

**Health and Human Services Commission (HHSC)  
Electronic Visit Verification (EVV)  
Claims Matching Policy (New)  
Effective Sept. 1, 2019**

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**Policy**

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The HHSC EVV Claims Matching Policy requires that all claims for EVV services be matched to an accepted EVV visit transaction in the EVV Aggregator, prior to payment of a claim, to confirm that a service visit occurred.

An EVV claim that does not match an accepted EVV visit transaction will be denied by all payers.

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**EVV Claims Matching**

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EVV Claims Matching will be conducted when the claim is received by TMHP (see EVV Claim Submission policy for more information). The claim is matched against the EVV visit transaction previously sent by an EVV system and accepted in the EVV Aggregator. The critical data elements used by the EVV Claims Matching process to determine a successful match are:

- **Medicaid ID** on the EVV Visit Transaction compared to the EVV Claim
- **EVV Visit Date** on the EVV Visit Transaction compared to the date of service on the EVV Claim
- **National Provider Identifier (NPI) or Atypical Provider Identifier (API)** on the EVV Visit Transaction compared to the EVV Claim
- **Healthcare Common Procedure Coding System (HCPCS) code** to identify the service on the EVV Visit Transaction compared to the EVV Claim
- **HCPCS modifiers**, if applicable for the service on the EVV Visit Transaction compared to the EVV Claim
- **Billed units** on the EVV Transaction compared to the billed units on the EVV Claim

If any of the critical data elements do not match, the claim will be denied by the payer.

Once the EVV Claims Matching process has been performed, all claims will be forwarded to the appropriate payer for final claims processing. All communication concerning the outcome of the final claims processing will be from the payer.

Program providers using a third-party submitter must notify them of the EVV claims matching policy.

The EVV Claims Matching process supports claims submitted with a single date of service and claims submitted with a span of service dates.

Program providers may use the EVV Portal to:

- Ensure the EVV visit has been accepted by the EVV Aggregator before submitting the associated claim.
- View the results of the EVV Claims Matching process.

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### **EVV Claims Denial**

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EVV claims will be denied if:

- Critical data elements do not match the claim.
- The claim was not submitted according to the payer's guidelines regarding span dates.
- The payer allows span date billing and:
  - A date within the span of dates does not have a matching EVV visit.
  - The total units of the matched EVV visit of a date span does not match the units billed on the EVV claim.

The following list of EVV claim match result codes will be used to inform program providers of matching results:

- EVV01 – EVV Match
- EVV02 – Medicaid ID Mismatch
- EVV03 – Date(s) of Service Mismatch
- EVV04 – Provider Mismatch (NPI/API)
- EVV05 – Service Mismatch (HCPCS and Modifiers if applicable)
- EVV06 – Unit Mismatch

EVV claims with a successful match can be denied for other reasons by the payer.

Program providers will continue to receive explanation of benefits (EOBs) from TMHP or explanation of payment (EOPs) from their MCO.

For additional questions regarding your EVV claim denial contact TMHP for Fee-for Service claims or your MCO for Managed Care claims.