

Home Health Services

Claims, Billing, and Authorization Provider Guide

Overview

The 21st Century Cures Act requires NC Medicaid to use Electronic Visit Verification (EVV) system for Home Health Care Services (HHCS). EVV uses technology to record the times, dates and specific services that are given, which helps ensure people receive the services they need. In compliance with the Cures Act, NC Medicaid has determined that the following services covered through the State Plan and the 3-A Home Health Clinical Coverage Policy will be subject to the EVV requirement:

- Aide Services
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Skilled Nursing Visits

EVV Vendor Selection

To ensure that the provider community complies with the Cures Act mandate requirements, Carolina Complete Health partners with [HHAeXchange](#) as its EVV solution. CCH's Tailored Plan Partners, Partners Health Management and Trillium Health Resources also use HHAeXchange as their EVV solution.

HHAeXchange offers EVV solutions at no cost to providers and data integration options for providers who already have EVV software. Based on your provider set up, below are the options available with HHAeXchange:

- **Option 1** – Agencies currently without an EVV Solution: Use the free EVV tools provided by HHAeXchange and Carolina Complete Health
- **Option 2** – Agencies currently using another third Party EVV Solution: Use your existing EVV system and import visit data into HHAeXchange – HHAX will route visit data to Carolina Complete Health
 - If using **Option 2** with Trillium Tailored Plan or Partners Tailored Plan, HHAX will route visit data to CCH for physical health claim processing. Your vendor must send visit data to HHAX using the HHAX Payer ID that corresponds to the **member's plan eligibility on that date of service**.

The HHAeXchange [Provider Information Center](#) outlines necessary requirements to set up access to the HHAeXchange system. If your agency does not have a portal with HHAeXchange, please complete the [Provider Portal survey](#). Your practice must set up an HHAX portal using one of the two options above in order to receive payment from CCH for Home Health EVV services.

NOTE: NC DHHS requires completion of a registration form for ALL EVV providers who choose to use any EVV vendor except Sandata. The registration link can be found [here](#). For more information, please review the NC DHHS EVV website under "[NC Medicaid Alternate Electronic Visit Verification \(EVV\) New Provider Registration Form](#)."

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Authorization

A list of in-scope Home Health EVV CPT/HCPCS codes can be found in the [Code Crosswalks](#).

- [CCH Code Crosswalk](#)
- [Partners Code Crosswalk](#)
- [Trillium Code Crosswalk](#)

How to Secure Prior Authorization with Carolina Complete Health

- **ELECTRONIC** (preferred and fastest method)
 - [Secure Provider Portal](#)
 - [Availity Essentials](#)
- **PHONE**
 - **1-833-552-3876**
NOTE: After normal business hours and on holidays, calls are directed to the plan's 24-hour nurse advice line. Notification of authorization will be returned by phone, fax or web.
- **FAX**
 - Submit using the [CCH Standard Plan Prior Authorization Fax Form \(PDF\)](#) and submit to the appropriate fax line according to service type. Fax numbers can be found on the form.

How to Secure Prior Authorization for Partners or Trillium Tailored Plan

- Authorization submission methods for Partners and Trillium can be found on the following pages:
 - <https://network.carolinacompletehealth.com/Trillium>
 - <https://network.carolinacompletehealth.com/Partners>

Required Documentation

- HH Therapy: Physician Order/Signed Plan of Care (CMS-485 form), Face to face encounter within 90 days prior or within 30 days after starting care, Therapy Evaluation and Plan of Care. Therapy evaluation must be completed prior and submitted with the Prior Authorization request.
- HH Skilled Nursing: Physician Order/Signed Plan of Care (CMS-485 form), Face to face encounter within 90 days prior or within 30 days after starting care.

NOTES:

- Please review [NC Medicaid Home Health Services Clinical Coverage Policy No: 3A](#) for more information.
- Please review our [Prior Authorization webpage](#) for more information on PA requirements and how to request PA.

HHAX

Provider Resources

- Information Hub - new HHA connections, specifications files, etc.
 - [Standard Plans](#)
 - [Tailored Plans](#)
- [Knowledge Base for HHAX Providers](#) – workflow specific job aids and videos
- [Knowledge Base for 3rd Party Providers](#) – workflow specific job aids and videos

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Provider System User Training

- If your HHAX portal was created before 9/4/24: [North Carolina PHP on Vimeo](#)
- If your HHAX portal was created after 9/4/24: [Sign Up For HHAExchange University](#)

Third Party/Alternate EVV Vendor Resources:

- [Visit Import Guide](#)
- [EDI Export Interface Guide](#)
- [EDI Code Table Guide NC Standard Plans](#)
- [EDI Code Table Guide NC Tailored Plans](#)

Electronic Funds Transfer (EFT) and Explanation of Payment (EOPs)

Carolina Complete Health offers **Payspan Health**, a free solution that helps providers transition to electronic payments and automatic reconciliation. Through Payspan, providers can:

- Receive claims payments quickly and securely via EFT/ACH direct deposit.
- Access EOPs online for faster, paperless remittance.

To get started, please review [Electronic Funds Transfer Enrollment](#) and the [Payspan Training and User Guide \(PDF\)](#).

