

Electronic visit verification (EVV) claim match result code EVV07 and EVV08

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EVV claim match result code EVV07 and EVV08

The purpose of this training is to:

- Offer program providers in-depth information regarding the EVV claim match result code EVV07 and EVV08.
- Help program providers establish their own internal processes to review claims that result in an EVV07 or EVV08 as the EVV claim match result code, to ensure the claim has a complete match to EVV visit transaction(s) to prevent claim recoupments.

Covered topics:

1. EVV07 and EVV08 overview (page 3 to 4)
2. *EVV Claim Match Reconciliation Report* (page 5 to 11)
3. EVV claim search (page 12 to 17)
4. Best practices (page 18 to 23)

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.



EVV07 and EVV08 overview

EVV07 and EVV08 overview

- EVV claim match result code EVV07 or EVV08 will be applied to the claim lines when the Texas Health and Human Service Commission (HHSC) directs Texas Medicaid and Healthcare Partnership (TMHP) to bypass the upfront EVV claim matching.
- HHSC determines the claim date of service period that will be impacted by EVV07 or EVV08.
- The claim will be forwarded to Amerigroup with EVV07 or EVV08 on the claim line(s). Amerigroup will apply an informational code to the claim line that explains the claim line bypassed the EVV claim matching process per HHSC's direction.
- Amerigroup will not deny claim lines for an EVV mismatch if the claim line was applied the match result code of EVV07 or EVV08. However, claim lines may still deny for other reasons not related to EVV.
- At HHSC's direction, Amerigroup will complete a retrospective review* of all paid claim lines that were applied EVV07 or EVV08 to ensure a complete match to EVV visit transaction(s).

* Retrospective reviews may be completed up to two years from the date of service of a paid claim.

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EVV Claim Match Reconciliation Report

EVV Claim Match Reconciliation Report

- Amerigroup will use the *EVV Claim Match Reconciliation Report* from the EVV portal to complete retrospective reviews of paid claim lines that were applied an EVV07 or EVV08 match result code to ensure a complete match to EVV visit transactions.
- Program providers and financial management services agencies (FMSAs) have access to this report in the EVV portal to complete their own retrospective reviews of paid claim lines that were applied an EVV07 or EVV08 match result code to ensure a complete match to EVV visit transactions.

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EVV Claim Match Reconciliation Report (cont.)

Search

Reports

Batch Results

Electronic Visit Verification Report

Create Report Clear

Select Report

Report Name EVV Claim Match Reconciliation Report

Report Format/Processing Information

- The red asterisk (*) indicates a required field.
- **Export Format Recommendations for Large Reports:**
 - For best results, select the CSV export format for large reports. CSV files may be downloaded and opened with Excel, Notepad or WordPad.
 - The PDF export format is not recommended for reports with more than 1000 pages.
 - The Excel export format is not recommended for reports with more than 1 million records.
- **Batch Results:**
 - Reports with more than 10,000 records will be processed in Batch Results.
 - Report requests without an NPI/API, Medicaid ID, Provider Number, TIN or Attendant ID will be processed in Batch Results.
 - EVV Claim Match Reconciliation Reports will only be processed in Batch Results and in CSV export format.

Select **Reports** in the EVV portal and under *Report Name*, select **EVV Claim Match Reconciliation Report**.

EVV Claim Match Reconciliation Report (cont.)

Report Criteria

Select Report Parameters

EVV Match Code * EVV07

NPI/API

Provider Number

Medicaid ID

Date Search Criteria

Only one date range is required. Enter the Claim Match Date Range or the Claim Date of Service Range.

Claim Match Date Range

Begin Date MM/DD/YYYY

End Date MM/DD/YYYY

Claim Date of Service Range

Begin Date * 04/01/2020

End Date * 04/01/2020

HCPCS Code

Modifiers 1 2 3 4

Payer Name Amerigroup (AGP)

Select Export Format

Export Formats CSV

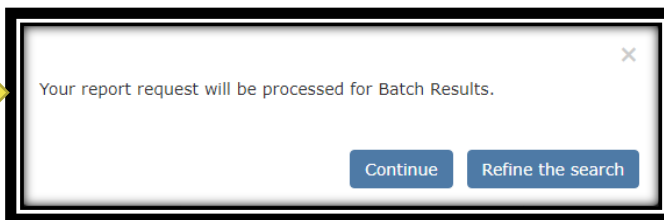
Create Report Clear

The *EVV Match Code* field will have a drop down to select EVV07 or EVV08. In order to see all of the claims for the date of service range that is entered, **Amerigroup recommends to only populate the *Claim Date of Service Range* and not the *Claim Match Date Range***, because that is based on the date the claim was submitted. Therefore, if a date range is entered under the *Claim Match Date Range* field, it will only show the claims that were submitted within the date range that is entered. This may cause program providers or FMSAs to not see all of the claims with the date of service range that was entered in the *Claim Date of Service Range* field. Amerigroup recommends selecting **CSV** as the export format and open the report in Excel. Select **Create report** when finished populating the report parameters.

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EVV Claim Match Reconciliation Report (cont.)

This will pop up if the report will be processed under the *Batch Results* area of the EVV portal.



Batch Results								
Source	Report/Search Name	Report/Search Criteria	Export Format	Date Requested	Status	Link	Date Complete	Remove
Reports	EVV Claim Match Reconciliation Report	Claim Date of Service Range Begin Date: 04/01/2020 Claim Date of Service Range End Date: 04/01/2020 EVV Match Code: EVV07 Payer Name: Amerigroup (AGP)	CSV	2/11/2021 9:27:11 AM	Pending			
Reports	EVV Claim Match Reconciliation Report	Claim Date of Service Range Begin Date: 04/01/2020 Claim Date of Service Range End Date: 04/01/2020 EVV Match Code: EVV07 Payer Name: Amerigroup (AGP)	CSV	2/3/2021 11:54:17 AM	Complete	Download	2/3/2021 12:21:17 PM	

The *Status* will show if the report is pending or complete. Once the report is complete, there will be a link to download the report.

EVV Claim Match Reconciliation Report (cont.)

- The report shows the following data elements:
 - **TMHP_Claim_ID_ICN** – TMHP claim number
 - **TMHP_Service_Line_Item** – claim line number
 - **Other_Claim_ID_ICN** – Amerigroup claim number
 - **Claim_Match_Result** –EVV claim match result code assigned to the claim line when the claim was submitted. This match result code is forwarded with the claim line to Amerigroup.
 - **Claim_Informational_Match_Result** – match result code that would have been assigned to the claim line if the upfront claim matching was not bypassed. This code is not forwarded with the claim line to Amerigroup.
 - **Match_Date** – date the claim line was submitted to TMHP and when the Claim_Match_Result was applied to the claim line
 - **Report_Run_Date** – date the report was generated
 - **Match_Result_on_Report_Run_Date** – EVV claim match result code that was applied to the claim line when the report was generated. This is the match result code that Amerigroup uses to confirm if the paid claim line has a valid match to an EVV visit transaction. **If the match result code shows EVV02 thru EVV06, the paid claim line may be subject for recoupment.** Program providers and FMSAs want to make sure the match result code under this column shows EVV01 in order to prevent a recoupment due to an EVV mismatch on a paid claim line.
 - **Visit_ID** – EVV visit transaction ID number if there is an EVV01 as the match result code under the Match_Result_on_Report_Run_Date field

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EVV Claim Match Reconciliation Report (cont.)

- The report shows the following data elements (continued):
 - **Claim_Detail_From_Date** – first date of service that was put on the claim line when the claim was submitted by the program provider or FMSA
 - **Claim_Detail_To_Date** – last date of service that was put on the claim line when the claim was submitted by the program provider or FMSA
 - **Medicaid_ID** – member’s Medicaid ID number on the claim
 - **Individual_Last_Name** – member’s last name on the claim
 - **HCPCS** – HCPCS code that was billed on the claim line when the claim was submitted by the program provider or FMSA
 - **Modifiers** - modifiers that were billed on the claim line when the claim was submitted by the program provider or FMSA
 - **Claim_Units** – billed units on the claim when the claim was submitted by the program provider or FMSA
 - **NPI_or_API** – provider’s National Provider Identification (NPI) number or Atypical Provider Identifier (API) number billed on the claim when the claim was submitted by the program provider or FMSA
 - **Provider_Number** – provider’s number with the state
 - **Payer_Name** – name of the payer for the claim

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EVV claim search

EVV claim search

- Program providers and FMSAs can complete a search in the EVV portal using the *EVV Claim Search* tab in order to see the initial claim match results when an EVV claim is submitted to TMHP.
- The information in the *EVV Claim Search* tab shows the claim information and the EVV match result code information when the claim went through the claim matching process.
- Amerigroup uses the *EVV Claim Search* tab to see the initial claim match results when an EVV claim is submitted to TMHP. It is not used for retrospective reviews of paid claims.

Note: EVV does not replace any contract, program or licensure requirements regarding service delivery or service delivery documentation.

EVV claim search (cont.)

Electronic Visit Verification Search

Search Clear

Accepted Visit Search Visit History Search **EVV Claim Search**

Instructions

- The red asterisk (*) indicates a required field.
- MCOs: Enter the NPI/API **or** the Medicaid ID. Only one of those fields is required.

Search Criteria

EVV Claim Search Criteria

TMHP Claim ID/ICN

Claim Match Date Range

Begin Date

End Date

Claim Date of Service Range

Begin Date *

End Date *

Provider Search Criteria

NPI/API *

Provider Number

Member Search Criteria

Medicaid ID *

Member Last Name

Payer Search Criteria

Payer Name

Service Search Criteria

HCPCS Code

Modifiers 1 2 3 4

Search Clear

Once the required information has been entered, select the **Search** button. The results will appear at the bottom. EVV claim search result shows claim information. It does not show EVV visit transaction information. The only EVV visit transaction information that will show is the *Visit ID* if the informational match result code is EVV01.

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EVV claim search (cont.)

EVV Claim Search Result

1. TMHP Claim ID (managed care), TMHP ICN (fee-for-service), or CARE ICN (HCS/TxHmL).
2. Only populated if Claim Match Result or Informational Match Result is EVV01.
3. Claim Match Result used for claim processing.
4. Only populated if Claim Match Result is EVV07 or EVV08; not used for claim processing.
5. Claim ID or ICN from CARE, CMBHS, or an MCO system for claims with dates of service.

EVV Claim Match Result code that was applied to the claim line and this is the code that is forwarded with the claim to Amerigroup.

Amerigroup recommends to export the data to excel if the search results are large. This way, program providers and FMSAs can see the information on one report.

Only the first 10,000 results will be exported to Excel

[Export Data To Excel](#)

Showing 1 to 1 of 1 entries Show 10 entries

TMHP Claim ID/ICN [1]	TMHP Service Line Item	Other Claim ID/ICN [5]	Claim Match Result [3]	Informational Match Result [4]	Match Date	Visit ID [2]	Claim From
	1		EVV07 - Match Not Required	EVV01 - EVV Match	04/24/2020	1111111111	04/

EVV claim match result code that **would have** been applied to the claim line if the upfront claim matching was not bypassed. This information will only be populated if the EVV claim match result shows EVV07 or EVV08. The information in this column does not get forwarded to Amerigroup on the claim line.

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EVV claim search (cont.)

- When the claim search data is exported to Excel the following data elements will show on the report:
 - **TMHP Claim ID/ICN** – TMHP claim number
 - **TMHP Service Line Item** – claim line number
 - **Other Claim ID/ICN** – Amerigroup claim number
 - **Claim Match Result** – EVV claim match result code assigned to the claim line when the claim was submitted. This match result code is forwarded with the claim line to Amerigroup.
 - **Informational Match Result** – match result code that would have been assigned to the claim line if the upfront claim matching was not bypassed. This code is not forwarded with the claim line to Amerigroup.
 - **Match Date** – date the claim line was submitted to TMHP and when the *Claim Match Result* was applied to the claim line
 - **Visit ID** – EVV visit transaction ID number if there is an EVV01 as the *Claim Match Result* field or *Informational Match Result* field
 - **Claim Detail From Date** – first date of service that was put on the claim line when the claim was submitted by the program provider or FMSA
 - **Claim Detail To Date** – last date of service that was put on the claim line when the claim was submitted by the program provider or FMSA

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EVV claim search (cont.)

- Claim Search data elements (continued):
 - **Medicaid ID** – Member’s Medicaid ID number on the claim
 - **Member Last Name** – Member’s last name on the claim
 - **HCPCS** – HCPCS code that was billed on the claim line when the claim was submitted by the program provider or FMSA
 - **Modifiers** - Modifiers that were billed on the claim line when the claim was submitted by the program provider or FMSA.
 - **Claim Units** – Billed units on the claim when the claim was submitted by the program provider or FMSA
 - **NPI/API** – Provider’s NPI number or API number billed on the claim when the claim was submitted by the program provider or FMSA
 - **Payer Name** – Name of the payer for the claim
 - **Member ZIP Code** – Member’s ZIP code billed on the claim when the claim was submitted by the program provider or FMSA
 - **Provider ZIP Code** – Provider’s ZIP code billed on the claim when the claim was submitted by the program provider or FMSA

