

**HHSC Electronic Visit Verification (EVV) Claim Match Result Code Tip Sheet**  
**Explanation of Benefit (EOB) or Explanation of Payment (EOP) Returned by Payer Claims Matching System**

EVV Claim Match Result Code	EVV Claim Match Result Code Name	EVV Claim Match Result Code Description	EVV Claim Match Result Code Resolution Instructions
<b>EVV01</b>	EVV Match	There is an EVV visit transaction to match the EVV claim line item; or, there are EVV visit transactions to match each date within the span date range on the claim line item.	<p>If the payer denied your claim for reasons other than EVV claims matching, please contact your payer for assistance.</p> <p>A successful EVV claims match does not guarantee a paid claim; the EVV match is one of several verification steps in the claims process conducted by the payer of the claim. If the payer requires a corrected claim, submit it to TMHP for the claims matching process to occur.</p>
<b>EVV02</b>	Medicaid ID Mismatch	There are no EVV visits to match the Medicaid ID on the claim line item.	Verify that the Medicaid ID, NPI/API, Date(s) of Service, HCPCS/Modifiers, and Billed Units on the claim match an accepted EVV visit transaction prior to submitting the claim.
<b>EVV03</b>	Visit Date Mismatch	There are no EVV visits to match the Date(s) of Service for the Medicaid ID.	Utilize the Accepted Visit search tool in the EVV Portal to confirm if there is an accepted EVV visit transaction. The EVV visit must be in an accepted status prior to submitting the claim.
<b>EVV04</b>	Provider Mismatch NPI or API	There are no EVV visits with the corresponding Medicaid ID and National Provider Identifier (NPI) or Atypical Provider Identifier (API) on the Date(s) of Service to match the claim line item.	If an accepted EVV visit transaction for this claim is found in the EVV Portal, verify the Medicaid ID, NPI/API, Date(s) of Service, HCPCS/Modifiers and Billed Units on the claim match what is on the accepted EVV visit transaction. Correct any elements that do not match and resubmit the claim to TMHP.
<b>EVV05</b>	Service Mismatch (HCPCS/Modifier)	There are no EVV visits with the Medicaid ID and the Healthcare Common Procedure Coding System (HCPCS) and Modifier(s) combination on the Date(s) of Service.	<p>If no accepted EVV visit transaction for this claim is found in the EVV Portal, use the History/Rejected Visit search tool to determine if the EVV visit transaction associated with this claim was rejected. Make necessary corrections in EVV vendor system through visit maintenance. Re-export the updated EVV visit transaction to the EVV Aggregator.</p> <p>Confirm the EVV Aggregator has accepted the EVV visit transaction by using the Accepted Visit search tool in the EVV Portal. Once confirmed, resubmit the EVV claim to TMHP.</p>
<b>EVV06</b>	Units Mismatch	<p>The claim Billed Units do not equal the total Billable Units on the matched EVV visit(s). If using span date billing, ensure the Billed Units are equal to the total Billable Units for all EVV visits in the span.</p> <p>The claims matching process does not check Billed Units for services billed using the Consumer Directed Services (CDS) option; units are not checked for services billed for CLASS.</p>	<p>Utilize the Accepted Visit search tool in the EVV Portal to review the Billable Units that were on the EVV visit transaction.</p> <p>Compare the Billed Units used on the EVV claim to the Billable Units on the EVV visit transaction.</p> <p>If it is determined that the Billed Units on the EVV claim are incorrect, correct the Billed Units and resubmit the EVV claim to TMHP.</p> <p>If it is determined that the Billable Units on the EVV visit transaction are incorrect, perform visit maintenance in the EVV vendor systems to adjust the Billable Units as necessary. Re-export the updated EVV visit transaction to the EVV Aggregator.</p> <p>Confirm the EVV Aggregator has accepted the EVV visit transaction by using the Accepted Visit search tool in the EVV Portal. Once confirmed, resubmit the EVV claim to TMHP.</p>
<b>EVV71</b>	Dates of Service Before and After Sept. 1, 2019	<p>This Code is for Acute Care Fee-for-Service (FFS) Only:</p> <p>The EVV claim detail has dates of service before and after the EVV claims matching effective date of September 1, 2019.</p>	Submit separate EVV claims for dates of service before September 1, 2019, and dates of service on or after Sept. 1, 2019.