

Electronic Visit Verification: claim denials with GV2 denial code

This *Provider Update* applies to Medicaid and Medicare-Medicaid Plan providers.

Beginning January 1, 2019, Amerigroup started to conduct prepayment reviews of all claims with dates of service from January 1, 2019-August 31, 2019, for electronic visit verification (EVV) required services. The purpose of the prepayment review was to ensure that claims have valid, matching EVV transactions. Since the prepayment review began, some providers have received *EOP* denial code *GV2 – Invalid/Missing EVV Transaction*. Below, you will find information about what to do if you receive this denial code.

If you receive a claim denial with denial code *GV2 – Invalid/Missing EVV Transaction*, you should take the following actions:

- Pull the following EVV reports to ensure all EVV transactions have been successfully exported to us and that all billing data elements on the EVV visits match the claim:
 - *Failed to Export Report*
 - *EVV Visit Log Report*
- If there are discrepancies with the seven data elements we use for matching claims to EVV transactions, you must determine if the discrepancy is caused by the EVV transaction or the claim.
- You must make any needed corrections to the EVV visits and ensure the corrected EVV visit is successfully exported.
- Once you have made any needed corrections to the EVV visits and confirmed the corrected EVV visits have been successfully exported, you may submit a corrected claim.
- If you determine that no corrections are needed for the EVV visit, and the claim was submitted with the correct information, you may submit a corrected claim.
 - Typically in this situation, the claim was received before the EVV transaction due to the provider submitting the claim before the EVV transaction(s) was received, resulting in a claim denial with denial code *GV2 – Invalid/Missing EVV Transaction*.

For all corrected claims, you should indicate *Corrected* on the claim. You must use resubmission or frequency code 7 when submitting a corrected claim that was originally denied with denial code *GV2 – Invalid/Missing EVV Transaction*. If a dispute or appeal is filed before submitting a corrected claim, the dispute or appeal may be upheld or dismissed if it is determined the claim was denied correctly with denial code *GV2 – Invalid/Missing EVV Transaction*. Therefore, we strongly encourage providers to submit a corrected claim for claims denied with *GV2 – Invalid/Missing EVV Transaction*. This will allow the claim to be reprocessed and matched to the EVV transaction.

Note: This information only applies to dates of service January 1, 2019 –August 31, 2019. It does not apply to dates of service on or after September 1, 2019

For more information, please see this *Provider Update* issued November 2018, available at https://providers.amerigroup.com/ProviderDocuments/TXTX_CAID_EVVPrePayClaim.pdf.

For any questions related to this communication, please email the EVV email box at TXEVVSupport@amerigroup.com. You may also contact your Provider Relations representative.

<https://providers.amerigroup.com>

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Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.