Iowa Medicaid
Iowa HHS

INFORMATIONAL LETTER NO. 2640-MC-FFS

DATE: April 10, 2025 (Revised April 18, 2025[1])

TO: All Iowa Medicaid Medical Providers

APPLIES TO: Managed Care (MC) and Fee-for-Service (FFS)

FROM: Iowa Department of Health and Human Services (HHS), Iowa Medicaid

RE: Consolidated Electronic Visit Verification (EVV) Home Health Care Services (HHCS) 837i Billing Reference Guide

EFFECTIVE: January 3, 2025

The purpose of this Informational Letter (IL) is to provide guidance and clarification on the requirements and configuration for Home Health Care Services (HHCS), billed to the Managed Care Organizations (MCOs) on an 837 Institutional (837i) claim requiring Electronic Visit Verification (EVV).

As part of ongoing efforts to ensure compliance with federal and state regulations, Iowa Medicaid, in partnership with the MCOs, has established specific EVV requirements for Personal Care Services (PCS) and HHCS, as previously outlined in IL NO. 2134-MC-FFS[2], issued May 15, 2020, and IL NO. 2525-MC[3], issued November 30, 2023.

Effective January 3, 2025, providers are required to manage certain elements related to HHCS billing within the CareBridge Provider Portal and / or through a third-party EVV system. Iowa Medicaid and the MCOs have collaborated to provide a consolidated

[1] This IL was revised on April 18, 2025. In the initial IL, published on April 10, 2025, the IL was titled "Consolidated Electronic Visit Verification (EVV) HHS 837i Billing Reference Guide." The title has been changed to "Consolidated Electronic Visit Verification (EVV) Home Health Care Services (HHCS) 837i Billing Reference Guide."

[2] https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=75cc1d66-b8d8-424c-99c8-39f45ef24595

[3] https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=dd811291-d61d-469d-831a-450698ab9521

billing guide specific to HHCS 837i EVV billing. The intent of this billing guide is to provide specific details and guidelines for the generation and transmission of compliant HHCS billed on an 837i claim with EVV data through the Electronic Data Interchange (EDI). The **Iowa Electronic Visit Verification Billing Guide for Home Health Care Services Billed on 837 Institutional Health Care Claims** can be found on the EVV webpage[4] on the Iowa Department of Health and Human Services (HHS) website[5].

As discussed in IL NO. 2117-MC-FFS[6], issued March 19, 2020, EVV will not be implemented for Fee-for-Service (FFS) at this time. This means that providers will continue to submit FFS claims as usual for FFS members.

If you have questions, please contact Iowa Medicaid Provider Services or the appropriate managed care organization (MCO):

Iowa Medicaid Provider Services:

- Phone: 1-800-338-7909
- Email: imeproviderservices@hhs.iowa.gov

Managed Care Organizations (MCOs):

Iowa Total Care:

- Phone: 1-833-404-1061
- Email: providerrelations@iowatotalcare.com
- Website: https://www.iowatotalcare.com

Molina Healthcare of Iowa:

- Phone: 1-844-236-1464
- Email: iaproviderrelations@molinahealthcare.com
- Website: https://www.molinahealthcare.com/providers/ia/medicaid/home.aspx
- Provider Portal: https://www.availity.com/molinahealthcare

Wellpoint Iowa, Inc.:

- Phone: 1-833-731-2143
- Email: ProviderSolutionsIA@wellpoint.com
- Website: https://www.provider.wellpoint.com/iowa-provider/home

[4] https://hhs.iowa.gov/programs/welcome-iowa-medicaid/current-projects/evv
[5] https://hhs.iowa.gov/
[6] https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=ad537bb2-6091-4378-b065-a7ab496dd631

IOWA ELECTRONIC VISIT VERIFICATION BILLING GUIDE FOR HOME HEALTH CARE SERVICES BILLED ON 837 INSTITUTIONAL HEALTH CARE CLAIMS

The purpose of this billing guide is to provide specific details and guidelines for the generation and transmission of compliant Home Health Care Services (HHCS) billed on an 837 Institutional (837i) claim with Electronic Visit Verification (EVV) data through the Electronic Data Interchange (EDI). This guide ensures alignment with both federal and state EVV mandates, and the processing requirements of the respective managed care organizations (MCO).

As EVV continues to play a critical role in the verification of service delivery within home and community-based care settings, accurate and timely submission of claims is essential. This guide outlines the necessary data elements for successfully submitting HHS EVV 837i claims to meet billing requirements.

