Electronic Visit Verification (EVV): HCS and TxHmL Best Practices to Avoid EVV Claim Mismatches

This document provides technical guidance for Home and Community-based Services (HCS) program providers, Texas Home Living (TxHmL) program providers, and Financial Management Services Agencies (FMSAs) to prevent EVV claim mismatches when submitting EVV claims for HCS and TxHmL services to Texas Medicaid & Healthcare Partnership (TMHP). Do not submit an EVV claim to TMHP before service delivery occurs or on the same day of service delivery.

All EVV claims for services required to use EVV must match to an accepted EVV visit transaction in the EVV Aggregator (the state's centralized EVV database) before reimbursement of an EVV claim by the payer.

Before Submitting the EVV Claim to TMHP

1. **Check the EVV Portal to ensure the EVV visit transaction was accepted by the EVV Aggregator before submitting the EVV claim.**

   - The EVV Portal is an online system established by HHSC that allows users to perform searches and view reports associated with visit data and EVV claim match results in the EVV Aggregator. EVV visits are processed nightly.

   - Use the **Accepted Visit Search** tab or the **Visit History Search** tab in the EVV Portal to ensure the EVV visit transaction was accepted. Refer to the EVV Portal Search Tab Job Aids for instructions. Examples of search results:

Accepted Visit Search Results											
Visit ID	EVV System Name	Payer Name	NPI/API	Provider Legal Name	Medicaid ID	Member Last Name	Visit Date	Billable Units	HCPCS Code	Modifier(s)	EVV Service Provider ID	Aggregator Received Date
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/02/2022	9.00	S5125	U3:U7	4321LASTNAME	11/10/2022 02:02 PM
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/01/2022	10.00	S5125	U3:U7	4321LASTNAME	11/10/2022 02:02 PM
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/03/2022	16.00	S5125	U5	4321LASTNAME	11/10/2022 02:04 PM
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/01/2022	29.00	S5125	U5	4321LASTNAME	11/10/2022 02:04 PM
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/03/2022	12.00	S5125	U5	4321LASTNAME	11/10/2022 02:06 PM

Visit History Search Results												
Visit ID	Visit Status	Visit Date	Medicaid ID	Member Last Name	HCPCS	Modifier(s)	Rejection Code	Updated Fields	Aggregator Received Date	Visit Indicator	NPI/API	Payer Name	EVV System Name
1234567890123	Accepted	06/30/2020	512345678	Last Name	T2026				07/30/2020 09:33 AM	NEW	1234567890	Long Term Care (LTC)	System Name
1234567890123	Accepted	06/28/2020	512345678	Last Name	G0100				07/30/2020 09:33 AM	NEW	1234567890	Long Term Care (LTC)	System Name
1234567890123	Accepted	06/28/2020	512345678	Last Name	G0100				07/30/2020 09:33 AM	NEW	1234567890	Long Term Care (LTC)	System Name
1234567890123	Rejected	06/28/2020	512345678	Last Name	T2026		Ex00049C2		07/30/2020 09:42 AM	UPDATED	1234567890	Long Term Care (LTC)	System Name
1234567890123	Accepted	06/26/2020	512345678	Last Name	T2026				07/30/2020 09:33 AM	NEW	1234567890	Long Term Care (LTC)	System Name

- If it was rejected, make corrections to the visit transaction in the EVV system (visit maintenance). Refer to the EVV Visit Transaction Rejection Guide for help with correcting EVV visit transaction rejections. When visit maintenance is complete, follow the appropriate process for your EVV system to ensure the EVV visit transaction is reexported, and check the EVV Portal the next day to see if it was accepted.

- If the visit transaction does not appear in the EVV Portal the day after the visit when you perform an Accepted Visit Search or Visit History Search, check the EVV system to make sure the EVV visit transaction was successfully exported to the EVV Aggregator.

  - For instructions on how to view accepted and rejected visit transactions in the EVV system and/or export the visit transaction to the EVV Aggregator, contact your EVV vendor or Proprietary System Operator (PSO).

