



PA-DHS Third Party EVV  
Program Offices:  
ODP, OLTL, OMAP FFS ONLY  
Addendum v1.20

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## Version Update

Name	Title	Changes	Date
J. Kalivas	Solution Design	Document Created	04.09.2019
J. Kalivas	Solution Design	Edits from PA-DHS feedback from MCOs and Alt EVV Vendors	05.03.2019
J. Kalivas	Solution Design	Document updated based on additional meeting with DXC & PA-DHS	05.15.2019
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J. Kalivas	Solution Design	Updated PayerID, ProgramOffice, and Service Code list	06.04.2019
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M. Hendrickson	Program Manager	Added Reason Code/Exception Code ID numbers Short and Long Visit exception codes removed due to optional scheduling	06.11.19
M. Hendrickson	Program Manager	Added table headers to p. 5-8 Removed Procedure Code under Client Payer Information section Updated TOC Updated IHCS abbreviation Updated Version # and in Footer Updated ExceptionID & ReasonCode to reflect 'Conditional' 'Required if applicable'	06.12.19
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J. Kalivas	Solutions Design	Updated to include Modifier field on the Visit	09.09.2019
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Amanda Scanlan	Project Manager	Updated 'PayerID', 'PayerProgram' for ODP codes to OLTL where applicable.	06.03.2020
Pamela Brooks	Product Management	Updated based on customer feedback	07.24.2020
Pamela Brooks	Product Management	Updates include: <ul style="list-style-type: none"> <li>Visit Changes / SequenceID – added format rule</li> <li>Visit Changes / ChangeDateTime – added format rule</li> <li>Correct PayerID from PAOLTL to PAODP for: W1724, W1725, W1726, W7058, W7059, W7060.</li> </ul>	12.03.2020

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# 1 Overview

This specification is intended to document any additional required attributes and the attributes that have values specific for PA-DHS pertaining to the Third Party EVV API that are required or recommended. Any additional attributes sent by PA-DHS Third Party EVV Providers will not be validated but will be stored by Sandata.

## 1.1 Intended Audience

The intended audience of this document is:

- Project Management and Technical teams at Sandata.
- Project Management and Technical teams at PA-DHS Third Party EVV Providers using alternate EVV solutions implementing this interface.

# 2 PA-DHS Specific Requirements

This interface, for PA-DHS, is intended for Third Party EVV Vendors to provide completed visits on at least a daily basis to the Sandata Aggregator. Visits are considered to be completed when all required information has been supplied for the visit and all visit exceptions have been remediated. Sandata will verify that visits received pass all PA-DHS edit rules on receipt. Note that the expectation is that all visit changes will be supplied along with the final completed visit.

# 3 Third Party EVV API

Index	Element	Description	Max Length	Type	Required?	Expected Values
Provider Identification						
1	ProviderQualifier	Identifier being sent as the unique identifier for the provider. Values: SandataID, NPI, API, MedicaidID, TaxID, Taxonomy, Legacy, Other.	20	String	Yes	MedicaidID
2	ProviderID	Unique identifier for the agency.	64	String	Yes	9-digit ProviderID
Client General Information						
2	ClientFirstName	Client's First Name.	30	String	Yes	
4	ClientLastName	Client's Last Name.	30	String	Yes	
5	ClientQualifier	Value being sent to unique identify the client. Values: ClientSSN, ClientOtherID, ClientCustomID. Should be the same as the value used by the Payer if a client feed is provided by the payer.	20	String	Yes	ClientCustomID
6	ClientMedicaidID	Unique ID provided by the State Medicaid program to the client.	64	String	Yes	MedicaidID (10-digit ID)
7	ClientIdentifier	Payer assigned client identifier identified by ClientQualifier. If client information is received from the payer, this	64	String	Yes	MedicaidID (10-digit ID)