The MCOs' EVV aggregator plays a vital role in this process by utilizing both the data provided by the MCO and the EVV data captured during service delivery. This dual data input allows the aggregator to validate the information, ensuring that claims are accurate and compliant with regulatory requirements. All HHCS subject to EVV requirements not submitted via the CareBridge EVV solution will be denied.

This document is used in conjunction with the ASC X12N 837 Institutional Claim Implementation Guide, which provides the general framework for 837 transactions. The information presented here supplements the standard implementation guide, offering insights into the unique aspects of claims involving EVV data.

Notice

This guide is not intended to cover all possible claims and billing requirements. Providers are expected to follow guidance set forth by federal, state, and MCO entities, and maintain appropriate documentation in source system (EHR/EMR) related to the patient's service and care.

TABLE LEGEND

Column Headers

LOOP Level

SEGMENT Level

Reference Designator Level

**Blue text denotes that the specific field leverages data that is either managed or supplied by the provider*

837i Loop	Segment/ Element	Description	UB-04 FL	837i HHS EVV Claim Requirement *Required or Situational*	Configurable for EVV Claims? *(N)o, (Y)es, (S)ituational*	EVV 837i Field Comments / Notes
2000A		**BILLING PROVIDER HIERARCHICAL LEVEL**				
2000A	**PRV**	**BILLING PROVIDER SPECIALTY INFORMATION**		**Required**		
2000A	PRV01	Provider Code		Required	N	Defined by EDI standards
2000A	PRV02	Reference Identification Qualifier		Required	N	Defined by EDI standards
2000A	PRV03	Provider Taxonomy Code	81	Required	N	Based on MCO data
2010AA		**BILLING PROVIDER NAME**				
2010AA	**NM1**	**BILLING PROVIDER NAME**		**Required**		
2010AA	NM101	Entity Identifier Code		Required	N	Defined by EDI standards
2010AA	NM102	Entity Type Qualifier		Required	N	Defined by EDI standards
2010AA	NM103	Name Last or Organization Name	1	Required	N	Based on MCO data
2010AA	NM108	Identification Code Qualifier		Required	N	Defined by EDI standards
2010AA	NM109	Billing Provider Identifier	56	Required	N	Based on MCO and EVV data
2010AA	**N3**	**BILLING PROVIDER ADDRESS**		**Required**		
2010AA	N303	Billing Provider Address Line	1	Required	N	Based on MCO data
2010AA	N302	Billing Provider Address Line	1	Required	N	Based on MCO data
2010AA	**N4**	**BILLING PROVIDER CITY/STATE/ZIP CODE**		**Required**		
2010AA	N401	Billing Provider City Name	1	Required	N	Based on MCO data
2010AA	N402	Billing Provider State or Province	1	Required	N	Based on MCO data
2010AA	N403	Billing Provider Postal Zone or ZIP Code	1	Required	N	Based on MCO data
2010AA	**REF**	**BILLING PROVIDER TAX IDENTIFICATION**		**Required**		
2010AA	REF01	Reference Identification Qualifier		Required	N	Defined by EDI standards
2010AA	REF02	Billing Provider Additional Identifier	5	Required	N	Based on MCO and EVV data
2010BA		**SUBSCRIBER NAME**				
2010BA	**NM1**	**SUBSCRIBER NAME**		**Required**		
2010BA	NM101	Entity Identifier Code		Required	N	Defined by EDI standards
2010BA	NM102	Entity Type Qualifier		Required	N	Defined by EDI standards

