A message from Texas Health and Human Services (HHSC).

Health and Human Services Commission
Electronic Visit Verification Claims Matching Policy (Revised)

Policy

Effective October 1, 2020, the Health and Human Services Commission (HHSC) revised the Electronic Visit Verification (EVV) Claims Matching Policy to include additional EVV claims match result codes and to identify exceptions to the claims matching process, where applicable.

All claims for services required to use EVV (EVV claims) must match to an accepted EVV visit transaction in the EVV Aggregator (the state's centralized EVV database) prior to reimbursement of an EVV claim by the payer. The Texas Medicaid & Healthcare Partnership (TMHP), the claims administrator for the state of Texas, oversees this process.

Payers, either HHSC or a managed care organization (MCO), will deny or recoup an EVV claim that does not match an accepted EVV visit transaction. This includes fee-for-service claims paid by HHSC, acute care claims paid by TMHP on behalf of HHSC and managed care claims paid by the MCO.

Program providers and financial management services agencies (FMSAs) using a third-party to bill claims must notify the third-party of the EVV claims matching policy.

EVV Claims Matching Process

HHSC uses the EVV claims matching process to identify one or more EVV visits that support a Medicaid claim. Once a program provider or FMSA submits an EVV claim to a claims management system operated by HHSC or TMHP, the claims management system forwards any claims for EVV services to the EVV Aggregator for claims matching.

The automated claims matching process includes:
- Receiving an EVV claim line item.
- Matching data elements from each EVV claim line item to data elements from one or more accepted EVV visit transactions in the EVV Aggregator.
- Forwarding an EVV claim match result code to the payer once the claims match process is complete.

Program providers and FMSAs must use the EVV Portal to review and confirm the EVV Aggregator has accepted the EVV visit transactions before submitting the EVV claim(s) for those services.

The following data elements from the claim line item and the EVV visit transaction must match:

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EVV Claim Line Item	Accepted EVV Visit Transaction
Medicaid ID	Medicaid ID
Date of Service	EVV Visit Date
National Provider Identifier (NPI) or Atypical Provider Identifier (API)	National Provider Identifier (NPI) or Atypical Provider Identifier (API)
Healthcare Common Procedure Coding System (HCPCS) Code	Healthcare Common Procedure Coding System (HCPCS) Code
HCPCS Modifiers	HCPCS Modifiers
Billed Units	Units (if applicable)

If any of the above data elements do not match, the claim matching process will return an unsuccessful match result code and the payer will deny the claim.

The EVV claims matching process supports EVV claims submitted with a single date of service and EVV claims submitted with a span of service dates.

Unit Matching for Multiple Visits on the Same Date of Service
If there are multiple visits for the same member for the same service (HCPCS and Modifier combination) from the same provider on the same date of service, the claims matching process combines the total number of units on all accepted EVV visits for that date and compares the unit total to the billed units on the claim line item.

Unit Matching Requirement for EVV Claims with Single Line Item
Program providers and FMSAs submitting EVV claims with a single EVV claim line item for each date of service must have one or more matching accepted EVV visit transactions for the same date in the EVV Aggregator or the payer may deny or recoup the EVV claim line item.

Unit Matching Requirement for EVV Claims with Span Dates (more than one consecutive date)
Program providers and FMSAs submitting an EVV claim with a span of dates for a line item must ensure that:
- Each date of service within the span of dates has one or more matching EVV visit transactions accepted in the EVV Aggregator.
- The total units on the EVV claim line item must match the combined total units on the accepted EVV visit transactions (if applicable).

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The payer will deny or recoup an EVV claim line item with span dates that does not have matching accepted EVV visit transactions for each date within the span of dates.

Exceptions to the Claims Matching Process

HHSC will establish any exceptions to the claims matching process in the EVV Service Bill Codes Table.

Service-Specific Bypass
HHSC will bypass the claims matching process for the following services because HHSC does not currently use the bill codes exclusively for in-home services. Once HHSC has reconfigured the bill codes to work with the EVV claims matching process and distinguish in-home services, HHSC will remove the bypass and notify program providers and FMSAs of the change.

Program	Service
• Home and Community-based Services (HCS) Waiver	• In-Home Respite provided in own home or family home settings • In-Home Day Habilitation provided in own home or family home settings
• Texas Home Living (TxHmL) Waiver	• In-Home Respite • Day Habilitation provided in the home

Units Matching Bypass
The EVV claims matching process does **not** match Units on the EVV visit transaction against the Billed Units on the EVV claim line item for any of the services associated with the consumer directed services (CDS) option.

In addition, the claims matching process does not match Units on the EVV visit transactions against the Billed Units on the claim line item for the following services delivered under the agency option.