Claims and Billing

CCH supports “Direct Billing” for Home Health Providers (taxonomy 251E00000X). Direct billing means claims can be submitted to CCH via any of our claims submission paths. See our [Claims and Billing Frequently Asked Questions](#) for more information.

For direct billing methods with Partners and Trillium Tailored Plans, see our Provider Guide: [Tailored Plan Billing with Partners and Trillium for Physical Health Providers \(PDF\)](#)

Providers may also use HHAX for claims submission if preferred. If you do not intend to bill through HHAX, please [submit a support ticket](#) to HHAX to disable your E-Billing configuration to prevent duplicate claims.

NOTE: Personal Care EVV service claims (99509 HA or HB) must be submitted through HHAX only.

Your practice/vendor must send EVV visit data to HHAX AND ensure it is successfully imported regardless of the claims submission path. In hard launch, visit data is required to be loaded in HHAX or claims will deny for EVV.

Direct Billed Claims

- Ensure the claim and visit data sent to HHAX have matching CPT/HCPCS AND Revenue Codes
 - An exact match is required.
 - Both the CPT/HCPCS and Revenue Code are required on claims.
- Claims received with no matching EVV visit data will Pend for up to 14 days.
 - Pend edit - EX10 - SOME OR ALL SERVICE UNITS PENDING VALIDATION BY THE EVV VENDOR
 - Claims adjudication process looks for new HHAX visit data daily.
 - If an HHAX visit match is subsequently received, the pend is removed and the claim is released for processing.
 - If no HHAX visit match is found after 14 days, the pend is removed and the below claims edits will be applied.

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Direct Billed Claims (continued)

- Once a claim is adjudicated, if updated visit data is sent to HHAX, you must submit a corrected claim to CCH in order for the claim to re-adjudicate and match against the new EVV visit data.

Claims Edits

- Soft launch – Informational edit only – claims will not deny for missing EVV visit data
 - EXR9 - DENY IF NOT VERIFIED THROUGH EVV - ELECTRONIC VISIT VERIFICATION
- Hard launch – claim denied if matching EVV visit data not present in HHAX
 - EXev – SOME OR ALL SERVICE UNITS COULD NOT BE VALIDATED BY THE EVV VENDOR

Support

We are committed to the care and well-being of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website at network.carolinacompletehealth.com for additional tools and resources. You may also contact your [Provider Engagement Administrator](#) directly for support and education.

HHAX Support

HHAXeXchange highly encourages users to submit requests via the [Client Support Portal](#). The Client Support Portal is the fastest method for HHAX to answer and address issues. Through a simple set of questions and selections, HHAX can easily determine assignment and answer questions directly online without waiting.

For more information, [please refer to this video](#) for step-by-step instructions on how to:

- Register for a Client Support Portal account
- Submit a support request
- Manage existing requests

Phone: **866-242-2465**

Provider Portal Resource Page:

- [Access from Provider Portal Support Center](#)

Frequently Asked Questions

Question: Where can I find additional information and resources for Home Health Providers?

Answer: Visit our [Home Health](#) webpage for announcements, education, training, and more.

Question: Are Revenue codes accepted when requesting authorizations?

Answer: Revenue codes are not accepted. Please use the Home Health Crosswalk under the Authorizations section for help with the applicable HCPCS/CPT codes to request.

Question: Which home health services require prior authorization?

Answer: Please visit our [Prior Authorization](#) website to access our Pre-Auth Tools for CCH, Trillium, and Partners.

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Frequently Asked Questions(continued)

Question: Depending on staffing, we may have a Physical Therapist and Physical Therapist Assistant serve the member. How should we request authorization?

Answer: Please reference our Home Health Code Crosswalk for in-scope CPT/HCPCS codes. If your practice intends to bill a credential specific code (e.g., G0151), then you should request both the PT and PTA codes on your prior authorization request – e.g., G0151 and G0157.

Question: What documentation is required at Start of Care?

Answer: Please see NC Medicaid Medicaid Home Health Services Clinical Coverage Policy No: 3A, section 5.3 Additional Limitations or Requirements.

Question: When is Home Health EVV “hard launch”?

Answer: Claims with dates of service starting **10/1/2025** will deny if they have no matching EVV data. This applies to CCH Standard Plan, Trillium Tailored Plan, and Partners Tailored Plan claims.

Question: Why are my visits rejecting at import to HHAX for “Patient Not Found”?

Answer: Your vendor must send visit data to HHAX using the HHAX Payer ID that corresponds to the member’s plan eligibility on that date of service.

- Carolina Complete Health Home Health – 57535
- Trillium Home Health – 57541
- Partners Home Health – 57539
- [HHAX Standard Plan EDI Code Table](#)
- [HHAX Tailored Plan EDI Code Table](#)

Question: Why are my claims receiving an “R9” edit?

Answer: The “R9” edit is an informational edit during the EVV soft launch period. This edit signifies that the claim is missing the EVV visit data that would be required in hard launch. Your practice should monitor for claims with the “R9” edit to ensure your data processes and EVV vendor are aligned for the hard launch requirements. Otherwise, your claims may deny during hard launch (“EXev” edit).

Troubleshooting “R9” edits:

- Validate that your EVV vendor submitted visit data to HHAX and it was successfully ingested to HHAX for that date of service.
- Validate that the CPT/HCPCS + Revenue code sent to HHAX matches the CPT/HCPCS + Revenue code on your claim.

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