

Billing and Claims Information

When Electronic Visit Verification Is Required



When the Wisconsin Department of Health Services (DHS) receives a claim that requires electronic visit verification (EVV) data, the DHS system will confirm that EVV data exists for the claim and will validate that data for each applicable detail on the claim.

Only verified EVV visits are used for claim processing. EVV administrators can avoid delays by confirming EVV visits are in verified status in the Sandata EVV portal before submitting claims. Providers using an alternate EVV system can check the status of visits in the Sandata aggregator.

Read on to learn what to do if a fee-for-service claim does not pass one of the edits or if a claim is denied due to EVV.

EVV Billing and Claims FAQs

Q1. How can providers tell whether a claim was denied because of EVV?

A1. Fee-for-service providers will receive a claim denial on their Remittance Advice with an explanation of benefits (EOB) message. The two fee-for-service EVV EOB messages are:

- #1047 "EVV system visit not found."
- #1048 "EVV system units do not meet requirements of visit."

If there is a different EOB message, then the claim was not denied because of EVV.

Providers can view EOB codes and descriptions for any claim submitted to ForwardHealth on the ForwardHealth Portal (www.forwardhealth.wi.gov/WIPortal/content/provider/medicaid/EOB_Messages.htm.space).

All other payers and providers, including independent nurses, should contact their payer for specific information about claim denial messages and resubmitting claims.

As a reminder, EVV visits must be in verified status to be matched to a claim.

Q2. What does the "Detail EOBs 1047" message on a denied fee-for-service claim mean?

A2. EOB 1047, "EVV system visit not found" means that ForwardHealth did not find EVV information for the date of service billed. For Sandata system users, the EVV administrator will need to log in to the Sandata EVV portal and use the Visit Maintenance tab to search for the visit. If there isn't a visit in the EVV system, they can manually create the visit. If there is a visit, they will need to fix any exceptions.

Once the exceptions have been fixed, or a manual visit has been created, the administrator should confirm the visit is now in a verified status. If it is, the claim can be resubmitted.

Alternate EVV system users should check with their EVV vendor about how to correct EVV visit information in their EVV system.



TIP: Find more information about EVV and claims in:

- EVV Lifecycle flyer, P-03124 (dhs.wi.gov/publications/p03124.pdf)—A snapshot of how EVV visit records fit into the general claims process
- Fee-for-Service EVV Administrator Training: Claim Edits, P-03570 (dhs.wi.gov/library/collection/p-03570)—A training explaining how EVV fits in the claim process, EOB codes for EVV, how to resolve edits to resubmit a claim, span billing, and best practices

Q3. What does the “Detail EOBs 1048” message on a denied claim mean?

A3. EOB 1048, “EVV system units do not meet requirements of visit” means that ForwardHealth found EVV information for the date of service billed, but the EVV units do not match the billed units. This may happen when the visit recorded was shorter than the billed units or the provider billed multiple visits as a date span but the requirements for span billing were not met:

- The EVV administrator should compare the claim's billed units to the EVV units.
- If the claim's billed units are wrong, the administrator can fix the claim and resubmit.
- If the EVV units are wrong, Sandata system users can fix them in the Sandata EVV portal and confirm the visit is in a verified status.
- Alternate EVV system users should check with their EVV vendor about how to correct EVV visit information in their EVV system.
- If the provider is using span billing, they should make sure that the procedure code, revenue code, modifier, and units billed are exactly the same for each date in the span.
- Once the billed detail units are the same as or less than the EVV units and the visit is verified in Sandata, the claim can be resubmitted.

Q4. What is the first step to resubmitting a claim that was denied because of EVV?

A4. Before resubmitting a denied claim, fee-for-service providers using the Sandata system should make sure the EVV visit information is accurate and verified in the Sandata EVV portal.

Alternate EVV system users should check with their EVV vendor about how to correct EVV visit information in their EVV system.

Additional Fee-for-Service Claims Resources

- The ForwardHealth Portal Claim Status Information Instruction Sheet, P-00969A (dhs.wi.gov/publications/p00969a.pdf), explains how to search for a claim and the statuses a claim can have, including pay, deny, suspend, and adjust.
- The ForwardHealth Portal Resubmitting a Denied Claim Instruction Sheet, P-00969B (dhs.wi.gov/publications/p00969b.pdf), walks through how to search for a denied claim, make changes, and resubmit a claim.

Who to Reach Out to for EVV Claim Denials and General Claims Questions

- For **EVV claim denials**, the EVV Customer Care team is the best resource for questions. Providers may contact them at 833-931-2035 or vdxc.contactevv@wisconsin.gov Monday–Friday, 7 a.m.–6 p.m. Central time (CT).
- For **general claim submission or resubmission support**, providers may contact ForwardHealth Provider Services Call Center at 800-947-9627, Monday–Friday, 7 a.m.–6 p.m. CT.
- For **complex questions specific to fee-for-service claims and billing**, providers should contact the assigned field rep from this map: www.forwardhealth.wi.gov/WIPortal/content/provider/pdf/fieldrepguide.pdf.spage.
- For **all other payers**, providers, including independent nurses, should contact their payer for specific information about claim denial messages and resubmitting claims.

Learn More

Visit dhs.wi.gov/evv.

Sign up for emails: public.govdelivery.com/accounts/WIDHS/subscriber/new?topic_id=WIDHS_190

Wisconsin EVV Customer Care

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Phone: 833-931-2035

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