



**HOME AND  
COMMUNITY-  
BASED  
SERVICES**

WYOMING MEDICAID  
DIVISION OF HEALTHCARE FINANCING

**Home and Community Based Services  
(HCBS) EVV Respite Daily vs 15 Minute  
Guidance Document**

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## Assumptions

This document assumes a provider already knows how to login and utilize the CareBridge Electronic Visit Verification (EVV) system or the provider's 3rd Party EVV system that is fully integrated with the CareBridge EVV system. If not, please refer to CareBridge's Training and Resource Website <https://www.CareBridgehealth.com/wyevv>.

This document also assumes that all providers have enough units in their Prior Authorizations (PA) to perform respite services. This document does not provide guidance on how to address if a service has gone over its maximum allowed units.

## Respite Services

Respite services can be provided in 15-minute increments or as a daily rate. In accordance with the [Comprehensive and Supports Waiver \(DD Waiver\) Service Index](#), when respite services are provided for exactly 9 hours or less in a calendar day (12:00:00am – 11:59:59pm), the provider must bill using the 15-minute unit (T1005). If the service exceeds 9 hours in that calendar day, the provider must bill the daily rate (S5151). If the service is even 1 second over 9 hours, it must be billed as a daily rate. The length of the visit is calculated the same for individual and group respite services.

This can be tricky when respite services span two calendar days. It is important for providers to understand that the need to bill using 15-minute units or the daily rate is based on the number of respite hours being provided in the calendar day or date of service; not necessarily the number of hours being provided in a single visit.

Please note that, in some of the scenarios that follow, the provider will need to manually adjust a visit. While this is not ideal, this is an allowable practice as long as the adjustment aligns with the scenarios presented.

Best practice suggests that participants and their plan of care teams work together to determine the number of 15-minute units and daily units the participant will need, and ensure that both are available on the participant's Individualized Plan of Care (IPC), just in case the planned respite services are longer or shorter than anticipated.

Included in this document are guidelines and tips to assist you with understanding the EVV system functionality and potential scenarios that will be encountered when completing respite visits, and billing for these services.

## The Participant has ONLY 15-Minute Respite Units (T1005) on Their IPC

In the following scenarios, it is presumed that the participant only has 15-minute units available on their Individualized Plan of Care (IPC) as a T1005 Prior Authorization (PA).

- CareBridge will validate that the individual visit meets the 15-minute rate requirements (9 hours or less in a calendar day).
- Any individual visit(s) that exceed the 15-minute rate requirements will receive a pre-billing alert indicating that the visit duration does not meet the service duration definition.

**Please note that, where these scenarios show incorrect billing, there may be a delay in the provider receiving payment for the services they delivered.**

### Scenario 1a – Single Visit 9 Hours or Less

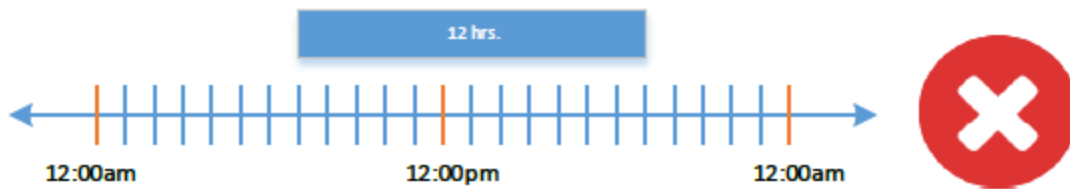
When a provider completes a single EVV visit on the same date of service within the CareBridge System or authorized 3rd Party EVV System, and it is less than or equal to 9 hours in duration, then the provider will be able to successfully bill for T1005 for the completed visit and should experience no pre-billing alerts.



### Scenario 2a – Single Visit Greater Than 9 Hours

When a provider completes a single EVV visit on the same date of service within the CareBridge System or authorized 3rd Party EVV System, and it's greater than 9 hours in duration, a pre-billing alert will appear since the provider only has a PA for T1005 and the completed visit exceeds 9 hours.

**R7041 - Visit for T1005 should be billed with service code S5151**



A provider cannot export the visit for billing due to the pre-billing alert.

The provider must either:

1. Manually adjust the visit to be less than 9 hours in duration, or
2. Work with the participant, the participant’s case manager, and the plan of care team to modify the participant’s plan of care so future daily respite services can be rendered.

**Please note that manual adjustments to a visit’s clock-in/clock-out times will trigger a pre-billing alert and require that the member re-attest to the new visit details.** The pre-billing alert has to be cleared before a provider can export the visit for billing.

**R7019 - Completed visits require member attestation. The member must login to the portal to attest to their visits**

If the provider is using the CareBridge EVV system, then members will need to re-attest the visit within the CareBridge Member Portal. If the provider is using a 3rd Party EVV System the provider will be required to submit the appropriate attestation code as described in the [WY Technical Specifications](#)

**Member Attestation Codes**

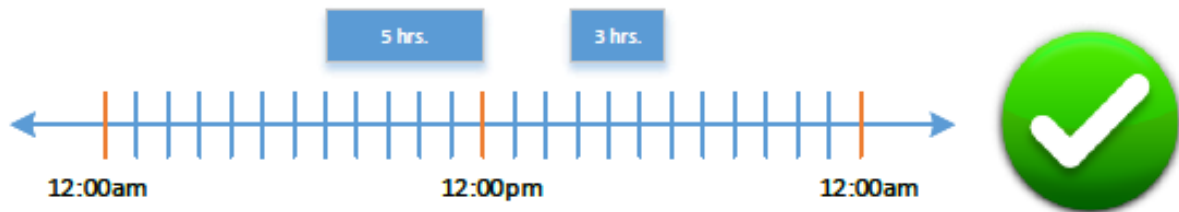
Code	Description
MA1000	Complete
MA1005	Member Refused
MA1010	Member Unable
MA1015	No Signature (Other)

To learn more about manual adjustments on completed visits, please refer to the CareBridge Resource Library for the State of Wyoming: <http://resourcelibrary.carebridgehealth.com/wyevv>

### Scenario 3a – Multiple Visits Same Day 9 Hours or Less

When a provider completes multiple EVV visits on the same date of service within the CareBridge System or authorized 3rd Party EVV System, and the total visit duration of all visits is less than or equal to 9 hours in duration, then the provider will be able to successfully bill for T1005 for the completed visits and should experience no pre-billing alerts.