837i Loop	Segment/ Element	Description	UB-04 FL	837i HHS EVV Claim Requirement *Required or Situational*	Configurable for EVV Claims? *(N)o, (Y)es, (S)ituational*	EVV 837i Field Comments / Notes
2010BA	NM103	Subscriber Last Name	8a 58	Required	N	Based on MCO data
2010BA	NM104	Subscriber First Name	8b 58	Required	N	Based on MCO data
2010BA	NM105	Subscriber Middle Name	58	Situational	N	Based on MCO data
2010BA	NM108	Identification Code Qualifier		Required	N	Defined by EDI standards
2010BA	NM109	Subscriber Primary Identifier	60	Required	N	Based on MCO and EVV data
2010BA	**N3**	**SUBSCRIBER ADDRESS**		**Required**		
2010BA	N301	Subscriber Address Line	9a	Required	N	Based on MCO data
2010BA	**N4**	**SUBSCRIBER CITY, STATE, ZIP**		**Required**		
2010BA	N401	Subscriber City	9b	Required	N	Based on MCO data
2010BA	N402	Subscriber State	9c	Required	N	Based on MCO data
2010BA	N403	Subscriber Zip Code	9d	Required	N	Based on MCO data
2010BA	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**		**Required**		
2010BA	DMG01	Date Time Period Format Qualifier		Required	N	Defined by EDI standards
2010BA	DMG02	Subscriber Birth Date	10	Required	N	Based on MCO and EVV data
2010BA	DMG03	Subscriber Gender Code	11	Required	N	Based on MCO data
2010BB		**PAYER NAME**				
2010BB	**NM1**	**PAYER NAME**		**Required**		
2010BB	NM101	Entity Identifier Code		Required	N	Defined by EDI standards
2010BB	NM102	Entity Type Qualifier		Required	N	Defined by EDI standards
2010BB	NM103	Payer Name	50	Required	N	Based on MCO and EVV data
2010BB	NM108	Identification Code Qualifier		Required	N	Defined by EDI standards
2010BB	NM109	Payer Identifier		Required	N	Based on MCO data
2300		**CLAIM INFORMATION**				
2300	**CLM**	**CLAIM INFORMATION**		**Required**		
2300	CLM01	Patient Control Number	3a	Required	S	Providers with third-party EVV systems may supply this field once they have completed specific testing with CareBridge
2300	CLM02	Total Claim Charge Amount	47	Required	N	Based on EVV data
2300	CLM05-1	Facility Type Code	4	Required	Y	All providers must select a Facility Type claiming element configuration using the CareBridge Provider Portal *Available field values: 32, 33, or 34*
2300	CLM05-2	Facility Code Qualifier		Required	N	Defined by EDI standards

837i Loop	Segment/ Element	Description	UB-04 FL	837i HHS EVV Claim Requirement *Required or Situational*	Configurable for EVV Claims? *(N)o, (Y)es, (S)ituational*	EVV 837i Field Comments / Notes
2300	CLM05-3	Claim Frequency Code	4	Required	S	All providers must select a Claim Frequency claiming element configuration for billing original / initial claims using the CareBridge Provider Portal *Available field values: 1, 2, 3, or 4* Note: If a provider selects an original / initial claim frequency code that conflicts with corrected claim billing logic, the claim will be generated with the claim frequency code determined by the existing corrected claim billing logic
2300	CLM07	Assignment or Plan Participation Code		Required	N	Defined by EDI standards
2300	CLM08	Benefits Assignment Certification Indicator	53	Required	N	Defined by EDI standards
2300	CLM09	Release of Information Code	52	Required	N	As required by IA Medicaid
2300	**DTP**	**STATEMENT DATES**		**Required**		
2300	DTP01	Date Time Qualifier		Required	N	Defined by EDI standards
2300	DTP02	Date Time Period Format Qualifier		Required	N	Defined by EDI standards
2300	DTP03	Statement From and To Date	6	Required	Y	Based on Billing Frequency set by providers in the CareBridge Provider Portal
2300	**DTP**	**ADMISSION DATE/HOUR**		**Required**		
2300	DTP01	Date Time Qualifier		Required	N	Defined by EDI standards
2300	DTP02	Date Time Period Format Qualifier		Required	N	Defined by EDI standards
2300	DTP03	Admission Date and Hour	12	Required	Y	All providers must select an Admission Date claiming element configuration using the CareBridge Provider Portal
2300	**CL1**	**INSTITUTIONAL CLAIM CODE**		**Required**		
2300	CL101	Admission Type Code	14	Required	N	Defined by EDI standards
2300	CL102	Admission Source Code	15	Required	N	Defined by EDI standards
2300	CL103	Patient Status Code	17	Required	Y	All providers must select a Patient Status claiming element configuration using the CareBridge Provider Portal
2300	**REF**	**PRIOR AUTHORIZATION NUMBER**		**Situational**		
2300	REF01	Reference Identification Qualifier		Situational	N	Defined by EDI standards
2300	REF02	Prior Authorization or Referral Number	63	Situational	N	Based on MCO and EVV data
2300	**REF**	**PAYER CLAIM CONTROL NUMBER**		**Situational**		
2300	REF01	Reference Identification Qualifier		Situational	N	Defined by EDI standards
2300	REF02	Claim Original Reference Number	64	Situational	N	Based on MCO data
2300	**HI**	**PRINCIPAL DIAGNOSIS**		**Required**		

