

Providers billing for long-term services and supports required to use electronic visit verification

Summary: Effective January 1, 2019, Amerigroup will conduct prepayment reviews of all claims for electronic visit verification (EVV) required services to ensure that claims have valid, matching EVV transaction(s).

Amerigroup reviews the following data elements on the claim(s) and EVV transaction(s) to ensure there is a match:

- Provider NPI number
- Provider TIN number
- Member Medicaid ID number
- Date of service (also known as the EVV visit date)
- HCPCS code
- Modifier(s)
- Billed units (also known as the EVV units and EVV pay hours)

Claim(s) will be denied if there is not an EVV transaction(s) that fully matches the claim. If there is a partial match between the billed units and EVV units, the system will only approve the units that have a full match to EVV transaction(s). The system will deny the units that do not have a full match to EVV transaction(s). The denial code you will see on your *Explanation of Payment (EOP)* is *GV2 Invalid/Missing EVV Transaction*.

To dispute a denied claim due to denial code *GV2 Invalid/Missing EVV Transaction*, please follow the Provider Payment Appeal process as explained in the Amerigroup provider manual: https://providers.amerigroup.com/ProviderDocuments/TXTX_CAID_ProviderManual.pdf.

What if I still have questions?

If you have questions about this communication, contact the Amerigroup EVV email box at TXEVVSupport@amerigroup.com.

<https://providers.amerigroup.com>