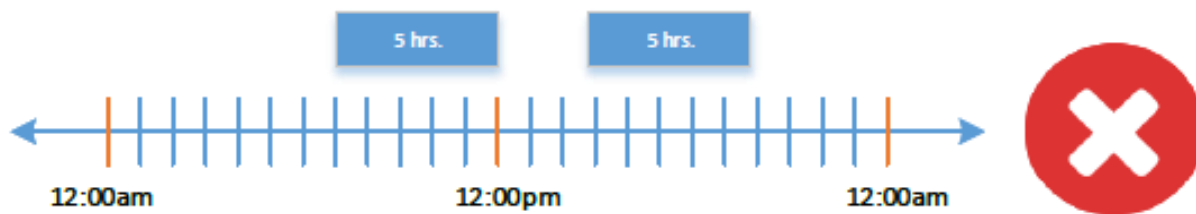
Visits throughout the day can be performed by the same or by different caretakers within the provider organization and will not impact how the total respite service duration is calculated. The EVV system will automatically account for all respite visit durations when determining whether 9 hours or less of respite services has been rendered within the single date of service.



### Scenario 4a – Multiple Visits Same Day Greater Than 9 hours

When a provider completes multiple EVV visits on the same date of service within the CareBridge System or authorized 3rd Party EVV System, and the total duration of all visits within the date of service is greater than 9 hours ( $\geq 9:00:01$ ), then the provider will experience a pre-billing alert.

R7041 - Visit for T1005 should be billed with service code S5151



Visits throughout the day can be performed by the same or by different caretakers within the provider organization and will not impact how the total respite service duration is calculated.

A provider will only be able to export EVV visits if the total visit duration for the date of service is 9 hours or less. The provider must either accept no payment on completed visit(s) that make the total visit duration for the date of service go over 9 hours, or manually adjust visits so that the total visit duration for the date of service is 9 hours or less. The provider can also work with the participant, the participant's case manager, and the plan of care team to modify the

participant’s plan of care so future daily respite services can be rendered. **Please note that manual adjustments to a visit’s clock-in/clock-out times will trigger a pre-billing alert and require that the member re-attest to the new visit details.** The pre-billing alert has to be cleared before a provider can export the visit for billing.

**R7019 - Completed visits require member attestation. The member must login to the portal to attest to their visits**

If the provider is using the CareBridge EVV system, then members will need to re-attest the visit within the CareBridge Member Portal. If the provider is using a 3rd Party EVV System the provider will be required to submit the appropriate attestation code as described in the [WY Technical Specifications](#).

**Member Attestation Codes**

Code	Description
MA1000	Complete
MA1005	Member Refused
MA1010	Member Unable
MA1015	No Signature (Other)

To learn more about manual adjustments on completed visits, please refer to the CareBridge Resource Library for the State of Wyoming: <http://resourcelibrary.carebridgehealth.com/wyevv>

**Scenario 5a – Single Visit Spans Midnight**

When a provider completes a single visit that spans midnight and includes two dates of service, the CareBridge system will automatically split/segment the visit at midnight for billing purposes. The visit details in the CareBridge EVV Provider Portal and within a provider’s 3rd Party EVV System will reflect how the visit was actually completed, but billing will occur for each date of service separately. Visit data will never appear modified regardless of visits spanning multiple date of service.

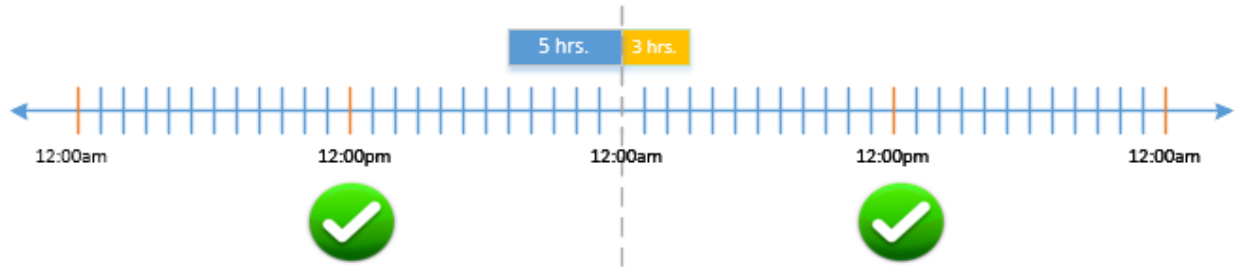
**Example 1:**

If the total overnight visit duration is less than or equal to 9 hours, then the provider will be able to successfully bill for T1005 for the completed visit and should experience no pre-billing alerts.

Total Visit Duration = 8 hrs.

Date of Service Day 1 Billable Units = 5 hrs. = 20 units of T1005

Date of Service Day 2 Billable Units = 3 hrs. = 12 units of T1005



**Example 2:**

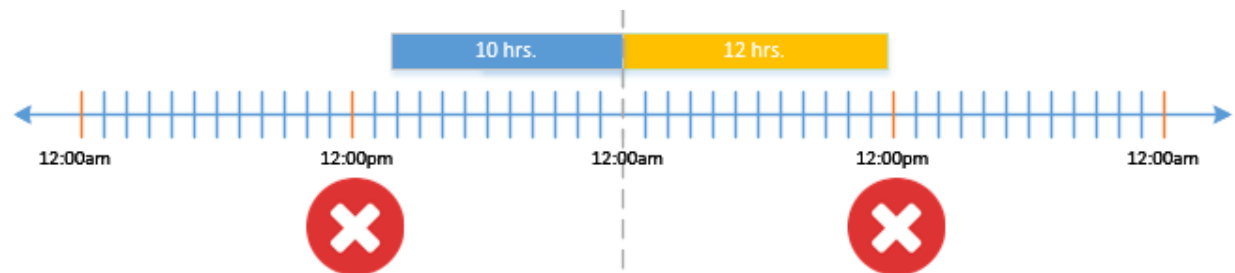
If the total overnight visit duration is greater than 9 hours, then the visit will trigger a pre-billing alert since the provider only has a PA for T1005 allowing for 9 hours or less of respite services to be rendered in a single visit. Please refer to Scenario 2a above for guidance on this pre-billing alert.

R7041 - Visit for T1005 should be billed with service code S5151

Total Visit Duration = 22 hrs.

