

Service Codes Impacted by EVV

The service codes listed in this document are mandated Electronic Visit Verification (EVV) services and will require EVV. If a service code is not mentioned in this document, it does not require an EVV record at the time of publication. Service codes are subject to change.

DSPD Codes

| Service Code | HHS | PCS | Description |
|--------------|-----|-----|--|
| AC1 | N | Y | Attendant Care level 1 – SAS |
| AC2 | N | Y | Attendant Care level 2 – Family Managed SAS |
| AC3 | N | Y | Attendant Care level 2 by parent/guardian SAS |
| ACA | N | Y | Provider Based Attendant Care (1:1 in a person’s home or in the community) |
| CH1 | N | Y | Chore Services – SAS |
| CHA | N | Y | Chore Services – Provider* |
| CO1 | N | Y | Companion Services – SAS |
| COM | N | Y | Companion Services – Provider |
| HS1 | N | Y | Homemaker Supports – SAS |
| HSQ | N | Y | Homemaker Services Provider |
| LP1 | N | Y | Peer Support Services – SAS |
| LPS | N | Y | Peer Support Services, Individual – Per 15 Min |
| PA1 | N | Y | Personal Assistance – SAS |
| PA2 | N | Y | Personal Assistance By a Spouse – SAS |
| PA3 | N | Y | Personal Assistance By a Parent/Guardian – SAS |
| PAC | N | Y | Personal Assistance – Provider |
| RL1 | N | Y | Routine Respite – Family managed SAS |
| RL6 | N | Y | Routine Respite w/Room & Board |
| RP1 | N | Y | Self-Directed Basic Hourly Respite Care – SAS |
| RP2 | N | Y | Provider Basic Hourly Respite Care |
| RP3 | N | Y | Provider Intensive Daily Respite Care |
| RP7 | N | Y | Self-Directed Basic W/O Rm/Bd Daily Respite Care Group – SAS |
| SL1 | N | Y | Supported Living – SAS |
| SL2 | N | Y | Supported Living – Spouse* |
| SL3 | N | Y | Supported Living – Caregiver/Guardian* |

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|-----|---|---|---|
| SLH | Y | N | Supported Living Hourly – Provider |
| SLN | Y | N | Supported Living, Natural Supports – Provider |
| TFB | N | Y | Family & Individual Training & Preparation – Provider |

**No longer a DSPD code as of 7/01/2024.*

HCPS Codes

To find more detailed information on specific HCPCS codes, please refer to the specified waiver manual on the Utah Medicaid website at: <https://medicaid.utah.gov/>

| Procedure Code | HHS | PCS | Description |
|----------------|-----|-----|--|
| G0151 | Y | N | Services of PT in Home Setting |
| G0153 | Y | N | Services of Speech in Home Setting |
| G0238 | Y | N | Therapeutic Procedure for Respiratory Function |
| G0270 | Y | N | In-Home Feeding Therapy |
| G0299 | Y | N | Home Health Service/Hospice of RN |
| G0300 | Y | N | Home Health Service/Hospice of LPN |
| S5108 | N | Y | Consumer Prep Services |
| S5115 | N | Y | Caregiver Training |
| S5120 | N | Y | Chore Services |
| S5125 | N | Y | Personal Assistant Services |
| S5126 | N | Y | Personal Assistance / Attendant Care Services |
| S5130 | N | Y | Homemaker Services |
| S5135 | N | Y | Companion Services |
| S5150 | N | Y | Respite Care Services |
| S5151 | N | Y | Respite Care Services |
| S9122 | Y | N | Home Health Aide/ Certified Nursing Assistant |
| S9123 | Y | N | Nursing Care |
| S9124 | Y | N | Nursing Care |
| S9128 | Y | N | At-Home Therapy |
| S9129 | Y | N | At-Home Therapy |
| S9131 | Y | N | At-Home Therapy |
| T1000 | Y | N | Private Duty/Independent Nursing Services |
| T1002 | Y | N | RN/LPN/LVN Services |
| T1003 | Y | N | RN/LPN/LVN Services |
| T1005 | Y | Y | Respite Care Services |
| T1019 | Y | Y | Personal Care Services |
| T1020 | Y | Y | Personal Care Services, per diem |

| | | | |
|-------|---|---|--|
| T1021 | Y | N | Home Health Aide/ Certified Nursing Assistant |
| T1022 | Y | N | Contracted Home Health Agency Nursing Services |
| T1027 | Y | N | Family Training and Counseling for Child Development |
| T1502 | Y | N | Administration of Oral, Intramuscular and/or Subcutaneous Medication |
| T2017 | N | Y | Supported Living / Habilitation Services |