HHSC Electronic Visit Verification (EVV) Business Rules for Proprietary Systems
Appendix J – Payer Plan Code Web Service
Effective 1/31/2020

Type of Record	Extract Data Element/Field Name	Required/ Informational/ Conditional	Conditional Information	Notes
Input	hcpcsCode	Required		
Input	modifier	Conditionally Required	Modifiers are required as referenced in the EVV Service Bill Codes table	
Input	serviceGroup	Conditionally Required	serviceGroup is required as referenced in the EVV Service Bill Codes table	
Input	serviceCode	Conditionally Required	serviceCode is required as referenced in the EVV Service Bill Codes table	
Input	medicaidID	Required		
Input	asOfDate	Required		This is the Date that the provider has selected the services for the individual. This could also be the date visits are scheduled. This is the date used to derive payer
Output	errorMessage	Optional		Return 'Unexpected System Error' if there is a system error when trying to match on the input parameters and build a return object.
Output	validationErrors	Optional		The comprehensive list of all validations are in the 'Validations' Tab.
Output	payer	Required		Payer_PlanCode tab contains the list of plan codes and its relation to the Payer.
Output	planCode	Conditionally Required	planCode is required if the payer is a MCO	Payer_PlanCode tab contains the list of plan codes and its relation to the Payer.

Validations

Validations	Validation Summary
Format validation for hcpcsCode **Validation:** 30 digit Alphanumeric Then the system passes validation Else the system sets Validation Error Message **Validation Error Message:** The hcpcsCode is not in a valid format.	This Validation helps to ensure that the right format of HCPCS Code is sent to the Payer Service.
Format validation for modifier **Validation:** 11 digit Alphanumeric (Up to 2 alphanumeric characters are allowed separated by a colon (:). Colon is the only special character allowed for this field.) Then the system passes validation Else the system sets Validation Error Message **Validation Error Message:** The modifier is not in a valid format.	This Validation helps to ensure that the right format of Modifier is sent to the Payer Service.
Format validation for serviceGroup **Validation:** 3 digit Numeric Then the system passes validation Else the system sets Validation Error Message **Validation Error Message:** The serviceGroup is not in a valid format.	This Validation helps to ensure that the right format of Service Group is sent to the Payer Service.
Format validation for serviceCode **Validation:** 50 digit Alphanumeric Then the system passes validation Else the system sets Validation Error Message **Validation Error Message:** The serviceCode is not in a valid format.	This Validation helps to ensure that the right format of Service Code is sent to the Payer Service.

Validations	Validation Summary
Format validation for MedicaidID **Validation:** 9 digit numerical Then the system passes validation Else the system sets Validation Error Message **Validation Error Message:** The Medicaid ID is not in a valid format.	This Validation helps to ensure that the right format of Medicaid ID is sent to the Payer Service.
Range validation for AsOfDate **Validation:** If the AsOfDate field is >= '04/01/2015' and in YYYY-MM-DDTHH:M:SS format Then the system passes the validation Else the system throws a Validation Error Message **Validation Error Message:** The AsOfDate field needs to be greater than or equal to 04/01/2015.	This Validation helps to ensure that the Date passed to the Payer Service is greater than 04/01/2015 (original EVV implementation date).
Validate hcpcsCode and Modifier Combination **Validation:** If the search using these parameters does not find a match in the LTC or MCO or AC table Then the system throws a Validation Error Message **Validation Error Message:** HCPCS Code and Modifier combination is not a valid EVV Service.	This Validation helps to ensure that the combination of HCPCS Code and Modifier exists in the EVV Services Table. The combination of HCPCS Code and Modifier needs to match data in the 'MCO EVV Services' or 'C21 AC FFS EVV Services' or 'CMS LTC FFS EVV Services' Table.
Validate serviceGroup and serviceCode is present for LTC match **Validation:** If the search using hcpcsCode and modifier parameters finds a match in the LTCtable, but if serviceGroup and/or serviceCode are not present Then the system throws a Validation Error Message **Validation Error Message:** Mandatory field(s) cannot be null	This Validation helps to ensure that when the HCPCS Code and Modifier combination finds a match on the 'CMS LTC FFS EVV Services' Table, then Service Group and Service Code are required fields for the Payer Service.