Date of Service Day 1 Billable Units = 10 hrs. = 0 units of T1005

Date of Service Day 2 Billable Units = 12 hrs. = 0 units of T1005 (pre-billing alerts are not cleared)



**Scenario 6a – Multiple Visits Across Multiple Days w/ Midnight Span**

If multiple EVV visits occur across multiple dates of service, and all individual visit durations are less than or equal to 9 hours, and the combined total visit duration for each date of service is also 9 hours or less, then the visits can bill and no pre-billing alerts will be triggered.



If however, any individual visit durations are more than 9 hours or if the total visit duration within a single date of service are greater than 9 hours, then the visits cannot bill and pre-billing alerts will be triggered. Please refer to Scenarios 2a and 4a for guidance on this pre-billing alert.

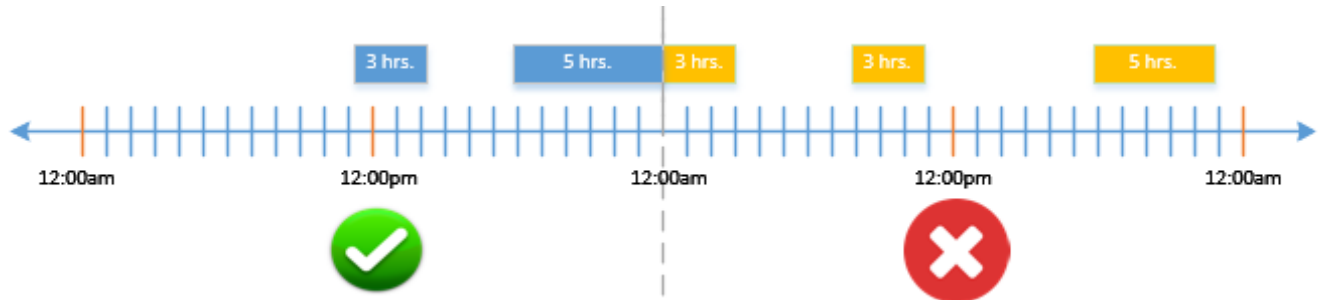
**R7041 - Visit for T1005 should be billed with service code S5151**

**Example:**

- Visit 1 Duration = 3 hrs.
- Visit 2 Duration = 8 hrs. (spans midnight)
- Visit 3 Duration = 3 hrs.
- Visit 4 Duration = 5 hrs.

Date of Service Day 1  
Total Visit Duration = 8 hrs.  
Total Billable Units = 32 Units of T1005

Date of Service Day 2  
Total Visit Duration = 11 hrs.  
Total Billable Units = 0 units of T1005 (pre-billing alerts are not cleared)



**[Remainder of page intentionally left blank]**

## The Participant has ONLY a S5151- Daily Respite PA on Their IPC

In the following scenarios, it is presumed that the participant only has daily respite units available on their Individualized Plan of Care (IPC).

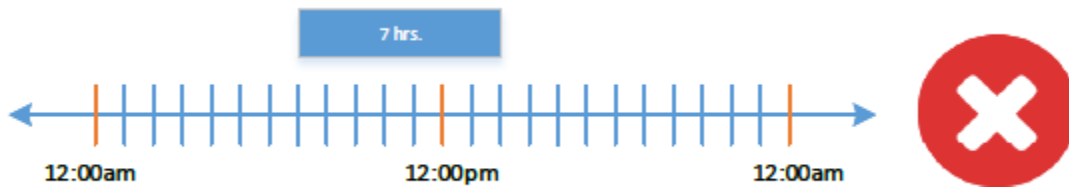
- The EVV system will validate that the individual EVV visit hours meet the daily respite unit requirements of greater than 9 hours ( $\geq 9:00:01$ ).
- Any individual visit(s) that do not meet the daily respite requirements will receive a pre-billing alert indicating that the visit duration does not meet the service duration definition.

**Please note that, where these scenarios show incorrect billing, there may be a delay in the provider receiving payment for the services they delivered.**

### Scenario 1b – Single Visit 9 Hours or Less

When a provider completes a single EVV visit on the same date of service within the CareBridge System or authorized 3rd Party EVV System, and it's less than or equal to 9 hours in duration, a pre-billing alert will appear since the provider only has a Prior Authorization (PA) for S5151 and the completed visit is 9 hours or less.

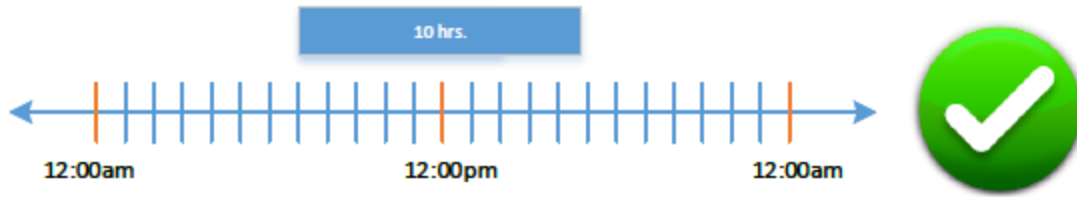
R7041 - Visit for S5151 should be billed with service code T1005



A provider cannot export the visit for billing due to the pre-billing alert. The provider will have to work with the participant, the participant's case manager, and the plan of care team to modify the participant's plan of care so future 15 minute unit respite services can be rendered.

### Scenario 2b – Single Visit Greater Than 9 Hours

When a provider completes a single EVV visit on the same date of service within the CareBridge System or authorized 3rd Party EVV System, and it is more than 9 hours in duration, then the provider will be able to successfully bill for S5151 for the completed visit and should experience no pre-billing alerts.



### Scenario 3b - Multiple Visits Same Day 9 Hours or Less

When a provider completes multiple EVV visits on the same date of service within the CareBridge System or authorized 3rd Party EVV System, and the total duration of all visits within the date of service is 9 hours or less, then the provider will experience a pre-billing alert.

R7041 - Visit for S5151 should be billed with service code T1005



Visits throughout the day can be performed by the same or by different caretakers within the provider organization and will not impact how the total respite service duration is calculated.

A provider will only be able to export EVV visits with total visit durations being more than 9 hours. The provider can also work with the participant, the participant’s case manager, and the plan of care team to modify the participant’s plan of care so future 15 minute unit respite services can be rendered.

### Scenario 4b – Multiple Visits Same Day Greater Than 9 Hours

When a provider completes multiple EVV visits on the same date of service within the CareBridge System or authorized 3rd Party EVV System, and it is more than 9 hours in duration, then the provider will be able to successfully bill for S5151 for the completed visits and should experience no pre-billing alerts at the end of the date of service. However, until the total visit duration of all visits for the date of service is over 9 hours, a pre-billing alert will appear. No action is required on that alert if the provider intends to complete more visits to bring the total visit duration for that date of service over 9 hours.

