

Claims and EVV Validation

There is a lot going on when it comes to EVV validation. In summary:

- The Sandata interface is misleading because it shows "Billing Hours" but Units are used for the validation.

| Adjusted In | Adjusted Out | Adjusted Hours | Bill Hours | Visit Status | Do Not Bill | Units |
|-------------|--------------|----------------|------------|--------------|--------------------------|-------|
| 09:03 AM | 11:04 AM | | 02:01 | Verified | <input type="checkbox"/> | 8 |
| 06:27 PM | 09:37 PM | | 03:10 | Verified | <input type="checkbox"/> | 13 |

- Only units are accumulated for each visit, not billing hours/minutes
 - Visit 1 = 1:05 (4 units)
 - Visit 2 = 1:35 (6 units)
 - Visit 3 = 2:05 (8 units)
 - Total visit time = 4:45
 - If a visit was four hours and 45 minutes (4:45) that would equal 19 Units, but each visit is accumulated per visit it only equals 18 units
 - Visit time cannot be added and then calculate the units, units need to be determined for each visit then added up.
- EVV validation uses the "quantity" submitted on the claim line
- The quantity amount is based on units per visit for Home Care and DDD
- Home Health captures a "visit" per day, the quantity would be 1
- Home Care services are usually captured in units.
- 15 minutes = 1 unit, E.g. 1 hour = 4 units
- There is a 7-minute buffer on the unit accumulator
- The buffer looks at each **visit duration** and rounds in the provider favor by 7 minutes if there is an early check out
- If there is an overage of 7 minutes exactly or less, it does not count as an extra unit
- If there is an overage of 7 minutes and 1 second or more, it does count as an extra unit

- EVV Unit Calculation Table:
 - 0 – 7:00 min = 0 units
 - 7:01 – 22:00 min = 1 unit
 - 22:01 – 37:00 min = 2 units
 - 37:01 – 52:00 min = 3 units
 - 52:01 – 67:00 min = 4 units
 - 67:01 – 82:00 min = 5 units
 - 82:01 – 97:00 min = 6 units
 - 97:01 – 112:00 min = 7 units
 - 112:01 – 127:00 min = 8 units
 - Etc.
- This issue has come up a few times before and the U.S. Supreme Court has ruled in favor of this approach
- Each visit relates to each service code
- You will need to follow up with each payer on why they are denying the EVV related claims. E.g. both Ohana and Kaiser only allow one member/service/**day**/per claim line
- All the other payers support span billing (up to 31 days) on one claim line
- Sandata users can run a report that shows the number of units each member has; your billing should never be over the number of Verified units that show on this report or guaranteed claim denial. To verify units for billing, go to Visit Maintenance/Review, set Date Range for billing, Filter visits by “All Visits”, click Search, click on “Show Display Options” dropdown, click on Units check box (scroll to the right to see units column), click on “Export” button.



There are regular EVV Provider Agency meetings hosted by Med-QUEST and Health Plans where all agencies are invited to discuss EVV topics such as the one above. