WHAT IS "AT YOUR FINGERTIPS"?

"At Your Fingertips" is a bi-monthly tip sheet to help providers navigate Electronic Visit Verification (EVV) by answering common questions and providing assistance for resolving common issues encountered by providers in their use of the EVV system.

This tip explains the four (4) new explanation of benefit (EOB) codes implemented with the alternate claim solution. This tip will help providers understand when they might see these codes on their remittance advice (RA) and how to resolve them.

Not sure who to contact when you have a question or issue, or if your issue needs to be escalated?

Contact DXC Technology via e-mail to: ctevv@dxc.com

Please only send client PHI in an encrypted/ secured email.

SPECIAL EDITION EVV TIP # 16

ALTERNATE CLAIM SOLUTION EXPLANATION OF BENEFITS CODES

Effective April 11, 2018, the Department of Social Services (DSS) implemented an alternate claim solution which allows providers to bill or adjust Electronic Visit Verification (EVV) claims with a date of service on or after January 1, 2018 from their own billing system, via the www.ctdssmap.com secure Web site, from the Santrax system or any combination of these three methods. Due to this change to the claims process for EVV mandated services, providers will see four (4) new explanation of benefits (EOB) codes on their remittance advice (RA) and in their claims review on the DSS web portal. This tip sheet will help you understand when the new EOB codes will present on a claim and how to resolve them.

PLEASE NOTE:

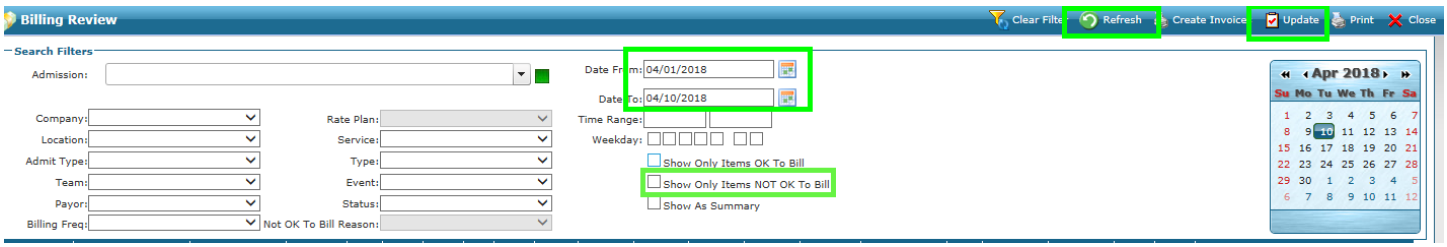
An EVV claim requires a client to be eligible for the CHC, ABI or PCA waiver on the date of service (DOS) billed and have a valid prior authorization (PA) for the EVV mandated service being billed. If the client does not have a valid waiver benefit plan or is missing a PA, the claim will deny payment. Please refer to chapter 12 of the Provider Manual for assistance with any of the EOBs that set on the denied claims.

In addition to a client with a valid waiver benefit plan and PA, a claim submitted directly to DXC Technology also requires a confirmed visit in Santrax in order to be considered for payment. The following data on the claim and confirmed visit must agree: client ID, provider ID, date of service, service code and modifier(s).

The confirmed visit in Santrax MUST be attached to an authorization in order to be considered a valid confirmed visit. If the visit was scheduled and confirmed before the authorization was present in Santrax, the visit will not be attached to an authorization, and will not be valid for claim payment. Providers must refresh visits after the PA was added/updated in order for the claim to be paid.

To ensure that a newly updated PA is attached to a claim prior to the claim submittal, you will need to complete the following steps in Santrax.

1. Click the Billing button from the menu bar to display the Billing Review screen.
2. Choose the billing period dates in the search filter.
3. Select the "Show Only Items Not OK TO Bill" checkbox. Selecting this option will display all confirmed visits with missing information i.e. authorizations.
4. Click Refresh then click Update to refresh the visits with the latest information, including attaching PAs to the appropriate visit.



Confirmed visit data used in claims processing may be up to 24 hours old, therefore, it is necessary to ensure visits are confirmed in a timely manner, at least 24 hours prior to claim submission, in order to avoid unnecessary claim denials.

EOB CODE 3327 – CONFIRMED VISIT NOT FOUND

This EOB code will post on a claim containing an EVV mandated service for which there is no confirmed visit found in Santrax that contains the same client ID, provider ID, date of service, service code and modifier(s). If the visit data is not able to be verified in the Santrax system, the claim will deny payment.

To resolve this claim denial, the visit must first be confirmed in the provider's Santrax system. The claim will deny until the corresponding visit is confirmed in Santrax.

EOB CODE 3328 – CONFIRMED VISIT UNITS ARE EXHAUSTED

This EOB code will post on a claim containing an EVV mandated service where the corresponding visit has been confirmed, the visit data on the claim matches the visit data in Santrax, however, the visit units have been exhausted due to a previously paid claim. This can occur when a claim has been submitted for services that have already been billed and paid. As a result, there are no more units on the visit that can be paid.

This claim denial can only be resolved if the confirmed visit units in Santrax are increased. If the authorization units are increased after the visit was confirmed, the visit must be **refreshed** and **updated** in Santrax to reflect the total number of confirmed units. Refer to steps 1 – 4 above to update your visit. Once the confirmed visit is updated, the claim may be adjusted in order to receive payment for the additional units.

EOB CODE 0047 – CONFIRMED VISIT UNITS ARE EXCEEDED

This EOB code will post on a claim containing an EVV mandated service where there is a confirmed visit found that matches the visit details on the claim, however, the units on the confirmed visit are less than the units billed on the claim. This claim will pay, but it will cut back to the number of units on the confirmed visit. For example, the visit confirmed is for 14 units of 1021Z on DOS 3/1/18 but 22 units of 1021Z are billed for that DOS. In this example, the claim will cut back and pay 14 units of 1021Z for DOS 3/1/18.

This EOB can only be resolved if the confirmed visit units in Santrax are sufficiently increased prior to rebilling.

Please note that reduced units on a confirmed visit may be the result of a pending change to the prior authorization. Units on a confirmed visit in Santrax are reduced to the remaining units on the authorization in Santrax. If the authorization units are increased after the visit was confirmed, the visit must be **refreshed** and **updated** in Santrax to reflect the total number of confirmed units. Refer to steps 1 – 4 above to update your visit. Once the confirmed visit is updated, the claim may be adjusted in order to receive payment for the additional units.

EOB code 0047 may also occur if there are two visits for the same client and service on the same day and only one visit is confirmed. The second visit must be confirmed in order for the claim to pay. In order to bill the second visit once it is confirmed the paid claim will need to be adjusted. If you submit the second visit on a separate claim, it will deny as a duplicate.

EOB CODE 3329 - DETAIL DATES OF SERVIE THAT SPAN 31 DAYS CANNOT BE VERIFIED

Claims submitted from Santrax are limited to one date of service per claim detail. Claims submitted from the providers own billing system or via the www.ctdssmap.com secure Web portal may be submitted using spanned dates of service but the spanned dates cannot exceed 31 days.

This EOB is resolved when the dates of service on the claim detail is reduced to less than 31 days.