R7041 - Visit for S5151 should be billed with service code T1005 because the member has only received 6.23 hours of care on 06/21/2023

Visits throughout the day can be performed by the same or by different caretakers within the provider organization and will not impact how the total respite service duration is calculated. The EVV system will automatically account for all respite visit durations when determining whether more than 9 hours of respite services has been rendered within the single date of service.



### Scenario 5b - Single Visit Spans Midnight

When a provider completes a single visit that spans midnight and includes two dates of service, the CareBridge system will automatically split/segment the visit on the back-end at midnight for billing purposes. The visit details in the CareBridge EVV Provider Portal and within a provider's 3rd Party EVV System will reflect how the visit was actually completed, but billing will occur for each date of service separately. Visit data will never appear modified regardless of visits spanning multiple dates of service.

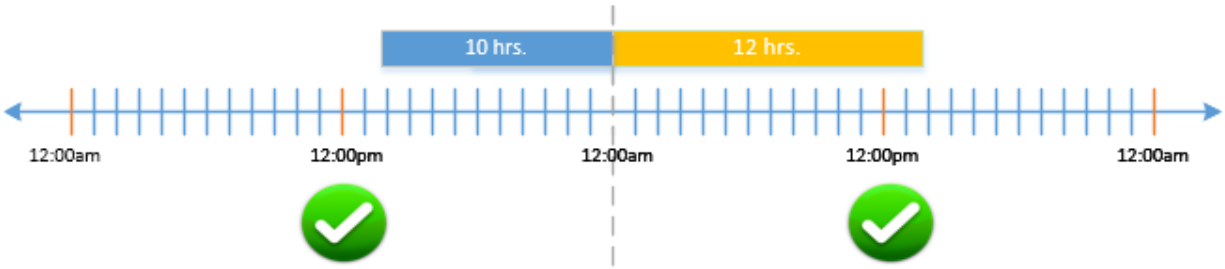
#### Example 1:

If the total overnight visit duration is more than 9 hours for both dates of service, then the provider will be able to successfully bill for S5151 for the completed visit and should experience no pre-billing alerts.

Total Visit Duration = 22 hrs.

Date of Service Day 1 Billable Units = 10 hrs. = 1 unit of S5151

Date of Service Day 2 Billable Units = 12 hrs. = 1 unit of S5151



**Example 2:**

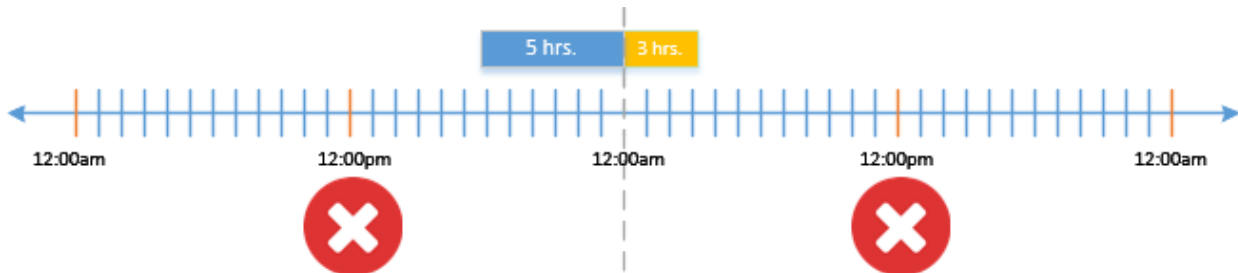
If the total overnight visit duration is 9 hours or less, then the visit will trigger a pre-billing alert since the provider only has a PA for S5151 requiring more than 9 hours of respite services to be rendered in a single visit. Please refer to Scenario 1b or 3b above for guidance on this pre-billing alert.

R7041 - Visit for S5151 should be billed with service code T1005

Total Visit Duration = 8 hrs.

Date of Service Day 1 Billable Units = 5 hrs. = 0 units of S5151 (pre-billing alerts are not cleared)

Date of Service Day 2 Billable Units = 3 hrs. = 0 units of S5151 (pre-billing alerts are not cleared)



**Scenario 6b – Multiple Visits Across Multiple Days w/ Midnight Span**

If multiple visits occur across multiple dates of service, and all individual visit durations are more than 9 hours, and the total visit durations for each date of service is also more than 9 hours, then the visits can bill and no pre-billing alerts will be present at the end of each date of service. However, until the total visit duration of all visits for each date of service is over 9 hours, a pre-billing alert will appear. No action is required on that alert if the provider intends to complete more visits to bring the total visit duration for that date of service over 9 hours.

R7041 - Visit for S5151 should be billed with service code T1005 because the member has only received 6.23 hours of care on 06/21/2023

If the sum of the individual visits during a single date of service is 9 hours or less, then the visits cannot bill and pre-billing alerts will be triggered. Please refer to Scenarios 1b and 3b for guidance on this pre-billing alert.

R7041 - Visit for S5151 should be billed with service code T1005

**Example 1:**

Visit 1 Duration = 5 hrs.  
Visit 2 Duration = 10 hrs. (spans midnight)  
Visit 3 Duration = 3 hrs.

Date of Service Day 1  
Total Visit Duration = 10 hrs.  
Total Billable Units = 1 unit of S5151

Date of Service Day 2  
Total Visit Duration = 8 hrs.  
Total Billable Units = 0 units of S5151 (pre-billing alerts are not cleared)

Total visit duration on Date of Service 2 is less than 9 hours and does not meet the S5151 unit requirements of more than 9 hours.



**Example 2:**

Visit 1 Duration = 5 hrs.

Visit 2 Duration = 8 hrs. (spans midnight)

Visit 3 Duration = 7 hrs.

Date of Service Day 1

Total Visit Duration = 9 hrs.