2. **Ensure the data in the Line Item Control Number (LICN) field on the EVV claim is correct before submitting the EVV claim.**

- There must be data in the LICN field on the EVV claim for HCS and TxHmL services. Refer to the HCS and TxHmL Bill Code Crosswalk when submitting claims to TMHP using Electronic Data Interchange (EDI) and TexMedConnect.

- Access the HCS and TxHmL Bill Code Crosswalk. The numeric value in the LICN column in the HCS and TxHmL Bill Code Crosswalk indicates if the Texas EVV Service Provider ID is required (e.g., "2") in the LICN field on the EVV claim. Example:

- View the **LICN Instructions** tab on the HCS and TxHmL Bill Code Crosswalk to help you enter correct data positions 5-20 in the LICN field on the EVV claim. Example:

- Characters 1-4 (Required for all claims): Ensure characters 1-4 of the LICN field on the EVV claim are completed.

  ‣ Positions 1-2 must be 00-23.

  ‣ Positions 3-4 must be 00-59.

- Characters 5-20: For the services that require it, you must input the Texas EVV Service Provider ID, (the last four digits of the employee's social security number or passport number and the last name of the person providing EVV services). Note: The Texas EVV Service Provider ID used to be called the Texas EVV Attendant ID. The Texas EVV Service Provider ID is located in the EVV Portal and in the EVV systems:

  ‣ In the **EVV Portal** – refer to the EVV Service Provider ID column in the Accepted Visit Search Results:

Accepted Visit Search Results											
Visit ID	EVV System Name	Payer Name	NPI/API	Provider Legal Name	Medicaid ID	Member Last Name	Visit Date	Billable Units	HCPCS Code	Modifier(s)	EVV Service Provider ID
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/02/2022	9.00	S5125	U3:U7	4321LASTNAME
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/01/2022	10.00	S5125	U3:U7	4321LASTNAME
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/03/2022	16.00	S5125	U5	4321LASTNAME
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/01/2022	29.00	S5125	U5	4321LASTNAME
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/03/2022	12.00	S5125	U5	4321LASTNAME

  ‣ In the **HHAeXchange Portal** (EVV vendor system) – refer to the Professional License Number on the service provider's profile:
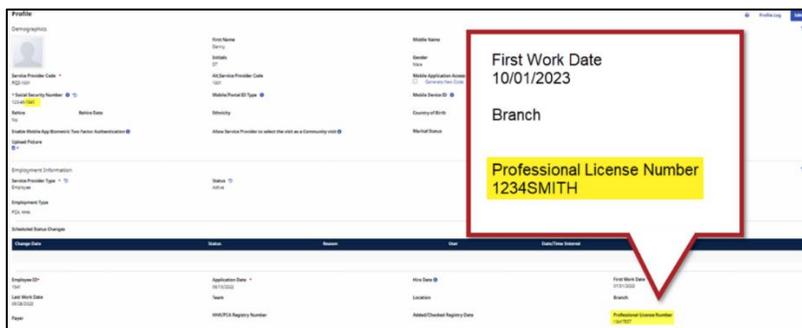
  ‣ In **DataLogic Vesta** (EVV proprietary system) – refer to the Service Attendant's profile.

- Entering the appropriate data into the LICN field allows you to bill separate claim line items for each service provider that provided service to the same client on the same day.

- Using the Texas EVV Service Provider ID satisfies the HCS/TxHmL requirement to bill certain services with a Staff ID.

  ‣ **LICN field example**: `08301234LASTNAME`

- The Texas EVV Service Provider ID is not required for all services. When the Texas EVV Service Provider ID is not required on a claim, leave characters 5-20 of the LICN field blank.

  ‣ **LICN field example**: `0830`

- If the characters in the LICN field on the EVV claim don't match the Texas EVV Service Provider ID on the visit, the EVV claim will be denied and a claim match result code of EVV04 will be returned.

- Refer to the [TMHP EVV CBT Module 6: Claims and Billing](#) for additional details.

