



Electronic Visit Verification

Best Practices for Temporary EVV Policies for Novel Coronavirus (COVID-19)

These best practices are based on the [Temporary EVV Policies for Novel Coronavirus \(COVID-19\)](#). Program providers must ensure an EVV visit transaction supporting the EVV claim is accepted in the EVV Portal and matches the claim within 180 calendar days from the date of the visit, or the claim may be recouped.

Informational Claims Matching Process

To implement the Temporary EVV Policies, the claims matching process applied an “EVV07 – Match Not Required” match result code to all EVV claims, regardless of the match result. The EVV Aggregator stored the actual match result code (EVV01 – EVV06) when the claim was first submitted or resubmitted and this code can be viewed in the “Informational Match Result” column of the “EVV Claim Search” tab in the EVV Portal.

Note: Since Nov. 1, 2019, CLASS EVV claims for CFC PAS/HAB and In-Home Respite have received an EVV07 when the claims matching process is performed. However, CLASS program providers should still follow these best practices.

Best Practices

If a claim is submitted prior to the EVV visit transaction being accepted in the EVV Portal, program providers should:

1. Enter the visit into the EVV system using the manually documented service delivery information and perform any required visit maintenance. Keep the supporting documentation.
2. If the visit is rejected in the EVV Portal, correct the visit in the EVV system by completing visit maintenance. After the 180-calendar day timeframe, a visit maintenance unlock request form must be submitted to your payer.

3. Ensure the EVV visit transaction is accepted in the EVV Portal.
4. Compare the data elements on the submitted claim against the data elements on the accepted EVV visit transaction, based on the Table of Data Elements below.
5. If the data elements on the submitted claim do not match the data elements on the accepted EVV visit transaction, adjust and resubmit the claim based on your payer’s guidelines.
6. Review the claims matching results in the EVV Portal to confirm the resubmitted claim matches the accepted EVV visit transaction and an EVV01 is received in the “Informational Match Result” column.
7. If the accepted EVV visit transaction was edited after the claim was submitted, repeat steps 3-6 above.

Note: The claims matching process is only performed when a claim is submitted and not when an EVV visit transaction is accepted in the EVV Portal after the claim was submitted.

Table of Data Elements

EVV Visit Transaction Data Elements	EVV Claim Data Elements
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 CLASS EVV-required services.

Export Data from the EVV Portal

Program providers can export data from the EVV Portal to Excel to more easily filter the claims matching search results.

1. Use the “EVV Claim Search” tab and enter all required fields to search for claims that have received an EVV07.

2. Use the "Claim Match Date Range" field, instead of the "Claim Date of Service Range" field because the EVV07 is based on date of submission and not date of service.
3. Export the search results to Excel and filter the data in the "Informational Match Result" column to isolate any EVV02 – EVV06 codes.

EVV01 Match Result Code

If an EVV07 is received in the "Claims Match Result" column and an EVV01 is received in the "Informational Match Result" column, it means the claim correctly matched the supporting, accepted EVV visit transaction when the claim was submitted.

- If the visit has not been edited after submitting the claim, no further action is required.
- If the visit was edited after submitting the claim, ensure the updated EVV visit transaction is accepted in the EVV Portal and the data elements on the EVV visit transaction still match the data elements on the claim.
 - If the visit is locked, submit a visit maintenance unlock request form to your payer.
- If the data elements on the claim do not match the data elements on the accepted EVV visit transaction, make the necessary corrections by adjusting and resubmitting the claim based on your payer's guidelines.
- After resubmitting the claim, check the claims matching results in the EVV Portal to confirm an EVV01 is received in the "Informational Match Result" column.

Note: Contact your payer for more information about this process.

EVV02, EVV03, EVV04, EVV05, or EVV06 Mismatch Result Codes

If you receive an EVV07 in the "Claims Match Result" column and an EVV02, EVV03, EVV04, EVV05, or EVV06 in the "Information Match Result" column, it could mean the visit was not entered in the EVV system. If the visit was entered in the EVV system, there could be an error on the EVV visit transaction, the submitted claim, or both.

1. Confirm the visit is entered in the EVV system (EVV02 and EVV03 only). If not, enter the visit using the manually documented service delivery

information and perform any required visit maintenance. Keep the supporting documentation.

- 2.** Use the “Accepted Visit Search” tab in the EVV Portal to determine if the EVV visit transaction is accepted.
 - If the visit is rejected, make corrections by performing visit maintenance in the EVV system and re-export the visit. Check the EVV Portal the following day to determine if the visit is accepted.
 - Note: After the 180-calendar day timeframe, a visit maintenance unlock request form must be submitted to your payer.
- 3.** If the EVV visit transaction is accepted, compare the submitted claim to the accepted EVV visit transaction.
 - If the submitted claim matches the accepted EVV visit transaction, no further action is required.
 - If the submitted claim does not match the accepted EVV visit transaction, make the necessary corrections to the claim and adjust and resubmit the claim following your payer’s guidelines. Contact your payer for more information.
- 4.** After resubmitting the claim, check the claims matching results in the EVV Portal for a correct match.
 - If an EVV07 is received in the “Claims Match Result” column and an EVV01 is received in the “Informational Match Result” column, the claim correctly matched the accepted EVV visit transaction and no further action is required.
 - If an EVV07 is received in the “Claims Match Result” column and another mismatch result code is received in the “Informational Match Result” column, there is still an error on the resubmitted claim.
 - Make the necessary corrections to the claim, based on the mismatch result code, and resubmit the claim following your payer’s guidelines. Check the claims matching results again to confirm an EVV01 is received in the “Informational Match Result” column.

Additional Guidance for Program Providers

- HHSC recommends program providers continue to follow the normal EVV claims submission process, as much as possible, by confirming an EVV visit transaction is accepted in the EVV Portal before submitting the claim.
- When the normal EVV claims submission process is not possible, program providers should repeat the steps outlined in these Best Practices on a routine basis to review all EVV07 match result codes received during the 180-calendar day visit maintenance time frame to:
 - Identify all claims with an informational mismatch result code of EVV02 – EVV06.
 - Ensure the visit is entered into the EVV system and the EVV visit transaction is accepted in the EVV Portal.
 - Compare the data elements on the submitted claim against the data elements on the accepted EVV visit transaction and make corrections to the EVV visit transaction, the claim, or both.
 - Continue to resubmit a corrected claim when visit maintenance is performed after the original claim was submitted.
- Managed care organizations (MCOs) must continue to follow all state and federal statutes, rules, and guidelines regarding EVV recoupment processes.

Questions

Contact your payer with questions.