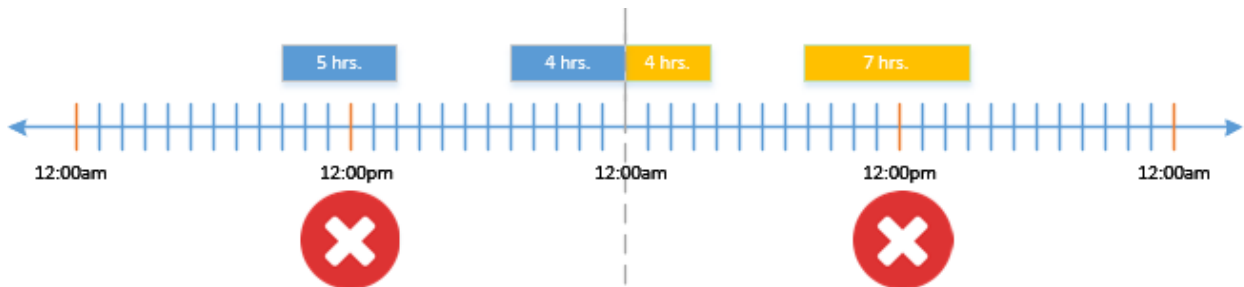
Total Billable Units = 0 units of S5151 (pre-billing alerts are not cleared)

Date of Service Day 2

Total Visit Duration = 11 hrs.

Total Billable Units = 0 units (pre-billing alerts are not cleared)

Total visit duration on Date of Service 1 is exactly 9 hours and does not meet the S5151 unit requirements of more than 9 hours. Also, Visit 2 duration is 8 hours and does not meet the S5151 unit requirements of individual visits needing to be more than 9 hours.



**[Remainder of page intentionally left blank]**

## The Participant has BOTH S5151-Daily Respite PA and a T1005-15 Minute Respite PA on Their IPC

In the following scenarios, it is presumed that the participant has both 15-minute units available on their Individualized Plan of Care (IPC) as a T1005 Prior Authorization (PA) and daily units available on their IPC as an S5151 PA. The EVV system will validate that the individual EVV visit hours follow all respite requirements.

**Please note, where these scenarios show pre-billing alerts below, there may be a delay in the provider receiving payment for the services they delivered unless proper action is taken on behalf of the provider.**

### PA Selection for EVV Visits

Providers will be required to select the PA that best fits any expected visits. For example, if the visit will likely be less than or equal to 9 hours, the provider should select the member's T1005 PA when scheduling the visit or when creating an ad-hoc visit. If the visit will likely be more than 9 hours, then the provider should select the member's S5151 PA when scheduling the visit or when creating an ad-hoc visit. To learn more about scheduling or completing EVV visits, please refer to the CareBridge Resource Library for the State of Wyoming:

<http://resourcelibrary.carebridgehealth.com/wyevv>

If a visit's units do not meet the selected PA requirements, a pre-billing alert will flag and the provider will be required to select another available PA in the Visit Details page in the CareBridge EVV System or within the provider's 3rd Party EVV System to clear the alert.

R7041 - Visit for S5151 should be billed with service code T1005

R7041 - Visit for T1005 should be billed with service code S5151

The screenshot shows the 'VISITS' page in the CareBridge EVV System. The interface includes a sidebar with navigation options: Dashboard, Discussions, Authorizations, Appointments, Visits (selected), and Billing. The main content area displays a table of visits with columns for M., DATE, CHE... IN TIME, CHE... OUT TIME, E..., AUTH #, S..., PAYER, A... ID, APPT TYPE, S..., CHECK IN DISTANCE, and CHECK OUT DISTANCE. Two visits are listed for Elden Abeth... on 08/02/2023 and 08/09/2023. A dropdown menu is open for the second visit, showing options: None (with a red alert icon), Visit Details, Authorization Details, Member Details, and Attest.

M.	DATE	CHE... IN TIME	CHE... OUT TIME	E...	AUTH #	S...	PAYER	A... ID	APPT TYPE	S...	CHECK IN DISTANCE	CHECK OUT DISTANCE
	08/02/2023	03:17 PM	05:17 PM	KAITL... WILS...	7000039063	S5151	Wyom... Depar... of Health	16930	Ad Hoc	Compl... (Manu...	None	
	08/09/2023	03:34 PM	03:37 PM	JESSI... HERIT...	7000039063	S5151	Wyom... Depar... of Health	16932	Ad Hoc	Compl...	8.94 miles	



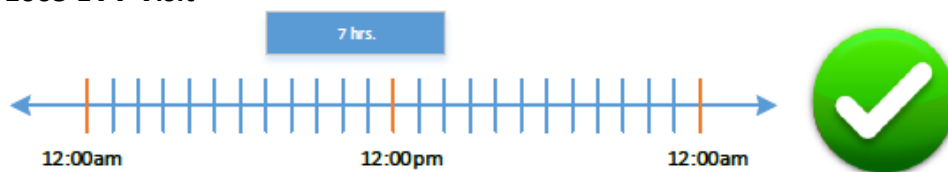
The screenshot displays the 'VISITS > DETAIL > 16933' page. On the left, a navigation menu includes Dashboard, Discussions, Authorizations, Appointments, Visits (selected), Billing, Members, Employees, and Claims. The main content area shows a list of visits for the date range 07/09/2023 to 09/09/2023. The selected visit is for 08/09/2023, lasting 16 hrs 16 min (0.333 units) with authorization S5151. Below this, other visits are listed with their dates, durations, and units. A '+ SCHEDULE APPOINTMENT' button is visible. The 'Visit' details on the right show: Appointment ID: 16933, Status: Completed, Appointment Type: Ad Hoc, Authorization: 700003906 (S5151), Employee: 7000039189 (T1005), Start Date/Time: 7000039063 (S5151), End Date/Time: Aug 9, 2023 3:54 PM, Start Location: 48466 MARYL..., and End Location: 48466 MARYL... The 'EVV Visit' section shows Check In Date/Time: Aug 9, 2023 3:37 PM (app), Check Out Date/Time: Aug 9, 2023 3:54 PM (app), Visit Duration: 0 hours 16 minutes 37 seconds (0.333 units), Check In Location: Nashville, TN 37209 (8.93 miles away), and Check Out Location: Nashville, TN 37209 (8.94 miles away). A 'Support' button is located at the bottom right of the EVV Visit section.

Please note that the selection of a new PA on a visit will not change the completed visit to a manual visit, so member's will not be required to re-attest to the new visit details.

### Scenario 1c – Single Visit 9 Hours or Less

When a provider completes a single T1005 EVV visit on the same date of service within the CareBridge System or authorized 3rd Party EVV System, and it is less than or equal to 9 hours in duration, then the provider will be able to successfully bill for T1005 for the completed visit and should experience no pre-billing alerts.

#### T1005 EVV Visit



When a provider completes a single S5151 EVV visit on the same date of service within the CareBridge System or authorized 3rd Party EVV System, and it is less than or equal to 9 hours in duration, then the provider will receive a pre-billing alert until the provider selects the correct T1005 PA for that same member as outlined in the PA Selection for EVV Visit section above.