		information will be used to link the received Third Party EVV information with the payer information provided.				
9	SequenceID	The Third Party EVV visit sequence ID to which the change applied.	16	Integer	Yes	LIVE DATA Format = YYYYMMDDHHMMSS
10	ClientCustomID	Additional Client User-Defined ID. Commonly used to customize the built-in client ID within the system. Must be provided if billing is in scope. May be equal to another ID provided.	24	String	Yes	MedicaidID (10-digit ID)
13	ClientTimeZone	Client's primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Please see the appendix for acceptable values.	64	String	Yes	Eastern
<b>Client Payer Information</b>						
1	PayerID	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	64	String	Yes	PAODP   PAOLTL   PAOMAP
2	PayerProgram	If applicable, the program to which this visit belongs. Potential use and list of values to be determined during implementation.	9	String	Yes	ODP   OLTL   OMAP
3	ProcedureCode	This is the billable procedure code which would be mapped to the associated service. For most programs, it is the HCPCS number.	5	String	Yes	See Appendix 4.2 for list of values
<b>Client Address</b>						
1	ClientAddressType	Values: Home, Business, Other. Note that multiple of the same type can be provided. Default to Other if not available.	12	String	Yes	Home   Business   Other
2	ClientAddressIsPrimary	One address must be designated as primary. Values: true/false	5	String	Yes	True   False
3	ClientAddressLine1	Street Address Line 1 associated with this address. PO Box may not be acceptable for Billing and PO Box will not function correctly for MVV.	30	String	Yes	Required
6	ClientCity	City associated with this address.	30	String	Yes	Required
<b>Index</b>	<b>Element</b>	<b>Description</b>	<b>Max Length</b>	<b>Type</b>	<b>Required?</b>	<b>Expected Values</b>
7	ClientState	State associated with this address.	2	String	Yes	Two Character standard abbreviation.

8	ClientZip	Zip Code associated with this address. Required for Billing. 9-digit primary address zip code. If additional 4 digits are not known, provide zeros.	9	String	Yes	Format #####
Client Phone						
1	ClientPhoneType	Values: Home, Mobile, Business and Other. Note that multiple of the same type can be provided. Default to Other if not available.	12	String	Conditional	Home   Mobile   Business   Other
2	ClientPhone	Client phone number.	10	String	Conditional	Format #####
Employee General Information						
1	EmployeeQualifier	Value being sent to unique identify the employee. Values: EmployeeSSN, EmployeeRegID, EmployeeCustomID.	20	String	Yes	EmployeeCustomID
2	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided and should be defined as the same value.	9	String	Yes	If employee has unique registry ID this is needed. If not, then send last five digits of SSN.  PA-DHS Unique Registry ID – 6-character alphanumeric value Or Last 5-digits of SSN format 0000#####
4	SequenceID	The Third Party EVV visit sequence ID to which the change applied	16	Integer	Yes	LIVE DATA Format =YYYYMMDDHHMMSS (Numbers only; no characters)
5	EmployeeSSN	Employee Social Security Number. Employee SSN may be required depending on the program rules.	9	String	Yes	Last 5-digits of SSN format 0000#####  Must be Unique within each Agency
6	EmployeeLastName	Employee's Last Name	30	String	Yes	LIVE DATA
7	EmployeeFirstName	Employee's First Name	30	String	Yes	LIVE DATA
8	EmployeeEmail	Employee's Email Address	64	String	Optional	FORMAT: @ and extension (.xxx) are required to validate as an email address
Visit General Information						
1	VisitOtherID	Visit identifier in the external system	50	String	Yes	LIVE DATA
2	SequenceID	The Third Party EVV visit sequence ID to which the change applied	16	Integer	Yes	Format = YYYYMMDDHHMMSS (Numbers only; no characters)