3. **Refer to the EVV Service Bill Codes Tables on the [HHSC EVV webpage](#) to ensure you're using the appropriate Healthcare Common Procedure Coding System (HCPCS) codes and Modifiers before submitting the EVV claim:**

- [EVV Personal Care Services (PCS) Service Bill Codes Table (Excel)](#)

- [EVV Home Health Care Services (HHCS) Service Bill Codes Table (Excel)](#)

  ‣ Refer to the **CMS LTC FFS** tab (Excel) and ensure the appropriate HCPCS and modifier combinations are used to help prevent visit transaction rejections and EVV claim match denials.

- The EVV Service Bill Codes Tables are also available in PDF format.

4. **Ensure the data elements on the accepted EVV visit transaction match the data elements on the EVV claim before submitting the EVV claim.**

Use the **Accepted Visit Search** tab in the EVV Portal to review the data elements on the accepted EVV visit transaction and ensure the:

Visit ID	EVV System Name	Payer Name	NPI/API	Provider Legal Name	Medicaid ID	Member Last Name	Visit Date	Billable Units	HCPCS Code	Modifier(s)	EVV Service Provider ID
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/02/2022	9.00	S5125	U3:U7	1234SMITH
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/01/2022	10.00	S5125	U3:U7	1234SMITH
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/03/2022	16.00	S5125	U5	1234SMITH
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/01/2022	29.00	S5125	U5	1234SMITH
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/03/2022	12.00	S5125	U5	1234SMITH

- **National Provider Identifier (NPI)** or **Atypical Provider Identifier (API)** on the visit transaction matches the **NPI** or **API** on the EVV claim.

- **Medicaid ID** on the visit transaction matches the **Medicaid ID** on the EVV claim.

- **Visit Date** on the visit transaction matches the **Date of Service** on the EVV claim.

- **Billable Units**, if applicable on the visit transaction match the **Billed Units** on the EVV claim. Refer to the "Units Matched During EVV Claims Matching?" column in the EVV Service Bill Codes Tables to see if units are matched for a service during claims processing.

- **HCPCS code** on the visit transaction matches the **HCPCS code** on the EVV claim.

- **Modifiers,** if included on the visit transaction, match the **Modifiers** on the EVV claim.

- **EVV Service Provider ID** on the visit transaction matches the **Texas EVV Service Provider ID** (if required) in the LICN field on the EVV claim.

5. **When submitting accumulated claims that include any EVV-required nursing services, combine the EVV in-home services and non-EVV out-of-home services delivered for the month on one claim and submit the claim with the date of service of the last day in the month an EVV-required nursing service was provided.**

- Use the **In-Home EVV bill code** to submit the combined claim. If all the visits are out-of-home, use the out-of-home bill code combination.

- Instead of billing on the last day of the month, submit the claim with the date of service of the last day in the month an EVV-required nursing service was provided, even if there is a non-EVV out-of-home visit after that day.

Example – January 2024:

- The last day an EVV visit for in-home nursing took place was Jan. 9, 2024.

- A non-EVV visit for out-of-home nursing was Jan. 10, 2024.

- Instead of billing on Jan. 31, 2024, bill on Jan. 10, 2024, with a date of service of 01/09/2024 on the EVV claim.

- Enter the Texas EVV Service Provider ID of the nurse that provided service during the last in-home nursing visit in the month (2222SMITH).

Nurse ID	Start Date/Time	End Date/Time	Place of Service	Time Worked in Hours and Minutes	Rounded Time	Remaining Time
Nurse,One	Tuesday 01/02/2024 03:00 PM	Tuesday 01/02/2024 05:36 PM	Out-of-home	2:36	2:30	0:06
1111JONES	Wednesday 01/03/2024 01:00 PM	Wednesday 01/03/2024 03:07 PM	In-home (EVV required service)	2:07	2:00	0:07
Nurse,Two	Friday 01/05/2024 02:18 PM	Friday 01/05/2024 03:39 PM	Out-of-home	1:21	1:15	0:06
2222SMITH	Tuesday 01/09/2024 10:00 AM	Tuesday 01/09/2024 11:16 AM	In-home (EVV required service)	1:16	1:15	0:01
Nurse,Three	Wednesday 01/10/2024 08:30 AM	Wednesday 01/10/2024 08:52 AM	Out-of-home	0:22	0:15	0:07
				7:42	**7:15**	**0:27**

- Use the Appendix III Conversion Table in the Program Billing Requirements to determine the billable units. In this example, you should submit a claim for 0.50 units.