Validations	Validation Summary
Validate serviceGroup and serviceCode is correct for LTC match **Validation:** If the search using hcpcsCode and modifier parameters does find a match in the LTCtable, and if serviceGroup and/or serviceCode are present but invalid Then the system throws a Validation Error Message **Validation Error Message:** Service Group and Service Code and Modifier combination is not a valid EVV Service.	This Validation helps to ensure that the combination of Service Group and Service Code exists in the 'CMS LTC FFS EVV Services' Table.
Validate serviceGroup and serviceCode present in Auth for LTC match **Validation:** Call the LTC Auth Service and validate if the serviceGroup and serviceCode combination is valid for the auth segment returned. If there is no auth for that client or if the auth does not have a match for the serviceGroup/serviceCode/Date Then the system throws a Validation Error Message **Validation Error Message:** No valid authorization for this client.	This Validation helps to ensure that the combination of Service Group and Service Code from the Payer Service Input matches the Service Group and Service Code on the Long Term Care FFS Authorization for the Individual.
Validate acute care eligibility for the client **Validation:** If the hcpcsCode and modifier has a match with the MCO table and there is no Acute Care Eligibity for that client Then the system throws a Validation Error Message **Validation Error Message:** No valid Eligibility found for this client. Hence cannot derive Payer.	This Validation helps to ensure that client has Acute Care Medicaid Eligibility, when the combination of HCPCS Code and Modifier matches with the 'MCO EVV Services' table.

Validations	Validation Summary
Validate acute care eligibility plan code for MCO Services Validation: If the hcpcsCode and modifier has a match with the MCO table and the acute care eligibility returns one active managed care segment and EVV plan code but if the plan code or Date does not match the EVV plan code table Then the system throws a Validation Error Message **Validation Error Message:** No valid Payer found for a Plan Code.	This Validation helps to ensure that client has Acute Care Medicaid Eligibility and a Managed Care Segment with a Plan Code that matches with the List of approved EVV Plan Codes, when the combination of HCPCS Code and Modifier matches with the 'MCO EVV Services' table.
Validate acute care eligibility plan code for MCO Services Validation: If the hcpcsCode and modifier has a match with the MCO table and the acute care eligibility returns multiple active managed care segements and plan codes (that are EVV) Then the system throws a Validation Error Message **Validation Error Message:** Multiple Plan Codes are found for this client. Hence cannot derive Payer.	This Validation helps to ensure that client has Acute Care Medicaid Eligibility and a Managed Care Segment with no more than one Plan Code, when the combination of HCPCS Code and Modifier matches with the 'MCO EVV Services' table.
Validate acute care eligibility for acute care services Validation: If the hcpcsCode and modifier has a match with the AC table and the acute care eligibility does not have a program 100 code or have a medicaid segment Then the system throws a Validation Error Message **Validation Error Message:** No valid Eligibility found for this client. Hence cannot derive Payer.	This Validation helps to ensure that client has Acute Care Medicaid Eligibility when the combination of HCPCS Code and Modifier matches with the 'C21 AC FFS EVV Services' table.

Payer Plan Codes

Note: *These codes would be received by the payer and the payer system should accept the values but does not need to store. This listing is subject to change.*

PLAN CODE	PAYER ID
10	HHSC
18	UHC
19	AGP
1A	HHSC
1E	SHP
1P	HHSC
2Q	HHSC
31	HHSC
33	MOL
34	AGP
36	HHSC
37	HHSC
3G	AGP
3H	MOL
40	HHSC
42	HHSC
43	HHSC
44	HHSC
45	AGP
46	MOL
47	SHP
4F	AGP
4G	MOL
4H	SHP
50	HHSC
52	HHSC
53	HHSC
5A	AGP
5B	SHP
63	HHSC
66	HHSC
67	HHSC
69	AGP
6C	CHS

PLAN CODE	PAYER ID
6F	AGP
6G	CHS
71	HHSC
72	HHSC
79	HHSC
7G	HHSC
7H	HHSC
7P	AGP
7Q	UHC
7R	UHC
7S	MOL
7V	MOL
7Z	AGP
82	HHSC
83	HHSC
85	UHC
86	SHP
8G	HHSC
8H	HHSC
8J	HHSC
8K	HHSC
8L	HHSC
8R	AGP
8S	UHC
8T	MOL
90	HHSC
93	HHSC
95	HHSC
9F	MOL
9H	SHP
9J	MOL
9K	SHP
C1	HHSC
C2	HHSC
C3	HHSC
C4	SHP
C5	UHC
H1	HHSC
H2	HHSC
H3	HHSC

PLAN CODE	PAYER ID
H4	HHSC
H5	SHP
H6	MOL
H7	CHS
H8	CHS
H9	MOL
HA	SHP
K1	AET
K2	AGP
K3	AGP
K4	AGP
K5	AGP
K6	AGP
K7	BCB
K8	BCB
K9	CMC
KA	CFC
KB	CKC
KC	DRC
KD	DRC
KE	SHP
KF	SHP
KG	SHP
KH	SHP
KJ	SHP
KL	SHP
KM	TXC
KN	TXC
KP	TXC
KQ	UHC
KR	UHC
KS	UHC
KT	UHC
KU	UHC
KV	SHP
N1	HHSC
N2	HHSC
N3	CHS
N4	UHC
W2	HHSC

PLAN CODE	PAYER ID
W3	HHSC
W4	HHSC
W5	AGP
W6	SHP