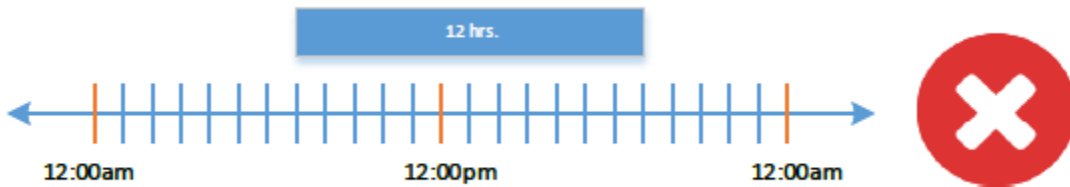
**S5151 EVV Visit**



**Scenario 2c – Single Visit Greater Than 9 Hours**

When a provider completes a single T1005 EVV visit on the same date of service within the CareBridge System or authorized 3rd Party EVV System, and it is greater than 9 hours in duration, then the provider will receive a pre-billing alert until the provider selects the correct S5151 PA for that same member as outlined in the PA Selection for EVV Visit section above.

**T1005 EVV Visit**



When a provider completes a single S5151 EVV visit on the same date of service within the CareBridge System or authorized 3rd Party EVV System, and it is greater than 9 hours in duration, then the provider will be able to successfully bill for S5151 for the completed visit and should experience no pre-billing alerts.

**S5151 EVV Visit**



### Scenario 3c – Multiple Visits on Same Day

When a provider completes multiple EVV visits on the same date of service within the CareBridge System or authorized 3rd Party EVV System, selection of the correct PA for each visit is critical. A provider is not allowed to bill for both T1005 and S5151 in a single day. If the anticipated total visit duration for all visits within the date of service will be 9 hours or less, then all visits for that day should be completed as T1005. If the anticipated total visit durations for all visits within the date of service will be greater than 9 hours, then all visits for that day should be completed as S5151, even if each individual visit is less than 9 hours.

In the event that multiple S5151 visits occur in a single day, a pre-billing alert will appear until the total visit durations are summed as greater than 9 hours. No action is required on that alert if the provider intends to complete more visits to bring the total visit duration for that date of service over 9 hours.

R7041 - Visit for S5151 should be billed with service code T1005 because the member has only received 6.23 hours of care on 06/21/2023

Visits throughout the day can be performed by the same or by different caretakers within the provider organization and will not impact how the total respite service duration is calculated. The EVV system will automatically account for all respite visit durations when determining whether more than 9 hours of respite services has been rendered within the single date of service.

#### Example 1:

If multiple T1005 visits are completed on the same date of service, and the total duration of all visits within that date of service is 9 hours or less, then the provider will be able to successfully bill for T1005.

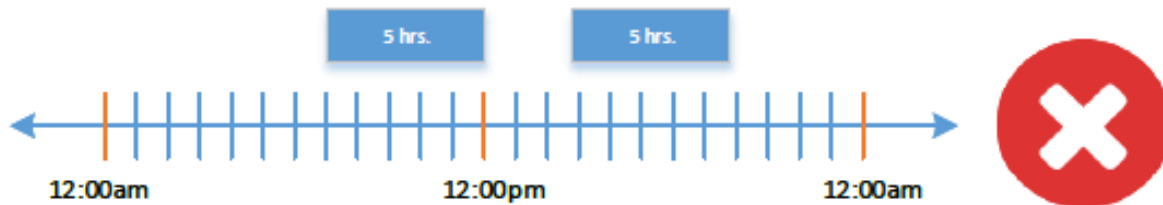
#### T1005 Visits



**Example 2:**

If multiple T1005 visits are completed on the same date of service, and the total duration of all visits within that date of service is greater than 9 hours, then the provider will receive a pre-billing alert and require resolution as outlined in the PA Selection for EVV Visits section above.

**T1005 Visits**



**Example 3:**

If multiple S5151 visits are completed on the same date of service, and the total duration of all visits within that date of service is 9 hours or less, then the provider will receive a pre-billing alert and require resolution as outlined in the PA Selection for EVV Visits section above.

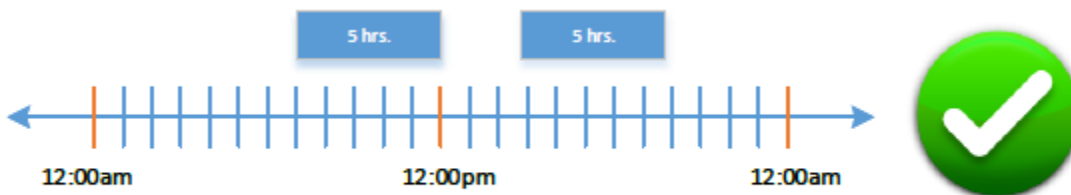
**S5151 Visits**



**Example 4:**

If multiple S5151 visits are completed on the same date of service, and the total duration of all visits within that date of service is greater than 9 hours, then the provider will be able to successfully bill for S5151.

**S5151 Visits**



### Scenario 4c - Single Visit Spans Midnight

When a provider completes a single visit that spans midnight and includes two dates of service, the CareBridge system will automatically split/segment the visit at midnight for billing purposes. When a visit spans midnight and if the provider has both T1005 and S5151 units available, selection of the PA upon scheduling the visit or creating a visit ad-hoc will not be critical. The system will automatically identify that the provider has both PAs and will bill accordingly without requiring the provider to select a different PA. The visit details in the CareBridge EVV Provider Portal and within a provider's 3rd Party EVV System however, will reflect the chosen PA and how the visit was actually completed. Visit data will never appear modified regardless of visits spanning multiple dates of service.

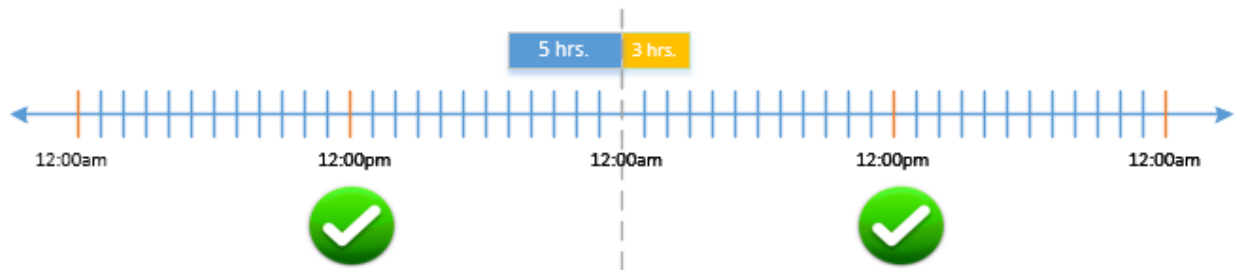
#### Example 1:

If the total overnight visit is 9 hours or less, then the provider should experience no pre-billing alerts. The system will bill the entire visit as T1005 and each date of service will be billed according to the units utilized.

