



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

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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 to:

- Client Assignment and Registration System (CARE) for dates of service before May 1, 2022.
- Texas Medicaid & Healthcare Partnership (TMHP) for dates of service May 1, 2022, and after.

Refer to the **EVV PCS Service Bill Codes Table**, located in the **Service Bill Codes Table** section of the [HHSC EVV webpage](#), to review any exceptions to the EVV claims matching process.

Instructions

Click the appropriate link below to view the best practices when submitting EVV claims to:

- [CARE - Dates of Service Before May 1, 2022](#) (pages 2-4)
- [TMHP - Dates of Service May 1, 2022, and After](#) (pages 5-9)

Best Practices When Submitting EVV Claims to CARE - Dates of Service Before May 1, 2022

Before Submitting the EVV Claim to CARE

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

- Use the “Accepted Visit Search” tab in the EVV Portal to ensure the EVV visit transaction was accepted. Refer to the [Using the EVV Portal: Accepted Visit Search Tab Job Aid](#) for instructions. If the EVV visit transaction was rejected, make corrections to the EVV 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 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, contact your EVV vendor or Proprietary System Operator (PSO).

2. Refer to the EVV Service Bill Codes Table in the Service Bill Codes Table section of the [HHSC EVV webpage](#) for current billing codes and details for EVV-relevant services before submitting the EVV claim.

- Refer to the **CARE LTC FFS** tab (Excel) and ensure the appropriate Claims Procedures Codes and Claims Modifier combinations are used to prevent visit transaction rejections and EVV claim match denials.

3. 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 and ensure the:

- **Medicaid ID** on the visit transaction matches the **Medicaid ID** on the EVV claim.
- **EVV Visit Date** on the visit transaction matches the **Date of Service** on the EVV claim.
- **National Provider Identifier (NPI)** or **Atypical Provider Identifier (API)** on the visit transaction matches the **NPI** or **API** on the EVV claim.
- **Claims Procedure Code** on the visit transaction matches the **Claims Procedure Code** on the EVV claim.
- **Claims Modifier (if applicable)** on the visit transaction matches the **Claims Modifier (if applicable)** on the EVV claim.

After Submitting the EVV Claim to CARE

4. 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** will tell you 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. The following EVV mismatch codes will cause EVV claim denials:

Mismatch Code	What It Means
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) Mismatch	The National Provider Identifier (NPI) or Atypical Provider Identifier (API) on the EVV visit transaction didn’t match the NPI/API on the EVV claim.
EVV05 – Service Mismatch	The Claims Procedure Code on the EVV visit transaction didn’t match the Claims Procedure Code on the EVV claim and/or the Claims Modifier on the EVV visit transaction didn’t match the Claims Modifier on the EVV claim.
EVV06 – Units Mismatch	The billed units on the EVV visit transaction didn’t match the billable units on the EVV claim. Note: Units are not matched on EVV claims submitted to CARE.

Note: The **EVV07 – Match Not Required** and **EVV08 – Natural Disaster** claim match result codes 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. The actual match results can be viewed using 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.

5. Monitor claim status reports for final claim adjudication.

- Use the **Billing Exception Report** in the CARE system to determine if the EVV claim was approved or denied (the report is labeled Billing Exception Report, but the heading on the report is Denied Claim Report (report number is HC062015).
- If the EVV claim was denied for an EVV mismatch, you must either make a correction to the EVV claim in CARE or make a correction to the EVV visit transaction in the EVV system (visit maintenance). Repeat steps 1 through 5.

Questions?

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

Additional EVV Claims Training 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](#)

Best Practices When Submitting EVV Claims to TMHP - Dates of Service May 1, 2022, and After

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.

- Use the “Accepted Visit Search” tab in the EVV Portal to ensure the EVV visit transaction was accepted. Refer to the [Using the EVV Portal: Accepted Visit Search Tab Job Aid](#) for instructions. If the EVV visit transaction was rejected, make corrections to the EVV 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 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, contact your EVV vendor or Proprietary System Operator (PSO).
- **Reminder:** Do not submit an EVV claim to TMHP before service delivery occurs or on the same day of service delivery.

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. The LICN column in the [HCS and TxHmL Bill Code Crosswalk explains the required data](#). Example:

SERVICE GROUP	BILL CODE	Description	ServiceCode	LICN	LEVEL TYPE
21	M0131	OCCUPATIONAL THERAPY - LC 1	7	I	HC
21	M0131	OCCUPATIONAL THERAPY - LC 1 - Telehealth	7	I	HC
21	M0132	OCCUPATIONAL THERAPY - LC 8	7	I	HC
21	M0132	OCCUPATIONAL THERAPY - LC 8 - Telehealth	7	I	HC
21	M0135	PHYSICAL THERAPY - LC 1	8	I	HC

- Scroll to the end of the crosswalk to view the LICN Key for the LICN column. Refer to the LICN Key to help you enter correct data in the LICN field. Example:

Type	Position 1 - 4	Position 5 - 20	Position 21 - 30
1	Sequence Number (In Military Time format) - Positions 1-2 will range from 00-25. - Positions 3-4 will range from 00-59.	Staff ID (LastName,FirstName) - Nurse accumulation that is billed on the last day of the calendar month can utilize dummy codes: ACCUM.NUR; ACCUM.NUL; ACCUM.NURS; ACCUM.NULS - Transportation accumulated in a single calendar day can utilize dummy code: ACCUM.TR	Provider internal claim ID (Optional)
2	Sequence Number (In Military Time format)	EVV Attendant ID on the EVV visit	Provider internal claim ID (Optional)
3	Sequence Number (In Military Time format)	Spaces or EVV Attendant ID - Spaces means EVV visit units may be submitted rolled up by the NPI per existing functionality	Provider internal claim ID (Optional)
4	Sequence Number (In Military Time format)	Spaces	Provider internal claim ID (Optional)

- 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 Attendant ID. The Texas EVV Attendant ID is located on the visit in the EVV system. It is also located in the EVV Attendant ID column in the Accepted Visit Search Results in the EVV Portal:

Accepted Visit Search Results												
Visit ID	EVV System Name	Payer Name	NPI/API	Provider Legal Name	Medical ID	Member Last Name	Visit Date	Billable Units	HCPCS Code	Modifier(s)	EVV Attendant ID	Aggregator Received Date
12345678901234	System Name	Payer Name	1234567890	Provider Name	512345678	Last Name	03/31/2021	16.00	55125	U5	1234Name	04/01/2021 06:25 AM
12345678901234	System Name	Payer Name	1234567890	Provider Name	512345678	Last Name	03/30/2021	16.00	55125	U5	1234Name	03/31/2021 06:25 AM
12345678901234	System Name	Payer Name	1234567890	Provider Name	512345678	Last Name	03/29/2021	16.00	55125	U5	1234Name	03/30/2021 06:23 AM
12345678901234	System Name	Payer Name	1234567890	Provider Name	512345678	Last Name	03/28/2021	12.00	55125	U5	1234Name	03/29/2021 06:22 AM
12345678901234	System Name	Payer Name	1234567890	Provider Name	512345678	Last Name	03/27/2021	12.00	55125	U5	1234Name	03/28/2021 06:22 AM

- ▶ 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.
- ▶ If the characters in the LICN field on the EVV claim don't match the Texas EVV Attendant ID on the visit, the EVV claim will be denied.
- ▶ Using the Texas EVV Attendant ID satisfies the HCS/TxHmL requirement to bill certain services with a Staff ID.

◇ **LICN field example: 08301234LASTNAME**

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

◇ **LICN field example: 0830**

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

3. Refer to the EVV Service Bill Codes Table in the Service Bill Codes Table section of the [HHSC EVV webpage](#) for current billing codes and details for EVV-relevant services before submitting the EVV claim.

- Refer to the **CMS LTC FFS** tab (Excel) and ensure the appropriate Healthcare Common Procedure Coding System (HCPCS) and modifier combinations are used to help prevent visit transaction rejections and EVV claim match denials.
- Refer to the [HCS and TxHmL Bill Code Crosswalk](#) when submitting claims to TMHP using Electronic Data Interchange (EDI) and TexMedConnect.

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 and ensure the following data elements match:

- The **Medicaid ID** on the visit transaction and the **Medicaid ID** on the EVV claim
- The **EVV Visit Date** on the visit transaction and the **Date of Service** on the EVV claim
- The **National Provider Identifier (NPI)** or **Atypical Provider Identifier (API)** and **Texas EVV Attendant ID** on the visit transaction and the **NPI** or **API** and ***Texas EVV Attendant ID** (if required) on the EVV claim.
 - * Texas EVV Attendant ID:
 - ◇ Is the last four digits of the employee's social security number or passport number and last name of the person providing EVV services.
 - ◇ Refer to characters 5-20 of the LICN field on the EVV claim. When required, if the characters in the LICN field on the EVV claim don't match the Texas EVV Attendant ID on the visit, the EVV claim will be denied.
- The **Healthcare Common Procedure Coding System (HCPCS) code** on the visit transaction and the **HCPCS code** on the EVV claim.
- **HCPCS Modifiers, if applicable** on the visit transaction and **HCPCS Modifiers, if applicable** on the EVV claim.
- **Billed Units, if applicable** on the visit transaction and **Billable Units, if applicable** on the EVV claim.

After Submitting the EVV Claim to TMHP

5. 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 will tell you 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. EVV claims with the following mismatch codes will be denied:

EVV Mismatch Code	What It Means
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 Attendant ID Mismatch Note: In the EVV Portal, the description for EVV04 is Provider Mismatch. But for HCS/TxHmL, EVV04 will also display if the characters entered in positions 5-20 of the LICN field on the EVV claim don't match the Texas EVV Attendant ID on the visit.	The NPI/API on the EVV visit transaction didn't match the NPI/API on the EVV claim or the Texas EVV Attendant ID on the EVV visit transaction didn't match the Attendant 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 billed units on the EVV visit transaction didn't match the billable 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. The actual match results can be viewed using 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.

6. 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 steps 1 through 6 of this document).
 - ▶ **If the error is on the EVV claim:** Make the correction to the EVV claim (in EDI or TexMedConnect) and resubmit the EVV claim to TMHP. Repeat steps 1 through 6.
- **Note:** Unlike the CARE system, 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 dates of service May 1, 2022, and after.

Questions?

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

Additional EVV Claims Training 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](#)