

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 Na	ame Payer N	lame NPI/	API Provider Lega	al Name	Medicaid ID	Member Last Nam	e Visit Date	Billable Units	HCPCS Code	Modifier(s)	EVV Service	Provider ID	Aggreg	gator Received Date
123456789012	SYSTEM NAM	E PAYER (F	PAY) 123456	7890 EXAMPLE PRO	VIDER	123123123	LAST NAME	10/02/2022	9.00	\$5125	U3:U7	4321LA	STNAME	11/1	10/2022 02:02 PM
123456789012	SYSTEM NAM	E PAYER (F	PAY) 123456	57890 EXAMPLE PRO	WIDER	123123123	LAST NAME	10/01/2022	10.00	S5125	U3:U7	4321LA	STNAME	11/1	10/2022 02:02 PM
123456789012	SYSTEM NAM	E PAYER (F	PAY) 12345	57890 EXAMPLE PRO	VIDER	123123123	LAST NAME	10/03/2022	16.00	\$5125	U5	4321LA	STNAME	11/1	10/2022 02:04 PM
123456789012	SYSTEM NAM	E PAYER (F	PAY) 12345	57890 EXAMPLE PRO	VIDER	123123123	LAST NAME	10/01/2022	29.00	S5125	US	4321LA	STNAME	11/1	10/2022 02:04 PM
123456789012	SYSTEM NAM	E PAYER (F	PAY) 12345	57890 EXAMPLE PRO	VIDER	123123123	LAST NAME	10/03/2022	12.00	\$5125	U5	4321LA	STNAME	11/1	10/2022 02:06 PM
Visit History Search Results															
							Visit History Search	Results							
Visit ID	Visit Status	Visit Date	Medicaid ID	Member Last Name	HCPCS	Modifier(s)	Visit History Search Rejection Code Up	Results	Aggregator Rec	eived Date	/isit Indicator	NPI/API	Payer Nar	me	EVV System Name
Visit ID	Visit Status Accepted	Visit Date 1 06/30/2020	Medicaid ID 512345678	Member Last Name Last Name	HCPCS T2026	Modifier(s)	Visit History Search Rejection Code Up	I Results lated Fields	Aggregator Rec 07/30/2020 (eived Date 1 19:33 AM	/isit Indicator NEW	NPI/API 1234567890	Payer Nan	me re (LTC)	EVV System Name System Name
Visit ID 1234567890123 1234567890123	Visit Status Accepted Accepted	Visit Date 06/30/2020 06/28/2020	Medicaid 1D 512345678 512345678	Member Last Name Last Name Last Name	HCPCS T2026 G0100	Modifier(s)	Visit History Search Rejection Code Up	ı Results dated Fields	Aggregator Rec 07/30/2020 (07/30/2020 (eived Date V 09:33 AM 09:33 AM	/isit Indicator NEW NEW	NPI/API 1234567890 1234567890	Payer Nan Long Term Car Long Term Car	me re (LTC) re (LTC)	EVV System Name System Name System Name
Visit ID 1234567890123 1234567890123 1234567890123	Visit Status Accepted Accepted Accepted	Visit Date 06/30/2020 06/28/2020 06/28/2020	Medicaid ID 512345678 512345678 512345678	Member Last Name Last Name Last Name Last Name	HCPCS T2026 G0100 G0100	Modifier(s)	Visit History Search Rejection Code Up	ı Results Jated Fields	Aggregator Rec 07/30/2020 0 07/30/2020 0 07/30/2020 0	eived Date V 09:33 AM 09:33 AM 09:33 AM	Asit Indicator NEW NEW NEW	NPI/API 1234567890 1234567890 1234567890	Payer Nam Long Term Car Long Term Car Long Term Car	me re (LTC) re (LTC) re (LTC)	EVV System Name System Name System Name System Name
Visit ID 1234567890123 1234567890123 1234567890123 1234567890123	Visit Status Accepted Accepted Accepted Rejected	Visit Date I 06/30/2020 0 06/28/2020 0 06/28/2020 0 06/28/2020 0	Medicaid 1D 512345678 512345678 512345678 512345678	Member Last Name Last Name Last Name Last Name Last Name	HCPCS T2026 G0100 G0100 T2026	Modifier(5)	Visit History Search Rejection Code Up Company (Company)	i Results Jated Fields	Aggregator Rec 07/30/2020 0 07/30/2020 0 07/30/2020 0 07/30/2020 0	eived Date 0 09:33 AM 0 09:33 AM 0 09:33 AM 0 09:33 AM 0	Visit Indicator NEW NEW NEW UPDATED	NPI/API 1234567890 1234567890 1234567890 1234567890 1234567890	Payer Nam Long Term Car Long Term Car Long Term Car Long Term Car	me re (LTC) re (LTC) re (LTC) re (LTC)	EVV System Name System Name System Name 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 <u>HCS and TxHmL Bill Code Crosswalk</u> when submitting claims to TMHP using Electronic Data Interchange (EDI) and TexMedConnect.
- Access the <u>HCS and TxHmL Bill Code Crosswalk.</u> The numeric value in the LICN column in the <u>HCS and TxHmL Bill Code Crosswalk</u> indicates if the Texas EVV Service Provider ID is required (e.g., "2") in the LICN field on the EVV claim. Example:

Texas LTC Local Codes								
SERVICE GROUP	BILL CODE	DESCRIPTION	SERVICE CODE	LICN	LEVEL TYPE	LEVEL VALUE	PROC CD QUAL	
21	G2254	In-Home OCCUPATIONAL THERAPY - LC 1 - EVV OHFH	7	2	HC	1	HC	S8990
21	G2255	In-Home OCCUPATIONAL THERAPY - LC 8 - EVV OHFH	7	2	HC	8	HC	S8990
21	G2286	In-Home OCCUPATIONAL THERAPY - LC 1 - Other Residential Types	7	1	HC	1	HC	S8990
21	G2287	In-Home OCCUPATIONAL THERAPY - LC 8 - Other Residential Types	7	1	HC	8	HC	S8990
21	G2298	OCCUPATIONAL THERAPY - LC 1 - Out-of-Home	7	1	HC	1	HC	S8990
21	G2299	OCCUPATIONAL THERAPY - LC 8 - Out-of-Home	7	1	HC	8	HC	S8990
21	M0131	OCCUPATIONAL THERAPY - LC 1	7	1	HC	1	HC	S8990
21	M0131	OCCUPATIONAL THERAPY - LC 1 - Telehealth	7	1	HC	1	HC	S8990
21	M0132	OCCUPATIONAL THERAPY - LC 8		1	HC	8	HC	S8990
21	M0132	OCCUPATIONAL THERAPY - LC 8 - Telehealth 7 1 HC 8 HC S8990			S8990			
21	M0576	TDANSEED BENCH	15				HC	E0248 💌
HCS	& TxHmL	Bill Code Crosswalk LICN Instructions	÷ 4					

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

Line Item Control Number (LICN)						
The LICN field will be used when the claim requires the Staff ID or EVV Attendant ID						
Type Position 1 - 4	Position 5 - 20	Position 21 - 30				
 Sequence Number* (In Military Time 	Staff ID (LastName, FirstName)	Provider internal claim ID (Optional)				
format)	- Nurse accumulation that is billed on the last day of the					
 Positions 1-2 will range from 00-23. 	calendar month can utilize dummy codes: ACCUM.NUR;					
 Positions 3-4 will range from 00-59. 	ACCUM.NUL; ACCUM.NURS; ACCUM.NULS					
	 Transportation accumulated in a single calendar day 					
	can utilize dummy code: ACCUM.TR					
2 Sequence Number*(In Military Time forma	t)Texas EVV Attendant ID (last four digits of the	Provider internal claim ID (Optional)				
	employee's social security number or passport number					
	and last name of the person providing EVV services					
3 Sequence Number*(In Military Time forma	t)Spaces or Texas EVV Attendant ID	Provider internal claim ID (Optional)				
	 Spaces means EVV visit units may be submitted rolled 					
	up by the NPI per existing functionality					
4 Sequence Number*(In Military Time forma	t)Spaces	Provider internal claim ID (Optional)				
*The sequence number must be unique when there are multiple claim details for the same date of service for an individual						
CS & TxHmL Bill Code Crosswalk LICN Instructions	:					

- 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	55125	U3:U7	4321LASTNAME
<u>123456789012</u>	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/01/2022	10.00	S5125	U3:U7	4321LASTNAME
<u>123456789012</u>	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
<u>123456789012</u>	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:

Profile				6 Politics La
Devoyaphis	Rivet Name	Mode Name		1 1
	kerinin Dir	Constant Maria	First Work Date	
Service Provider Cade * RQD-1001	Alt Service Provider Code 1927	Mobile Application Access	10/01/2023	
* Social Security Number: 0 15	Mutule:Portal ID Type 🛛	Metile Decise ID 0		
Ration Battin Data	Bheidty	Country of Birth	Branch	
Enable Mobile App Biometric Tale Factor Authentication B	Altere Service Provider to select the visit as a Community visit O	Marital Status		
Uphael Februre B -				
Employment Information			Professional License Number	
Sanaka Provider Type * 19 Employee	Statue 10 Autor		1234SMITH	
Engingment Type				
PCA www.				
Scheduled Status Charges				
Ounge Date	Salah Basan	ter .	Date/line Internel	
Particular Pro	and the second sec	No. but B		
1341	09/10/2022		8101502	
Last Work Data IN DV D122	lan	Location	Band	
Payar	HHH, PCA Registry Number	Added/Dashed Registry Date	Professional License Number	

- 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 <u>TMHP EVV CBT Module 6: Claims and Billing</u> for additional details.

3. Refer to the EVV Service Bill Codes Tables on the <u>HHSC EVV webpage</u> 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:

	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	1234SMITH
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/01/2022	10.00	\$5125	U3:U7	1234SMITH
123456789012	SYSTEM NAME	PAYER (PAY)	1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/03/2022	16.00	55125	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	\$5125	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-ofhome, 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 <u>EVV Contact Information Guide for Program Providers and FMSAs</u> to know who to contact.

Additional EVV Claims Resources

- <u>TMHP EVV Computer-Based Training (CBT) on the TMHP Learning Management System -</u> <u>Module 6: Claims and Billing</u>
- <u>EVV Policy Training for Program Providers and FMSAs CBT on the HHS Learning Portal –</u> <u>Module 6: EVV Claims</u>
- Section 12000 EVV Claims in the EVV Policy Handbook