTES
- 1022Z - PERSONAL CARE SERVICES: OVERNIGHT, AGENCY
- 1023Z - PERSONAL CARE SERVICES: PER DIEM, AGENCY
- 1206Z - CHORE SERVICE AGENCY 1/4 HOUR
- 1210Z - COMPANION SERVICE - AGENCY PER 1/4 HOUR
- 1211P - RECOVERY ASSISTANT
- 1212P - RECOVERY ASSISTANT II
- 1213M - RECOVERY ASSISTANCE AGENCY
- 1214Z - HOMEMAKER SERVICE - AGENCY - PER 1/4 HOUR
- 1225Z - PCA AGENCY, PER DIEM, PRORATED, HOURLY
- 1226Z - RESPITE CARE IN THE HOME - 1/4 HR. COMPANION
- 1228Z - RESPITE CARE IN THE HOME - 1/4 HR. HOMEMAKER
- 1230Z - RESPITE CARE IN THE HOME 1/4 HOUR - HOME HEALTH AIDE
- 1232Z - RESPITE CARE IN THE HOME PER HOUR-OTHER
- 1247Z - MENTAL HEALTH COUNSELING INDIVIDUAL
- 1531P - COMMUNITY LIVING SUPPORT
- 1532P - CHORE SERVICE PER 1/4 HOUR
- 1534P - COMMUNITY LIVING SUPPORT
- 1536P - COMPANION SERVICES PER ¼ HOUR
- 1542P - HOMEMAKER SERVICES PER ¼ HOUR
- 1546P - INDEPENDENT LIVING SKILL DEVELOPMENT, PER HOUR (Agency)
- 1562P- RESPITE CARE PER HOUR (Agency)
- 3022Z - PCA AGENCY OVERNIGHT PRORATED HOURLY
- 3024Z - PCA RESPITE AGENCY OVERNIGHT PRORATED HOURLY
- 3025Z - PCA RESPITE AGENCY PER DIEM, PRORATED HOURLY
- 3026Z - PERSONAL CARE RESPITE OVERNIGHT



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3027Z - PERSONAL CARE RESPITE PER 15 MINUTES

3028Z - PERSONAL CARE RESPITE PER DIEM

The following Home Health services provided to clients enrolled in the Connecticut Home Care (CHC), Personal Care Assistant (PCA) and Acquired Brain Injury (ABI) programs are required to utilize EVV.

G0162 - REGISTERED NURSE MANAGEMENT AND EVALUATION OF THE POC, EACH 15 MINUTES

G0151 - PHYSICAL THERAPY IN THE HH/HOSPICE SETTING

G0152 - OCCUPATIONAL THERAPY IN THE HH/HOSPICE SETTING

G0153 - SPEECH THERAPY IN THE HH/HOSPICE SETTING

H0033 - ORAL MEDICATION ADMINISTRATION, DIRECT OBSERVATION

S9123 - NURSING CARE, RN

S9124 - NURSING CARE, LPN

T1001 - NURSING ASSESSMENT/EVALUATION

T1002 - RN SERVICES, UP TO 15 MINUTES

T1003 - LPN/LVN SERVICES, UP TO 15 MINUTES

T1004 - SERVICES OF A QUALIFIED NURSING AIDE, PER 15 MINUTES

T1021 - MED TECH (HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT)

T1502 - MEDICATION ADMINISTRATION, ORAL, INTRAMUSCULAR AND/OR SUBCUTANEOUS

T1503 - MEDICATION ADMINISTRATION, OTHER THAN ORAL, INTRAMUSCULAR AND/OR SUBCUTANEOUS

421 - PHYSICAL THERAPY, IN THE HOME

424 - PHYSICAL THERAPY EVALUATION

431 - OCCUPATIONAL THERAPY, IN THE HOME

434 - OCCUPATIONAL THERAPY EVALUATION

441 - SPEECH THERAPY, IN THE HOME

444 - OCCUPATIONAL THERAPY EVALUATION



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The following services provided to clients enrolled in the Autism program and are required to utilize EVV.

- 1302Z - JOB COACH AGENCY, PER 15 MIN
- 1304Z - LIFE SKILLS COACH AGENCY, 15 MINUTES
- 1396Z - COMMUNITY MENTOR AGENCY, PER 15 MINUTES
- 1404Z - RESPITE AGENCY IN HOME, INDIVIDUAL, PER 15 MINUTES

The following services provided to clients enrolled in the Mental Health Waiver program are required to utilize EVV.

- 1206Z - CHORE SERVICE, AGENCY, PER 15 MINUTES
- 1213M - RECOVERY ASSISTANT, AGENCY, PER 15 MINUTES
- 1217M - RECOVERY ASSISTANT, OVERNIGHT, PER 15 MINUTES
- 1229Z - BRIEF EPISODE STABILIZATION, PER 15 MINUTES
- G9012 - OTHER SPECIFIED CASE MANAGEMENT SERVICE, NOT ELSEWHERE CLASSIFIED
- H0038 - SELF-HELP PEER SERVICE, PER 15 MINUTES
- H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES
- H2023 - SUPPORTED EMPLOYMENT, PER 15 MINUTES

The following services provided to clients enrolled in the Acquired Brain Injury (ABI) program are optional and available for use in EVV.

- 1560P - PRE-VOCATIONAL SERVICE
- 1572P - SUPPORTED EMPLOYMENT