Total Visit Duration = 8 hrs.

Date of Service Day 1 Billable Units = 5 hrs. = 20 units of T1005

Date of Service Day 2 Billable Units = 3 hrs. = 12 units of T1005



#### Example 2:

If the total overnight visit is more than 9 hours, and each time span for each date of service is 9 hours or less, then the provider should experience no pre-billing alerts. The system will bill the entire visit as S5151 and each date of service will be billed according to the units utilized.

Total Visit Duration = 10 hrs.

Date of Service Day 1 Billable Units = 5 hrs. = 20 units of T1005

Date of Service Day 2 Billable Units = 5 hrs. = 20 units of T1005



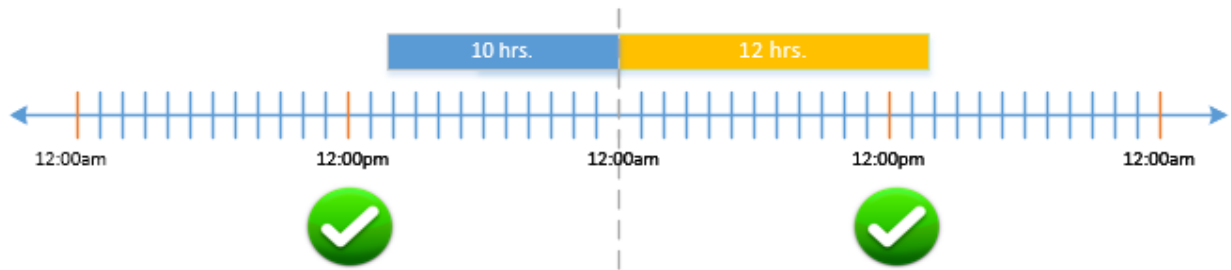
**Example 3:**

If the total overnight visit is more than 9 hours, and each time span for each date of service is more than 9 hours, then the provider should experience no pre-billing alerts. The system will bill the entire visit as S5151 and each date of service will be billed according to the units utilized.

Total Visit Duration = 22 hrs.

Date of Service Day 1 Billable Units = 10 hrs. = 1 unit of S5151

Date of Service Day 2 Billable Units = 12 hrs. = 1 unit of S5151



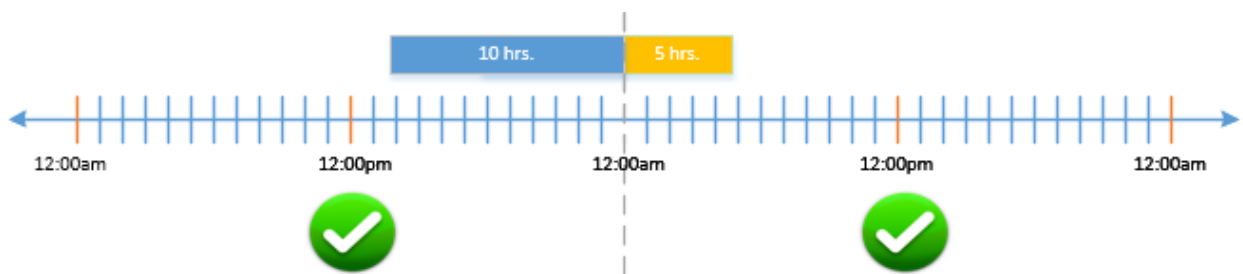
**Example 4:**

If the total overnight visit is more than 9 hours, and the time span on each date of service differs in length (less than 9 hours, more than 9 hours, or exactly 9 hours), then the provider should experience no pre-billing alerts. The system will bill the entire visit as S5151 and each date of service will be billed according to the units utilized.

Total Visit Duration = 15 hrs.

Date of Service Day 1 Billable Units = 10 hrs. = 1 unit of S5151

Date of Service Day 2 Billable Units = 5 hrs. = 20 units of T1005



**Scenario 5c - Multiple Visits Across Multiple Days w/ Midnight Span**

A provider is allowed to complete multiple visits during a day and complete visits across multiple dates of service. Since the provider has both a T1005 and S5151 PA available, a provider will be able to complete visits and bill with no pre-billing alerts present at the end of each date of service.

However, a pre-billing alert may appear if S5151 visit(s) are completed and the total visit duration of the date of service is 9 hours or less. No action is required on that alert if the provider intends to complete more visits to bring the total visit duration for that date of service over 9 hours. If the provider does not complete more visits, the pre-billing alert will need to be resolved by the provider by selecting the correct T1005 PA for that visit(s) on that date of service that triggered the alert.

**R7041 - Visit for S5151 should be billed with service code T1005 because the member has only received 6.23 hours of care on 06/21/2023**

Visits throughout the day can be performed by the same or by different caretakers within the provider organization and will not impact how the total respite service duration is calculated. The EVV system will automatically account for all respite visit durations when determining whether more than 9 hours of respite services has been rendered within the single date of service.

The visit details in the CareBridge EVV Provider Portal and within a provider's 3rd Party EVV System, will reflect the chosen PA and how the visit was actually completed. Visit data will never appear modified regardless of visits spanning multiple date of service.

