EVV Tool Kit Module 15 - Best Practices to Avoid EVV Claim Mismatches

This document includes suggestions intended to provide technical guidance and help program providers avoid EVV claim mismatches.

Before Submitting the EVV Claim

❒ **#1: Check the EVV Portal to ensure the EVV visit transaction was accepted before submitting the EVV claim.**

o Use the "Accepted Visit Search" tab in the EVV Portal to ensure the EVV visit transaction was accepted. If the EVV visit transaction was rejected, make corrections to the EVV visit transaction in the EVV vendor system (visit maintenance) and re-export the EVV visit transaction. Check the EVV Portal the following day to determine if it was accepted.

o If the visit transaction does not appear in the EVV Portal when you perform an "Accepted Visit Search" or "History/Rejected Visit Search," check your Failed to Export reports in the EVV vendor system. Make sure your EVV visit transactions were successfully exported. If you have questions, contact DataLogic at info@vestaevv.com or 1-844-880-2400.

❒ **#2: Determine the billing options of your payer regarding span date/single line billing before submitting the EVV claim and follow the guidelines of your payer.** If the payer allows span date billing, verify the following:

❒ Each date in the span must have one or more matching EVV visit transactions.
  ▪ **Example:** If the span dates are from Sept. 1, 2019 – Sept. 15, 2019, then there must be at least one accepted EVV visit transaction for each of the dates (Sept. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 15.)

❒ There should be no EVV claims with span dates that start prior to Sept. 1, 2019 (these EVV claims will be rejected). The claim should be split with dates prior to Sept. 1, 2019 and dates after Sept. 1, 2019.

❒ The billed units on the EVV claim line item must match the combined total billable units of the EVV visit transactions for the associated dates of service.
  ▪ **Example:** If the EVV claim line item has 40 billed units, then the accepted EVV transactions for the associated dates of service must have a combined total of 40 billable units.

❐ **#3: Ensure data elements on the EVV claim match data elements on the accepted EVV visit transaction before submitting the EVV claim.**

- o Compare the following data elements on the EVV claim to the data elements on the accepted EVV visit transaction. Perform a search in the EVV Portal using the "Accepted Visit Search" tab and ensure that the following data elements match:

EVV Visit Transaction	EVV Claim
1. Medicaid ID	1. Medicaid ID
2. EVV visit date	2. Date of service
3. National Provider Identifier (NPI) or Atypical Provider Identifier (API)	3. NPI or API
4. Healthcare Common Procedure Coding System (HCPCS) code	4. HCPCS code
5. HCPCS modifiers, if applicable	5. HCPCS modifiers, if applicable
6. *Billable units	6. *Billed units

Billed units are not checked for services billed for Community Living Assistance and Support Services (CLASS).

After Submitting the EVV Claim

❐ **#4: Check the match results of the EVV claim matching process in the EVV Portal.**

- o Use the "EVV Claim to Visit Search" tab in the EVV Portal to view EVV claim matching results. An EVV claim match result code will tell you if the EVV claim was matched (EVV01) or if there was an EVV mismatch (EVV02-EVV06). A successful EVV01 match does not guarantee that the EVV claim will be paid; final claims processing is performed by your payer.

- o EVV claims with a mismatch will be denied. EVV claims denied for an EVV mismatch will require either a correction to the EVV claim or a correction to the EVV visit transaction in the EVV vendor system (visit maintenance). Corrected EVV claims should be re-submitted to TMHP for the EVV claims matching process to occur.

❐ **#5: Monitor the explanation of benefits (EOB) or explanation of payment (EOP) from your payer for final claim adjudication.**

- o If the EVV claim was denied, check the reason for denial on the EOB or EOP. If an EVV claim is denied, contact the correct payer for that EVV claim; either HHSC or your managed care organization (MCO). Payer contact information is available in the EVV Contact Information Guide.