Index	Element	Description	Max Length	Type	Required?	Expected Values
3	EmployeeQualifier	Value being sent to unique identify the employee. Values: EmployeeSSN, EmployeeRegID, EmployeeCustomID.	20	String	Yes	EmployeeCustomID
4	EmployeeIdentifier	Employee identifier identified by EmployeeQualifier. If employee information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided and should be defined as the same value.	9	String	Yes	If employee has unique registry ID this is needed. If not, then send last five digits of SSN.  PA-DHS Unique Registry ID – 6-character alphanumeric value Or Last 5-digits of SSN format 0000####
5	ClientIDQualifier	Value being sent to unique identify the client. Values: ClientSSN; ClientOtherID, ClientCustomID. Should be the same as the value used by the Payer if a client feed is provided by the payer.	20	String	Yes	ClientCustomID
6	ClientID	Identifier used in the client element.	64	String	Yes	MedicaidID (10-digit ID)
7	ClientIdentifier	Payer assigned client identifier identified by ClientQualifier. If client information is received from the payer, this information will be used to link the received Third Party EVV information with the payer information provided.	64	String	Yes	Required  Populate with vendor specific identifier for the Client (member). This may or may not be equal to MedicaidID
8	VisitCancelledIndicator	True/false – allows a visit to be cancelled / deleted based on defined rules.	5	String	Conditional	True   False
9	PayerID	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	64	String	Yes	PAODP   PAOLTL   PAOMAP
10	PayerProgram	If applicable, the program to which this visit belongs. Potential use and list of values to be determined during implementation.	9	String	Yes	ODP   OLTL   OMAP
11	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	See Appendix 4.2 for list of values

Index	Element	Description	Max Length	Type	Required?	Expected Values
12	Modifier1	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage.	2	String	Conditional	See Appendix 4.2 Include when required
13	Modifier2	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage.	2	String	Conditional	See Appendix 4.2 Include when required
14	Modifier3	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage.	2	String	Conditional	See Appendix 4.2 Include when required
15	Modifier4	Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage.	2	String	Conditional	See Appendix 4.2 Include when required
16	VisitTimeZone	Visit primary time zone. Depending on the program, this value may be defaulted or automatically calculated. Please see the appendix for acceptable values. Should be provided if the visit is occurring in a time zone other than that of the client.	64	String	Yes	US/Eastern
Calls						
1	CallExternalID	Call identifier in the external system	16	String	Yes	LIVE DATA
2	CallDateTime	Event date time. Must be at least to the second.	20	DateTime	Yes	Format: YYYY-MM-DDTHH:MM:SSZ
3	CallAssignment	Values: Time In, Time Out, Other	10	String	Yes	Time In   Time Out Other
5	CallType	The type of device used to create the event. Values: Telephony, Mobile, FVV, Manual, Other. Any call with GPS data collected should be identified as Mobile. FVV should be used for any type of Fixed verification device.	20	String	Yes	Telephony   Mobile   FVV   Manual   Other
6	ProcedureCode	This is the billable procedure code which would be mapped to the associated service.	5	String	Yes	See Appendix 4.2 for list of values
Index	Element	Description	Max Length	Type	Required?	Expected Values
7	ClientIdentifierOnCall	If a client identifier was entered on the call, this value should be provided.	10	String	Conditional; see description in spec	MedicaidID (10-digit ID) LIVE DATA
Visit Exception Acknowledgement						



1	ExceptionID	ID for the exception being acknowledged. Exact values for exceptions implemented are based on program rules.	2	String	Conditional	Required if applicable. See Appendix 4.4 for a list of exception codes
Visit Changes						
1	SequenceID	The Third Party EVV visit sequence ID to which the change applied	16	String	Yes	If timestamp is used, then format = YYYYMMDDHHMMSS (Numbers only; no characters)
2	ChangeMadeBy	The unique identifier of the user, system or process that made the change. This could be a system identifier for the user or an email. Could also be a system process, in which case it should be identified.	64	String	Yes	LIVE DATA Username or User Identifier who completed the change to the visit information (Audit)
3	ChangeDateTime	Date and time when change is made. At least to the second.	20	Date Time	Yes	YYYY-MM-DDTHH:MM:SSZ
5	ReasonCode	Reason Code associated with the change.	4	String	Conditional	Required if applicable. See Appendix 4.3 for values
6	ChangeReasonMemo	Reason/Description of the change being made if entered. Required for some reason codes.	256	String	Conditional	Required if ReasonCode = Other, Optional otherwise

