

## Covered EVV Programs and Services

Payer	Service Description	Procedure Code
ODM	Home Health Aide	G0156
ODM	Nursing RN	G0299
ODM	Nursing LPN	G0300
ODM	PDN/Independent Nursing	T1000
ODM	RN Assessment	T1001
ODM	OHC Waiver Attendant	S5125
ODM	OHC Waiver Nursing LPN	T1003
ODM	OHC Waiver Aide	T1019
ODM	OHC Waiver Nursing RN	T1002
ODM	Physical Therapies	G0151
ODM	Occupational Therapies	G0152
ODM	Speech Language Pathology Therapies	G0153

Payer	Service Description	Procedure Code
MCO	Home Health Aide	G0156
MCO	Nursing RN	G0299
MCO	Nursing LPN	G0300
MCO	PDN/Independent Nursing	T1000
MCO	RN Assessment	T1001
MCO	Waiver Nursing RN	T1002
MCO	Waiver Nursing LPN	T1003
MCO	Waiver Home Care Attendant	S5125
MCO	Personal Care Aide	T1019
MCO	Physical Therapies	G0151
MCO	Occupational Therapies	G0152
MCO	Speech Language Pathology Therapies	G0153
MCO	MyCPD Waiver Choices -Home Care Attendant Services	T2025
MCO	MyCPD Waiver Consumer-Directed HCA	T1019

## Covered EVV Programs and Services

Payer	Service Description	Procedure Code
ODA	Home Care Attendant Nursing	PT680
ODA	Home Care Attendant Aide	PT681
ODA	Waiver Nursing RN	PT530
ODA	Waiver Nursing LPN	PT531
ODA	Personal Care Services	PT624
ODA	PPPD – Consumer Directed Personal Care	T1019
ODA	PPPD – Waiver Choices Home Care Attendant	T2025

Payer	Service Description	Procedure Code
DODD	Waiver Nursing RN	T1003
DODD	Waiver Nursing LPN	T1002
DODD	Homemaker/Personal Care	HPC*
DODD	PDHPC – Participant-Directed Homemaker Personal Care	HPC*

\* If you provide any of the service codes listed below, you will be selecting **HPC** in the EVV system

<b>ADC</b>	<b>ADV</b>	<b>APC</b>	<b>APV</b>	<b>APW</b>	<b>APX</b>	<b>APY</b>
<b>APZ</b>	<b>AQC</b>	<b>AQV</b>	<b>AQW</b>	<b>AQX</b>	<b>AQY</b>	<b>AQZ</b>
<b>EDC</b>	<b>EDV</b>	<b>EPC</b>	<b>EPV</b>	<b>EPW</b>	<b>EPX</b>	<b>EPY</b>
<b>EPZ</b>	<b>EQC</b>	<b>EQV</b>	<b>EQW</b>	<b>EQX</b>	<b>EQY</b>	<b>EQZ</b>
<b>FDC</b>	<b>FDV</b>	<b>FPC</b>	<b>FPV</b>	<b>FPW</b>	<b>FPX</b>	<b>FPY</b>
<b>FPZ</b>	<b>FQC</b>	<b>FQV</b>	<b>FQW</b>	<b>FQX</b>	<b>FQY</b>	<b>FQZ</b>
<b>SDC</b>	<b>SDD</b>	<b>SDV</b>				

+ If you bill in anything other than units and/or for a list of excluded services please click [here](#).