

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2024129    AUGUST 15, 2024

## IHCP reminds providers about EVV and rounding units

Federal law requires personal care service and home health service providers to use an electronic visit verification (EVV) system to document services rendered and directs Medicaid programs to implement this requirement. See *Indiana Health Coverage Programs (IHCP) Bulletin [BT202422](#)* for more information. The requirement that IHCP personal care service providers use an EVV system has been in place since Jan. 1, 2021. The requirement that IHCP home health service providers use an EVV system has been in place since Jan. 1, 2024.



Providers are reminded that they cannot bill partial units of service. Providers must round partial units of service to the nearest whole unit when calculating reimbursement. **If a unit of service equals 15 minutes, a minimum of eight minutes must be provided to bill for one unit.**

Home health providers are to follow the IHCP policy for rounding as outlined in the [Home Health Services](#) provider reference module at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

- Therapy procedure codes are measured as one unit equals 15 minutes.
  - If the therapist is in the home eight minutes or more, the provider can round the visit up to the 15-minute unit of service.
  - If the therapist is in the home for less than eight minutes, the provider cannot round this up and, therefore, cannot bill for it.
- For home health aide, licensed practical nurse (LPN) or registered nurse (RN) visits, nursing services are measured as one unit equals one hour.
  - If the home health aide, LPN or RN is in the home for fewer than 29 minutes, providers can bill for the entire first hour only if they provide a service. The Sandata Aggregator recognizes this billing parameter. The EVV record must support that 29 minutes of service was provided.
  - For subsequent hours in the home, providers should:
    - ◆ Round up any partial unit of service of 30 minutes or more to the next highest unit.
    - ◆ Round down any partial unit of service of 29 minutes or less to the next lowest unit.

For EVV compliance, providers *should not* adjust the clock-in or clock-out time to reflect the IHCP's rule for billing partial units. The Sandata Aggregator is configured to automatically round the number of verified EVV units of a performed service **up** to the nearest possible billable unit. **However, providers are still required to follow the billing rules identified above.**

For example, if a provider performs attendant care services (billed in 15-minute units), and the provider clocked in at 7 p.m. and clocked out at 8:05 p.m. (resulting in a 65-minute visit), the number of verified EVV units supported by this visit is **five**. Since the provider cannot bill partial units and *did not* perform eight or more minutes at the end of the shift for the last billable unit, **the provider's number of billable units is four**. The provider *should not* adjust the clock-out time unless the time incorrectly reflects when services ended during the shift.

For additional information or questions regarding EVV, providers can reach out to [inxixevv@gainwelltechnologies.com](mailto:inxixevv@gainwelltechnologies.com).

### QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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