## 4 Appendices

### 4.1 Assumptions

#### 1. Transmission Frequency

For optimal system performance, it is recommended that visits be sent as often as systems configuration allows but no less than daily. It is expected that information is sent as it is added/changed/deleted in the Alternate EVV Data Collection System. Note that rejection responses will be delivered on a separate API call that is initiated by the third party-in near real time.

#### 2. Transmission Limits

A single transaction may contain from 1 to 5,000 records. A single record set would include all associated elements.  
 If the group size exceeds the maximum limit for the group, the complete group will be rejected.  
 During peak loads, records received may be queued and processed as resources permit. Other transactions received for the Provider ID will be queued behind these until they are processed since they must be processed in the proper order.

### 4.2 Services & Modifiers

PayerID	ProgramOffice	HCPCS	Description	Modifier1	Modifier2	Modifier3	Modifier4
PAOLTL	OLTL	S5150	Respite (Consumer)				
PAOLTL	OLTL	S5150	Respite (Consumer Overtime)	TU			
PAOLTL	OLTL	T1005	Respite (Agency)				
PAOLTL	OLTL	W1792	PAS (Consumer)				
PAOLTL	OLTL	W1792	PAS (Consumer Overtime)	TU			
PAOLTL	OLTL	W1793	Personal Assistance Services - Agency				
PAODP	ODP	W1724	Companion (1:3)				
PAODP	ODP	W1724	Companion 1:3 Enh Communication	U1			
PAODP	ODP	W1725	Companion (1:2)				
PAODP	ODP	W1725	Companion 1:2-Enh Communication	U1			
PAODP	ODP	W1726	Companion (1:1)				
PAODP	ODP	W1726	Companion 1:1 Enh Communication	U1			
PAODP	ODP	W1726	Companion 1:1 No Benefit Allowance	U4			
PAODP	ODP	W1726	Companion 1:1 No Bnfit Enh Communication	U4	U1		
PAODP	ODP	W7058	In-Home and Community Support 1:3				

