

Home Health/Electronic Visit Verification Crosswalk

Program	Service Type	Revenue Code	Service Description	Box 42 (Rev. Code):	Vaya Health**	Prior Authorization Required?
Home Health	Therapy	RC420	Physical Therapy	0420	97110 97116 G0151 G0157 G0283 G2168 S9131	Yes
Home Health	Therapy	RC424	Physical Therapy – Evaluation	0424	97161 97162 97163 97164	No
Home Health	Therapy	RC430	Occupational Therapy	0430	S9129 G2169 G0160 G0158 G0152 97530 97533	Yes
Home Health	Therapy	RC434	Occupational Therapy – Evaluation	0434	97165 97166 97167 97168	No
Home Health	Therapy	RC440	Speech Therapy	0440	S9128 G0161 G0153 92507	Yes
Home Health	Therapy	RC444	Speech Therapy – Evaluation	0444	92521 92522 92523	No

Home Health	Skilled Nursing	RC550	Skilled Nursing Home Health	0550	T1001 G0494 G0493 G0162 T1030 G0299	Yes
Home Health	Skilled Nursing	RC551	Skilled Nursing Visit	0551	T1030 RN T1031 LPN	Yes
Home Health	Home Health Aide Visit	RC570	Home Health Aide Visit	0570	T1021	Yes
Home Health	Skilled Nursing	RC580	Home Health – Other Visit	0580	T1030 RN T1031 LPN*	Yes
Home Health	Skilled Nursing	RC581	Home Health Visit Charge	0581	T1030 RN T1031 LPN*	Yes

****NC Medicaid Home Infusion Therapy Fee Schedule – for Nursing Visit***

*****Direct-billed Home Health Electronic Visit Verification claims and their corresponding visits must contain matching revenue and procedure codes to be matched during adjudication. Providers should submit the relevant code for the service rendered.***