Program	Service
• Community Living Assistance and Support Services (CLASS) Waiver	• In-Home Respite
• Deaf Blind with Multiple Disabilities (DBMD) Waiver	• In-Home Respite
• Home and Community-based Services (HCS) Waiver	• CFC/PAS HAB • In-Home Respite provided in own home or family home settings

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Program	Service
	• In-Home Day Habilitation provided in own home or family home settings
• Texas Home Living (TxHmL) Waiver	• CFC/PAS HAB • In-Home Respite • Day Habilitation provided in the home
• Home and Community-Based Services Adult Mental Health (HCBS-AMH)	• In-Home Respite • Supported Home Living – Habilitative Support (SHL)
• Youth Empowerment Services (YES) Waiver	• In-Home Respite

Bypass for Disasters and Temporary Circumstances

HHSC may temporarily set the EVV claims matching process to bypass EVV claims in response to a disaster or temporary circumstances that may disrupt delivery of services. In such cases, HHSC will provide written direction to program providers and FMSAs, including the effective dates of the bypass.

EVV Claims Match Result Codes

Based on the result of the EVV claims matching process, the EVV Portal displays an EVV claims match result code. After the EVV claims matching process, the EVV Aggregator returns an EVV claims match result code to the claims management system for final claims processing.

EVV claim match result codes viewable in the EVV Portal are:
- EVV01 – EVV Successful Match
- EVV02 – Medicaid ID Mismatch
- EVV03 – Visit Date Mismatch
- EVV04 – Provider Mismatch (NPI/API)
- EVV05 – Service Mismatch (HCPCS and Modifiers if applicable)
- EVV06 – Units Mismatch
- EVV07 – Match Not Required
- EVV08 – Natural Disaster

The payer will communicate the outcome of the final claims processing to program providers and FMSAs.

EVV Claim Match Result Code EVV01

If the EVV Aggregator identifies one or more accepted EVV visit transactions matching the EVV claim line item, the EVV claims matching process will return an EVV01 – EVV Successful Match result code. A payer may still deny or recoup an EVV claim with a match code result of EVV01 if other claim requirements fail the claims adjudication process.

For example:
- The payer will deny the claim if the claim billed amount exceeds the authorized amount for the member.
- The payer may recoup an EVV claim if the program provider or FMSA changes an EVV visit after the match and does not submit an updated claim.

EVV Claim Match Result Codes EVV02 – EVV06
If the EVV Aggregator identifies a mismatch between an accepted EVV visit transaction and an EVV claim line item, the EVV claims matching process will return one of the EVV claim match result codes of EVV02, EVV03, EVV04, EVV05, or EVV06. The payer will deny the EVV claim if the EVV claim line item receives an EVV claim match result code of EVV02, EVV03, EVV04, EVV05, or EVV06.

EVV Claim Match Result Codes EVV07 and EVV08
When HHSC implements a bypass of the claims matching process for a disaster or other temporary circumstance:
- The EVV claims matching process will return a match result code of EVV07 or EVV08.
- Payers will not immediately deny an EVV claim with either of these claims match result codes for an unsuccessful EVV match.
- A payer may still deny an EVV claim if other claim requirements fail the claims adjudication process.

When HHSC sets the EVV claims match bypass, the EVV Aggregator will still perform a match between the EVV claim line item and the EVV visit transactions and record the actual match outcome. Program providers and FMSAs can view the actual match results using the Informational Match Result column in the EVV Claim Search results in the EVV Portal to determine whether the claim would have matched without the bypass.

Even though the payer will not deny the claim for an EVV07 or EVV08 upfront, it is possible that the payer will recoup the EVV claim if the program provider or FMSA does not follow instructions from HHSC or their MCO for an EVV claim match result code of EVV07 or EVV08.

Claims Status Report
The payer will return a claims status report for each EVV claim. The claims status report includes the EVV claim match result code and the EVV claims processing result. This may include an Explanation of Benefit (EOB), Explanation of Payment

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(EOP) or a billing exception report. Claims status reports differ by the payer and program.

See the table below for the claims management system responsible for sending an EVV claim to the EVV Aggregator and the system that will report the EVV claims status.

Payer	Claims Management System	Claims Status Reports
TMHP on behalf of HHSC (Acute Care Fee-for-Service)	TMHP Compass 21	Remittance and Status (R&S) Report
HHSC (Long Term Care Fee-for-Service)	TMHP Claims Management System	R&S Report
HHSC (HCS[1] / TxHmL[2])	CARE Claims System	Billing Exception Report
Managed Care	MCO Claims Systems	Varies
HHSC (YES[3])	CMBHS Claims System	R&S Report
HHSC (HCBS-AMH[4])	Encounter Invoice Template	HHSC-AMH

[1] HSC – Home and Community Based Services Waiver
[2] TxHmL – Texas Home Living Waiver
[3] YES – Youth Empowerment Services Waiver
[4] HCBS-AMH – Home and Community Based Services (HCBS) Adult Mental Health
[5] CARE – Client Assignment and Registration System
[6] CMBHS – Clinical Management for Behavioral Health Services

For additional questions regarding the EVV claims matching process or EVV claim denial see the EVV Contact Information Guide on the HHSC EVV website to determine who to contact.

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