PayerID	ProgramOffice	HCPCS	Description	Modifier1	Modifier2	Modifier3	Modifier4
PAODP	ODP	W7058	In-Home and Community Support-1:3-ECS	U1			
PAODP	ODP	W7059	In-Home and Community Support 1:2				
PAODP	ODP	W7059	In-Home and Community Support-1:2-ECS	U1			
PAODP	ODP	W7060	In-Home and Community Support 1:1				
PAODP	ODP	W7060	In-Home and Community Support 1:1-ECS	U1			
PAODP	ODP	W7060	IHCS 1:1-NoBenefitAllowance	U4			
PAODP	ODP	W7060	IHCS 1:1-NoBenefit-ECS	U4	U1		
PAODP	ODP	W7061	IHCS 1:1 w/Degreed Staff				
PAODP	ODP	W7061	In-Home and Community Support 1:1-ECS	U1			
PAODP	ODP	W7061	IHCS 1:1 Enhanced LPN	TE			
PAODP	ODP	W7061	IHCS 1:1 Enhanced LPN-ECS	TE	U1		
PAODP	ODP	W7061	IHCS 1:1 Enh LPN-No Benefit	TE	U4		
PAODP	ODP	W7061	IHCS 1:1 Enhanced-RN	TD			
PAODP	ODP	W7061	IHCS 1:1 Enhanced RN ECS	TD	U1		
PAODP	ODP	W7061	IHCS 1:1 Enh-RN-NoBenefit	TD	U4		
PAODP	ODP	W7061	IHCS 1:1-Enh NoBenefitAllow	U4			
PAODP	ODP	W7061	IHCS 1:1 NoBenefitAllow-ECS	U4	U1		
PAODP	ODP	W7061	IHCS 1:1 LPN-NoBenefit ECS	TE	U4	U1	
PAODP	ODP	W7061	IHCS 1:1 RN-NoBenefit ECS	TD	U4	U1	
PAODP	ODP	W7068	In-Home and Community Support 2:1				
PAODP	ODP	W7068	In-Home and Community Support 2:1-ECS	U1			
PAODP	ODP	W7068	IHCS 2:1-NoBenefitAllowance	U4			
PAODP	ODP	W7068	IHCS 2:1-NoBenefitAllow-ECS	U4	U1		
PAODP	ODP	W7069	IHCS 2:1 Enhanced				
PAODP	ODP	W7069	IHCS 2:1 Enhanced - ECS	U1			
PAODP	ODP	W7069	In-Home and Community Support 2:1 LPN	TE			
PAODP	ODP	W7069	In-Home & Community Support 2:1 LPN-ECS	TE	U1		
PAODP	ODP	W7069	IHCS 2:1 LPN ECS No Benefit Allowance	TE	U4		
PAODP	ODP	W7069	In-Home and Community Support 2:1 RN	TD			
PAODP	ODP	W7069	In-Home and Community Support 2:1 RN ECS	TD	U1		
PAODP	ODP	W7069	IHCS 2:1 RN No Benefit Allowance	TD	U4		
PAODP	ODP	W7069	IHCS 2:1 No Benefit Allowance	U4			

PayerID	ProgramOffice	HCPCS	Description	Modifier1	Modifier2	Modifier3	Modifier4
PAODP	ODP	W7069	IHCS 2:1 Enh-NoBenefitAllowance-ECS	U4	U1		
PAODP	ODP	W7069	IHCS 2:1 LPN-NoBenefit ECS	TE	U4	U1	
PAODP	ODP	W7069	IHCS 2:1 RN-NoBenefit ECS	TD	U4	U1	
PAODP	ODP	W7201	Specialized Skill Dev-Comm Support (1:1)				
PAODP	ODP	W7204	Specialized Skill Dev-Comm Support (1:2)				
PAODP	ODP	W7205	Specialized Skill Dev-Comm Support (1:3)				
PAODP	ODP	W7213	Respite-Agency Managed In Home-15 Min				
PAODP	ODP	W7283	Homemaker-Permanent-No Benefit Allowance	U4			
PAODP	ODP	W7283	Homemaker-Temp-No Benefit Allowance	UA	U4		
PAODP	ODP	W7283	Homemaker-Temporary	UA			
PAODP	ODP	W7283	Homemaker-Permanent				
PAODP	ODP	W8095	Respite 2:1 w/CertifiedStaff-NoBenefit	U4			
PAODP	ODP	W8095	Respite 2:1 Enh w/Certified DSP				
PAODP	ODP	W8095	Respite 2:1 Enh w/Certified DSP-ECS	U1			
PAODP	ODP	W8095	Respite 2:1 Enhanced-ECS-NoBenefit	U4	U1		
PAODP	ODP	W8095	Respite 2:1 Enhanced RN-ECS	TD	U1		
PAODP	ODP	W8095	Respite 2:1 Enhanced RN-NoBenefit- ECS	TD	U4	U1	
PAODP	ODP	W8095	Respite 2:1 Enhanced RN-NoBenefit	TD	U4		
PAODP	ODP	W8095	Respite 2:1 Enhanced RN	TD			
PAODP	ODP	W8095	Respite 2:1 Enhanced LPN-ECS	TE	U1		
PAODP	ODP	W8095	Respite 2:1 Enhanced LPN - NoBenefit- ECS	TE	U4	U1	
PAODP	ODP	W8095	Respite 2:1 Enhanced LPN - NoBenefit	TE	U4		
PAODP	ODP	W8095	Respite 2:1 Enhanced LPN	TE			
PAODP	ODP	W8096	Respite Basic 1:4				
PAODP	ODP	W8096	Respite Basic 1:4 ECS	U1			
PAODP	ODP	W9596	RespiteAgency Mngd Unlic OutofHom-15 Min				
PAODP	ODP	W9795	Respite-Unlic-Day (Basic 1:4)				
PAODP	ODP	W9795	Respite-Unlic-Day(Basic 1:4) ECS	U1			
PAODP	ODP	W9796	Respite-Unlic-Day (Level 1, 1:3)				
PAODP	ODP	W9796	RespiteUnlic-Day(Level 1, 1:3) - ECS	U1			

