Alternate EVV Vendor Quick Reference Guide

Nebraska – Department of Health and Human Services (DHHS)

PCS Mandate

Netsmart

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Overview

This document is provided to aide in an Alternate EVV Vendor's integration efforts strictly relating to the Payer – Nebraska

Please make sure you have reviewed Netsmart's **Implementation Guide** as well as our **Rendered Services Data Dictionary**, which can always be found on the following site:

Alternate EVV Vendor Integration

If Alternate EVV Vendor elects to transmit XML, please refer to the Nebraska DHHS specific **Typecode Data Dictionary** for all typecode values that must be transmitted for certain fields. Pipe-Delimited (.txt file) expected values are also listed in this document.

Expected Values

The below table presents expected values for certain fields, taken from the Rendered Services Data Dictionary. If Alternate EVV Vendor elects to transmit XML, please pay special attention to the typecode value

Rendered Service Field Name	Expected Value
Jurisdiction	**NE** XML typecode value = **27**
Payer	**NDHH** XML typecode value = **178**
Plan	**NONE** XML typecode value = **0**
Program	(null) **do not send any value for this field**
DeliverySystem	**FFFS** XML typecode = **1**

Service Codes and Modifiers

Below are the ServiceCodes and Modifiers in-scope for EVV

Note the two fieldnames that match the fieldnames on the Rendered Services Data Dictionary:

ServiceCode

ServiceCodeMod1

ServiceCode	ServiceCodeMod1
1113	
1691	H0
1796	
2500	
2639	
2639	G2
2639	G3
2656	
2656	D0
2656	H0
4475	
5761	H0
5761	V0
6222	
6688	
7494	
7494	G2
7494	G3
7934	
8148	
8148	D0
8148	H0
9220	
9393	
9510	H0
9510	V0
9769	

Modifier	Description
H0	Hourly
G2	Group of 2
G3	Group of 3
D0	Daily
V0	Visit

Acknowledgment of Signature

Upon completion of a Visit, a digital signature is required to be captured by the EVV Application.

All COMPLETED Visits must contain information indicating Who Signed.

Note the fieldname that match the fieldname on the Rendered Services Data Dictionary:

WhoSigned	XML Typecode	Flat-File code
Recipient	0	RECIPIENT
Authorized Guardian	3	LEGAL_GUARDIAN
Personal Representative	4	REPRESENTATIVE
Recipient Physically Unable to Sign	6	UNABLE_TO_SIGN