**Example 1:**

Visit 1 Visit Duration = 5 hrs. T1005  
Visit 2 Visit Duration = 10 hrs. S5151 (spans midnight)  
Visit 3 Visit Duration = 3 hrs. T1005

Date of Service Day 1  
Total Visit Duration = 10 hrs.  
Total Billable Units = 1 unit S5151

Date of Service Day 2  
Total Visit Duration = 8 hrs.  
Total Billable Units = 32 units T1005



**Example 2:**

Visit 1 visit duration = 5 hrs. T1005

Visit 2 visit duration = 8 hrs. T1005 (spans midnight)

Visit 3 visit duration = 13 hrs. S5151

Date of Service Day 1

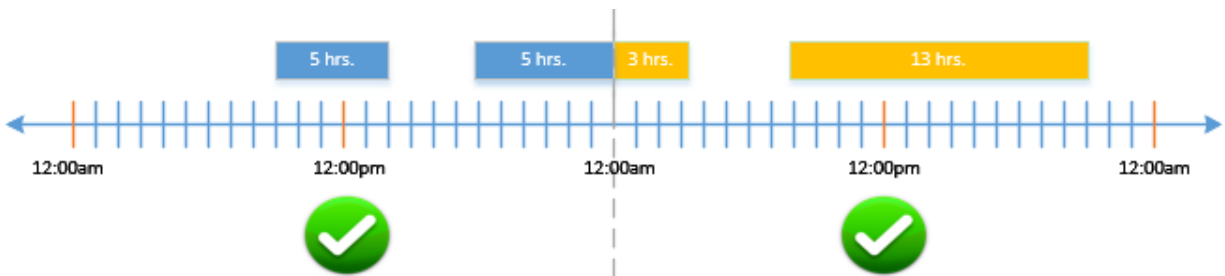
Total visit duration = 10 hrs.

Total billable units = 1 unit S5151

Date of Service Day 2

Total visit duration = 16 hrs.

Total billable units = 1 unit S5151



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## Visits Spanning Multiple Midnights

Providers will not be allowed to complete visits that span more than one midnight. In this event, the provider will receive a pre-billing alert.

Alerts ⓘ

[VIEW RESOLVED ALERTS](#)

Exportable

06/28/2023 - VCR2020 - Visit cannot span more than two days.

For resolution, the visit will require being manually adjusted to prevent the visit from spanning two midnights. To learn more about manual adjustments on completed visits, please refer to the CareBridge Resource Library for the State of Wyoming:

<http://resourcelibrary.carebridgehealth.com/wyevv>

In addition to manually adjusting the original visit, the provider will need to create an additional ad-hoc visit to make up the remaining time that might not be accounted for on the newly adjusted original visit. To learn more about creating ad-hoc visits, please refer to the same resource link above.

## Partial Units & Billed Units in CareBridge EVV System for S5151

Providers billing for visits under an S5151 daily respite Prior Authorization (PA) are only allowed to bill for one daily unit per date of service, and are not allowed to overlap and bill for both S5151 and T1005 on the same day.

In the event that an overnight visit spans midnight, there might be instances where a provider will see within the CareBridge EVV system a partial daily unit billed for that visit and another partial daily unit on other S5151 visit(s) that occurred in the same date of service. While the system shows partial unit billing for the visits, the system will still be calculating a full daily unit for that date of service.

Prior to a completed S5151 visit being exported for billing, the CareBridge EVV Visit section of the Visit Details screen may show a partial unit being calculated in the visit duration if multiple S5151 visits took place on the same date of service.

If an ad-hoc visit or manually adjusted S5151 visit has not been exported for billing. The Manual Entry section of the CareBridge EVV system Visit Details screen may also show a partial unit for visit duration if multiple S5151 visits were completed in the same date of service.

**EVV Visit**

Check In Date/Time: Aug 9, 2023 3:34 PM (app)

Check Out Date/Time: Aug 9, 2023 3:37 PM (app)

Visit Duration: **0 hours 2 minutes 46 seconds (0.334 units)**

Check In Location: (8.94 miles away)

Check Out Location: (8.93 miles away)

Acceptable Locations: Yes

Member Attestation: Complete

**Manual Entry**

Created Date: Jul 21, 2023 4:57 PM

Check In Date/Time: Jun 21, 2023 5:49 AM

Check Out Date/Time: Jun 21, 2023 8:40 AM

Visit Duration: **2 hours 51 minutes (0.5 units)**

Check In Location:

Check Out Location:

Acceptable Locations: N/A

Manual Reason Code: Duplicates/overlapping

Manual Notes:

Member Attestation: Complete

The provider may also notice that more than 1 unit is appearing in the visit duration of an S5151 visit if the visit is calculating T1005 units for an overnight visit.

**EVV Visit**

Check In Date/Time: Aug 9, 2023 4:11 PM (app)

Check Out Date/Time: Aug 10, 2023 9:02 AM (app)

Visit Duration: **16 hours 50 minutes 46 seconds (32 units)**

Check In Location: (1032.66 miles away)

Check Out Location: (1032.66 miles away)

Acceptable Locations: Yes

Member Attestation: Complete

Any S5151 visits that have not been exported for billing, will have no billed units accounted for in the Billing area of the CareBridge Visit Details screen.

**Billing**

Service Code: S5151

Waiver Type: DDC

Modifiers: None

Billing Status: **None**

Units: **None**

External Payer Claim Number: None

Service Provider:

Service Provider NPI:

Service Provider Medicaid ID: None

Primary Diagnosis Code: Z7689

When an S5151 visit is exported for billing the visit details will not change. However, the actual units billed will appear in the CareBridge EVV system Billing section of the Visit Details screen and will only reflect billed units against PAs that the provider has. If a provider only has S5151 or only T1005, they will not be billed for any units for the opposite PA.

Overnight S5151 visits that are greater than 9 hours might bill for only S5151 units, only T1005 units, or both S5151 and T1005 units. An S5151 visit will only bill T1005 units if the overnight visit is greater than 9 hours, but the total time duration for each date of service is 9 hours or less.

Billing	
Service Code:	S5151
Waiver Type:	DDC
Modifiers:	None
Billing Status:	Paid
Units:	1
External Payer Claim Number:	
Service Provider:	
Service Provider NPI:	
Service Provider Medicaid ID:	None
Primary Diagnosis Code:	Z7689

Billing	
Service Code:	S5151, T1005
Waiver Type:	DDC
Modifiers:	None
Billing Status:	Paid
Units:	32 (1 Units S5151 + 31 Units T1005)
External Payer Claim Number:	PAYER_WY11463
Service Provider:	
Service Provider NPI:	
Service Provider Medicaid ID:	None
Primary Diagnosis Code:	Z7689

If multiple S5151 visits were completed within a single date of service, a partial billed unit might appear on all billed S5151 visits for that date of service. However, the provider will only be paid for 1 daily unit for that date of service.

Billing	
Service Code:	S5151
Waiver Type:	DDC
Modifiers:	None
Billing Status:	Paid
Units:	0.5
External Payer Claim Number:	
Service Provider:	
Service Provider NPI:	
Service Provider Medicaid ID:	None
Primary Diagnosis Code:	Z7689