PayerID	ProgramOffice	HCPCS	Description	Modifier1	Modifier2	Modifier3	Modifier4
PAODP	ODP	W9797	Respite-Unlic-Day (Level 2, 1:2)				
PAODP	ODP	W9797	RespiteUnlicDay(Level 2, 1:2) - ECS	U1			
PAODP	ODP	W9798	Respite-Unlic-Day (Level 3, 1:1)				
PAODP	ODP	W9798	Respite-Unlic-Day (Level 3, 1:1) ECS	U1			
PAODP	ODP	W9798	Respite-Unlic-Day (Level 3, 1:1) No Benefit Allowance	U4			
PAODP	ODP	W9798	Respite-Unlic-Day(Lvl 3, 1:1) NoBenefitAllowance-ECS	U4	U1		
PAODP	ODP	W9799	Respite-Unlic-Day (Level 3, 1:1 Enh)				
PAODP	ODP	W9799	RespiteUnlicDay(Level 3, 1:1 Enh) ECS	U1			
PAODP	ODP	W9799	RespiteUnlicDay (Lvl 3, 1:1 Enh) No Benefit Allowance	U4			
PAODP	ODP	W9799	Respite-Unlic-Day(Lvl 3, 1:1 Enh) Not Benefit Allowance-ECS	U4	U1		
PAODP	ODP	W9799	RespiteUnlicDay (Lvl 3, 1:1 Enh)-RN-ECS	TD	U1		
PAODP	ODP	W9799	Respite-Unlic-Day(Lvl 3, 1:1 Enh)-RN-No Benefit Allowance-ECS	TD	U4	U1	
PAODP	ODP	W9799	Respite-Unlic-Day(Lvl 3, 1:1 Enh)-RN-No Benefit Allowance	TD	U4		
PAODP	ODP	W9799	RespiteUnlicDay (Lvl 3, 1:1 Enh)-RN	TD			
PAODP	ODP	W9799	RespiteUnlicDay (Lvl 3, 1:1 Enh)-LPN-ECS	TE	U1		
PAODP	ODP	W9799	Respite-Unlic-Day(Lvl 3, 1:1 Enh)-LPN-No Benefit Allowance-ECS	TE	U4	U1	
PAODP	ODP	W9799	Respite-Unlic-Day(Lvl 3, 1:1 Enh)-LPN-No Benefit Allowance	TE	U4		
PAODP	ODP	W9799	RespiteUnlicDay (Lvl 3, 1:1 Enh)-LPN	TE			
PAODP	ODP	W9800	Respite-Unlic-Day (Level 4, 2:1)				
PAODP	ODP	W9800	Respite-Unlic-Day (Level 4, 2:1) ECS-	U1			
PAODP	ODP	W9800	Respite-Unlic-Day (Level 4, 2:1) -No Benefit Allowance	U4			
PAODP	ODP	W9800	Respite-Unlic-Day (Lvl 4, 2:1) No Benefit Allowance-ECS	U4	U1		
PAODP	ODP	W9801	Respite-Unlic-Day (Level 4, 2:1 Enhcd)				
PAODP	ODP	W9801	Respite-Unlic-Day (Lvl 4, 2:1 Enhcd) ECS	U1			