- Accumulated claims are supported by EVV visit records for in-home services and paper documentation for out-of-home visits.

After Submitting the EVV Claim to TMHP

6. Check the match results of the EVV claim matching process in the EVV Portal.

- Use the **EVV Claim Search** tab in the EVV Portal to view EVV claim matching results. An EVV claim match result code indicates if the EVV claim was successfully matched to an EVV visit transaction (EVV01) or if there was an EVV mismatch (EVV02-EVV06).

- A successful EVV01 match does not guarantee the EVV claim will be paid; final claims processing is performed by the claims management system. Payers will communicate the results of the final claims processing to program providers and FMSAs. EVV claims with the following mismatch codes will be denied:

EVV02 – Medicaid ID Mismatch:	The **Medicaid ID** on the EVV visit transaction didn't match the **Medicaid ID** on the EVV claim.
EVV03 – Visit Date Mismatch:	The **EVV visit date** on the EVV visit transaction didn't match the **Date of service** on the EVV claim.
EVV04 – Provider (NPI/API) or EVV Service Provider ID Mismatch:	The **NPI** or **API** on the EVV visit transaction didn't match the **NPI** or **API** on the EVV claim, or the **EVV Service Provider ID** on the EVV visit transaction didn't match the **Texas EVV Service Provider ID** on the EVV claim.
EVV05 – Service Mismatch:	The **HCPCS code** on the EVV visit transaction didn't match the **HCPCS code** on the EVV claim and/or the **HCPCS modifiers** on the EVV visit transaction didn't match the **HCPCS modifiers** on the EVV claim.
EVV06 – Units Mismatch:	The **billable units** on the EVV visit transaction didn't match the **billed units** on the EVV claim.

- **Note:** The **EVV07 – Match Not Required** and **EVV08 – Natural Disaster** claim match result codes in the EVV Portal indicate HHSC has implemented a bypass of the EVV claims matching process for a disaster or other temporary circumstance. Payers will not immediately deny an EVV claim with EVV07 or EVV08. You can view the actual match results in the Informational Match Result column in the EVV Claim Search results in the EVV Portal to determine whether the claim would have matched without the bypass.

7. **Monitor claim status reports for final claim adjudication and take appropriate action if the EVV claim was denied for an EVV mismatch.**

- Use the Remittance and Status (R&S) Report in the TMHP Claims Management System to determine if the EVV claim was approved or denied.

- If the EVV claim was denied for an EVV mismatch, determine if the error is on the EVV claim and/or the visit transaction and make the correction(s).

  ‣ **If the error is on the EVV visit transaction:** Make the correction to the EVV visit transaction in the EVV system (visit maintenance) and ensure the visit transaction was exported. Check the EVV Portal to ensure the corrected visit transaction is accepted before resubmitting the EVV claim to TMHP (repeat the steps in this document).

  ‣ **If the error is on the EVV claim:** Make the correction to the EVV claim (e.g., in EDI or TexMedConnect) and resubmit the EVV claim to TMHP. Repeat steps 1 through 7.

- **Note:** The TMHP system will **not** automatically resubmit EVV claims that were denied initially and corrected. Program providers and FMSAs must take action and resubmit corrected EVV claims to TMHP for the claims matching process to occur.

Questions?

Refer to the [EVV Contact Information Guide for Program Providers and FMSAs](#) to know who to contact.

Additional EVV Claims Resources

- [TMHP EVV Computer-Based Training (CBT) on the TMHP Learning Management System - Module 6: Claims and Billing](#)

- [EVV Policy Training for Program Providers and FMSAs CBT on the HHS Learning Portal – Module 6: EVV Claims](#)

- [Section 12000 EVV Claims in the EVV Policy Handbook](#)