

New Jersey Electronic Visit Verification Home Health Care Services

The code list below provides the final codes for Home Health Care Services (HHCS) required for 1/1/2023 electronic visit verification (EVV) compliance per Section 12006(a) of the 21st Century Cures Act.

Codes in cohort 1 (skilled care) and cohort 2 (therapies) require the base code **and** place of service (POS) 12-home. The combination of the code and POS determine that the service requires EVV for payment. All modifiers will be accepted for skilled care and therapies when the correct POS code is provided.

All services require a pre-authorization and POS 12 identifier for visit verification and billing.

EVV Home Health Care Services Codes:

COHORT 1 Skilled Nursing / Private Duty Nursing / Home Health			
Codes	Procedure Name	Unit of Measure	Service Requirements
97597	Debridement , open wound, wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, total wound(s) surface area; first 20 sq cm or less	Per visit	PA - REQUIRED POS - 12/Home
99601	Infusion- Skilled nursing	Up to 2 hours	PA - REQUIRED POS - 12/Home
99602	Infusion- Skilled nursing-additional hour(s)	Each additional hour	PA - REQUIRED POS - 12/Home
G0299	Direct skilled nursing services of a registered nurse (run) in the home health or hospice setting	15 mins	PA - REQUIRED POS - 12/Home
S9122	Home Health Aide/Certified Nurse Assistant	Per hour	PA - REQUIRED POS - 12/Home
S9123	Nursing care, in the home; by registered nurse,	Per hour	PA - REQUIRED POS - 12/Home
S9124	Nursing care, in the home; by licensed practical nurse	Per hour	PA - REQUIRED POS - 12/Home
S9127	Social work visit, in the home	Per diem	PA - REQUIRED POS - 12/Home
T1000	Private duty / independent nursing service(s)	15 mins	PA - REQUIRED POS - 12/Home
T1002	Private duty / independent nursing service(s) / RN	15 mins	PA - REQUIRED POS - 12/Home
T1003	LPN/LVN SERVICES	15 mins	PA - REQUIRED POS - 12/Home

New Jersey Electronic Visit Verification Home Health Care Services

T1030	Nursing care, in the home, by registered nurse	Per diem	PA - REQUIRED POS - 12/Home
T1031	Nursing care, in the home, by licensed practical nurse	Per diem	PA - REQUIRED POS - 12/Home

COHORT 2 Therapies			
Codes	Procedure Name	Unit of Measure	Service Requirements
92507	Speech, Language and Hearing Therapy Individual	Per diem	PA - REQUIRED POS - 12/Home
97110	Physical Therapy, Therapeutic procedure, 1 or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 mins	PA - REQUIRED POS - 12/Home
97129	Cognitive Therapy, Individual	15 mins	PA - REQUIRED POS - 12/Home
97130	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact (List separately in addition to code for primary procedure)	Each additional 15 mins	PA - REQUIRED POS - 12/Home
97535	Occupational Therapy, Individual - Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact	15 mins	PA - REQUIRED POS - 12/Home
G0151	Services performed by a qualified physical therapist in the home health or hospice setting	15 mins	PA - REQUIRED POS - 12/Home
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting	15 mins	PA - REQUIRED POS - 12/Home
S9128	Speech therapy, in the home	Per diem	PA - REQUIRED POS - 12/Home
S9129	Occupational therapy, in the home	Per diem	PA - REQUIRED POS - 12/Home
S9131	Physical therapy; in the home	Per diem	PA - REQUIRED POS - 12/Home