PayerID	ProgramOffice	HCPCS	Description	Modifier1	Modifier2	Modifier3	Modifier4
PAODP	ODP	W9801	Respite-Unlic-Day(Level 4, 2:1 Enhcd) No Benefit Allowance	U4			
PAODP	ODP	W9801	RespiteUnlicDay (Lvl 4, 2:1 Enhcd)No Benefit Allowance-ECS	U4	U1		
PAODP	ODP	W9801	Respite-Unlic-Day (Lvl 4, 2:1 Enhcd)-RN-ECS	TD	U1		
PAODP	ODP	W9801	Respite-Unlic-Day (Lvl 4, 2:1 Enhcd)-RN-NoBenefitAllowance-ECS	TD	U4	U1	
PAODP	ODP	W9801	Respite-Unlic-Day (Lvl 4, 2:1 Enhcd)-RN-NoBenefitAllowance	TD	U4		
PAODP	ODP	W9801	Respite-Unlic-Day (Lvl 4, 2:1 Enhcd)-RN	TD			
PAODP	ODP	W9801	Respite-Unlic-Day (Lvl 4, 2:1 Enhcd)-LPN-ECS	TE	U1		
PAODP	ODP	W9801	Respite-Unlic-Day (Lvl 4, 2:1 Enhcd)-LPN-NoBenefitAllowance-ECS	TE	U4	U1	
PAODP	ODP	W9801	Respite-Unlic-Day (Lvl 4, 2:1 Enhcd)-LPN-NoBenefitAllowance	TE	U4		
PAODP	ODP	W9801	Respite-Unlic-Day (Lvl 4, 2:1 Enhcd)-LPN	TE			
PAODP	ODP	W9860	Respite Staffing Ratio 1:3				
PAODP	ODP	W9860	Respite Staffing Ratio 1:3 -ECS	U1			
PAODP	ODP	W9861	Respite Staffing Ratio 1:2				
PAODP	ODP	W9861	Respite Staffing Ratio 1:2-ECS	U1			
PAODP	ODP	W9862	Respite Level 3 Staffing Ratio 1:1				
PAODP	ODP	W9862	Respite Level 3 Staffing Ratio 1:1-ECS	U1			
PAODP	ODP	W9862	Respite Level 3-1:1 NoBenefitAllowance	U4			
PAODP	ODP	W9862	Respite 1:1-NoBenefitAllow-Enh Communic	U4	U1		
PAODP	ODP	W9863	Respite Level 3 1:1 With Certified DSP				
PAODP	ODP	W9863	Respite Level 3 1:1 w/CertifiedStaff-ECS	U1			
PAODP	ODP	W9863	Respite 1:1 w/CertifiedStaff-NoBenefit	U4			
PAODP	ODP	W9863	Respite 1:1 w/CertifiedStaff -NoBenefit-ECS	U4	U1		
PAODP	ODP	W9863	Respite 1:1 w/CertifiedStaff-RN-ECS	TD	U1		
PAODP	ODP	W9863	Respite 1:1 w/CertifiedStaff-RN-NoBenefitAllowance-ECS	TD	U4	U1	