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Best practices

Best practices

If a claim line on the *EVV Claim Match Reconciliation Report* shows a match result code of EVV02, EVV03, EVV04, EVV05, or EVV06 under the Match_Result_on_Report_Run_Date field, providers should complete the following:

1. Make sure the EVV visit transaction for the date of service on the claim line is verified in the EVV system and accepted in the EVV portal.
2. If the EVV visit transaction is rejected in the EVV portal, correct the visit in the EVV system to have the updated visit re-exported to the EVV aggregator:
 - Check to make sure any corrected EVV visit transactions are accepted in the EVV Portal.
 - If the EVV visit transaction is locked due to being past the visit maintenance period, the program provider or FMSA will need to submit a *VM Unlock Request Form* to request corrections to the EVV visit transaction.
3. Compare the data elements on the claim line against the data elements on the accepted EVV visit transaction based on the table of data elements on page 23.
4. If the data elements on the claim line **do not** match the data elements on the accepted EVV visit transaction, the program provider or FMSA will need to determine if the claim was submitted with the wrong data or if the EVV visit transaction was verified with the wrong data.

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Best practices (cont.)

5. If the EVV visit transaction has the wrong data, but the claim was submitted with the correct data, the program provider or FMSA should:
 - Correct the data that is incorrect on the EVV visit transaction and ensure the corrected EVV visit transaction is accepted in the EVV portal:
 - If the EVV visit transaction is locked due to being past the visit maintenance period, the program provider or FMSA will need to submit the *VM Unlock Request Form** to request corrections to the EVV visit transaction.
 - After the corrected EVV visit transaction is accepted in the EVV Portal, re-run the *EVV Claim Match Reconciliation Report* and ensure the `Match_Result_on_Report_Run_Date` field shows an EVV01 match result code.
 - If the `Match_Result_on_Report_Run_Date` field shows a match result code of EVV02 thru EVV06, then the claim line still has a mismatch to the EVV visit transaction. Please refer to steps three and four on page 17.
 - Once the `Match_Result_on_Report_Run_Date` field shows an EVV01 as the match result code, this means that the claim line has a complete match to the EVV visit transaction.

* To request a copy of the *VM Unlock Request Form*, please email TXEVVSupport@amerigroup.com.

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Best practices (cont.)

6. If the claim has the wrong data, but the EVV visit transaction was verified with the correct data, the program provider or FMSA should:
 - Submit a corrected claim with the correct data:
 - The corrected claim must be submitted within the timely filing requirements. EVV does not change or replace the timely filing requirements for submission of claims.
 - After the corrected claim has been submitted, re-run the *EVV Claim Match Reconciliation Report* and ensure the Match_Result_on_Report_Run_Date field shows an EVV01 match result code for the corrected claim.
 - If the Match_Result_on_Report_Run_Date field shows a match result code of EVV02 thru EVV06, then the corrected claim has a mismatch to the EVV visit transaction. Please refer to steps three and four on page 19.
 - Once the Match_Result_on_Report_Run_Date field shows an EVV01 as the match result code, this means that the claim line has a complete match to the EVV visit transaction.

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Best practices (cont.)

7. If the claim and EVV visit transaction both have the wrong data, the program provider or FMSA should:
 - Correct the data that is incorrect on the EVV visit transaction and ensure the corrected EVV visit transaction is accepted in the EVV portal:
 - If the EVV visit transaction is locked due to being past the visit maintenance period the program provider or FMSA will need to submit the Amerigroup *VM Unlock Request Form** to request corrections to the EVV visit transaction.
 - Submit a corrected claim with the correct data:
 - The corrected claim must be submitted within the timely filing requirements. EVV does not change or replace the timely filing requirements for submission of claims.
 - After the corrected claim has been submitted, re-run the *EVV Claim Match Reconciliation Report* and ensure the `Match_Result_on_Report_Run_Date` field shows an EVV01 match result code.
 - If the `Match_Result_on_Report_Run_Date` field shows a match result code of EVV02 thru EVV06, then the corrected claim has a mismatch to the EVV visit transaction. Please refer to steps three and four on page 19.
 - Once the `Match_Result_on_Report_Run_Date` field shows an EVV01 as the match result code, this means that the claim line has a complete match to the EVV visit transaction.

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Best practices (cont.)

The data elements used for EVV claim matching:

EVV visit transaction data elements	EVV claim data elements
1. Medicaid ID	1. Medicaid ID
2. EVV visit date	2. Date of service
3. NPI or API	3. NPI or API
4. 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 matched for Consumer Directed Service (CDS) EVV required services.

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