837i Loop	Segment/ Element	Description	UB-04 FL	837i HHS EVV Claim Requirement *Required or Situational*	Configurable for EVV Claims? *(N)o, (Y)es, (S)ituational*	EVV 837i Field Comments / Notes
2300	HI01-1	Code List Qualifier Code	66	Required	N	Defined by EDI standards
2300	HI01-2	Principal Diagnosis Code	67	Required	N	Based on MCO and EVV data
2300	**HI**	**OTHER DIAGNOSIS INFORMATION**		**Situational**		
2300	HI01-1	Code List Qualifier Code	66	Situational	N	Defined by EDI standards
2300	HI01-2	Other Diagnosis	68	Situational	N	Based on EVV data
2300	**HI**	**VALUE INFORMATION**		**Situational**		
2300	HI01-1	Code List Qualifier Code		Situational	N	Defined by EDI standards
2300	HI01-2	Value Code	39 - 41	Situational	N	Based on EVV data
2300	HI01-5	Value Code Amount	39 - 41	Situational	N	Based on EVV data
2300	**HI**	**CONDITION INFORMATION**		**Situational**		
2300	HI01-1	Code List Qualifier Code		Situational	N	Defined by EDI standards
2300	HI01-2	Condition Code	18 - 28	Situational	N	Based on EVV data
2310A		**ATTENDING PROVIDER NAME**				
2310A	**NM1**	**ATTENDING PROVIDER NAME**		**Required**		
2310A	NM101	Entity Identifier Code		Required	N	Defined by EDI standards
2310A	NM102	Entity Type Qualifier		Required	N	Defined by EDI standards
2310A	NM103	Attending Provider Last Name/Organization Name	76	Required	Y	All providers must select an Attending Provider claiming element configuration using the CareBridge Provider Portal Available options: Providers can choose to 1) either supply this information or 2) use Billing Provider details in this loop
2310A	NM108	Identification Code Qualifier		Required	N	Defined by EDI standards
2310A	NM109	Attending Provider Primary Identifier	76	Required	Y	All providers must select an Attending Provider claiming element configuration using the CareBridge Provider Portal Available options: Providers can choose to 1) either supply this information or 2) use Billing Provider details in this loop
2310A	**PRV**	**ATTENDING PROVIDER SPECIALTY INFORMATION**		**Required**		
2310A	PRV01	Provider Code		Required	N	Defined by EDI standards
2310A	PRV02	Reference Identification Qualifier		Required	N	Defined by EDI standards

837i Loop	Segment/ Element	Description	UB-04 FL	837i HHS EVV Claim Requirement *Required or Situational*	Configurable for EVV Claims? *(N)o, (Y)es, (S)ituational*	EVV 837i Field Comments / Notes
2310A	PRV03	Reference Identification		Required	Y	All providers must select an Attending Provider claiming element configuration using the CareBridge Provider Portal Available options: Providers can choose to 1) either supply this information or 2) use Billing Provider details in this loop
2310F		**REFERRING PROVIDER NAME**				
2310F	**NM1**	**REFERRING PROVIDER NAME**		**Situational**		
2310F	NM101	Entity Identifier Code		Situational	N	Defined by EDI standards
2310F	NM102	Entity Type Qualifier		Situational	N	Defined by EDI standards
2310F	NM103	Referring Provider Name/Organization	79	Situational	N	Based on EVV data
2310F	NM108	Identification Code Qualifier		Situational	N	Defined by EDI standards
2310F	NM109	Referring Provider Identifier	79	Situational	N	Based on EVV data If the Referring Provider NPI matches the Attending Provider NPI in loop 2310A, this loop will not be included on the claim
2400		**SERVICE LINE NUMBER**				
2400	**LX**	**SERVICE LINE**		**Required**		
2400	LX01	Assigned Number			N	Defined by EDI standards
2400	**SV2**	**INSTITUTIONAL SERVICE LINE**		**Required**		
2400	SV201	Service Line Revenue Code	42	Required	N	Based on EVV data
2400	SV202-1	Product or Service ID Qualifier		Required	N	Defined by EDI standards
2400	SV202-2	Procedure Code	44	Required	N	Based on EVV data
2400	SV203	Line Item Charge Amount	47	Required	N	Based on EVV data
2400	SV204	Unit or Basis for Measurement Code		Required	N	Defined by EDI standards
2400	SV205	Service Unit Count	46	Required	N	Based on EVV data
2400	**DTP**	**DATE - SERVICE DATE**		**Required**		
2400	DTP01	Date Time Qualifier		Required	N	Defined by EDI standards
2400	DTP02	Date Time Period Format Qualifier		Required	N	Defined by EDI standards
2400	DTP03	Service Date	45	Required	N	Based on EVV data
2400	**REF**	**LINE ITEM CONTROL NUMBER**		**Required**		
2400	REF01	Reference Identification Qualifier		Required	N	Defined by EDI standards
2400	REF02	Line Item Control Number		Required	S	Providers with third-party EVV systems may supply this field once they have completed specific testing with CareBridge