PayerID	ProgramOffice	HCPCS	Description	Modifier1	Modifier2	Modifier3	Modifier4
PAODP	ODP	W9863	Respite 1:1 w/CertifiedStaff-RN-NoBenefitAllowance	TD	U4		
PAODP	ODP	W9863	Respite 1:1 w/CertifiedStaff-RN	TD			
PAODP	ODP	W9863	Respite 1:1 w/CertifiedStaff-LPN-ECS	TE	U1		
PAODP	ODP	W9863	Respite 1:1 w/CertifiedStaff-LPN-NoBenefitAllowance-ECS	TE	U4	U1	
PAODP	ODP	W9863	Respite 1:1 w/CertifiedStaff-LPN-NoBenefitAllowance	TE	U4		
PAODP	ODP	W9863	Respite 1:1 w/CertifiedStaff-LPN	TE			
PAODP	ODP	W9864	Respite Level 4 2:1-NoBenefitAllowance	U4			
PAODP	ODP	W9864	Respite Lvl 4 2:1-NoBenefit-EnhCommunica	U4	U1		
PAODP	ODP	W9864	Respite StaffingRatio 2:1				
PAODP	ODP	W9864	Respite StaffingRatio 2:1-ECS	U1			
PAOMAP	OMAP	S9122	Aide In Home Care - Hr				

### 4.3 Reason Codes

Reason Code	Description	Note Required?
10	Direct Care Worker Error	No
20	Participant Unavailable	No
30	Mobile Device Issue	No
40	Telephony Issue	No
50	Participant Refusal	Yes
60	Service Outside the Home	No
70	Other	Yes



#### 4.4 Exceptions

Exception Code	Exception Name	Description
34	Invalid Service	Exception when the service selected for a visit is not valid for the program / recipient of care.
23	Missing Service	Exception when the service provided during a visit is not recorded or present in the system.
0	Unknown Client	Exception for a visit that was performed for a recipient of care that is not yet entered or not found in the EVV system.
1	Unknown Employee	(Telephony only) Exception for a visit that was performed by a caregiver who was not yet entered or not found in the EVV system (At the time the visit was recorded).
15	Unmatched Client ID / Phone	(Telephony only) Exception when the visit was recorded from a phone number that was not matched to a recipient of care in the EVV system.
3	Visits Without In-Calls	Exception thrown when a visit is recorded without an "in" call that began the visit.
4	Visits Without Out Calls	Exception thrown when a visit is recorded without an "out" call that completed the visit.

## 4.5 Abbreviations

Abbreviation	Name
ANI	Automatic Number Identification
BYOD	Bring Your Own Device
CDS	Consumer Directed Services
ECS	Enhanced Communication Services (represented by modifier U1)
EVV	Electronic Visit Verification
FI	Fiscal Intermediary
GPS	Global Positioning System
IVR	Interactive Voice Response – the underlying system used for telephony
IHCS	ODP service that represents In-Home and Community Supports
MVV	Mobile Visit Verification
PA	Prior Authorization
PIN	Personal Identity Number
SMC	Sandata Mobile Connect
SSN	Social Security Number
TVV	Telephonic Visit Verification
AKA	Also Known As
API	Application Programming Interface
GMT	Greenwich Mean Time
HTTP	Hyper Text Transfer Protocol
JSON	Java Script Object Notation
SOAP	Simple Object Access Protocol
TBD	To Be Determined
TD	Modifier attached to a procedure code that represents a registered nurse (RN)

Abbreviation	Name
TE	Modifier attached to a procedure code that represents a licensed practical nurse (LPN)
U1	Modifier attached to a procedure code that represents enhanced communication services (ECS)
U4	Modifier attached to a procedure code used by an Agency with Choice Financial Management Service when no benefit allowance is paid to the support service professional as part of the wage
UTC	Universal Time Coordinated
XML	Extensible Markup Language

## 4.6 Terminology

Sandata Terminology	Other Possible References
Agency	Agency Provider Provider Account Billing Agency
Authorization	Service Plan Prior Auth
Client	Individual Patient Member Recipient Beneficiary
Contract	Program Program Code
Employee	Caregiver Admin Home Health Aide Consumer Directed Worker Staff Worker Individual Provider Scheduler
HCPCS	Bill Code Procedure Code Service Code
Payer	Admission Insurance Company Contract Managed Care Organization (MCO) State
Provider	Agency Third Party Administrator (TPA)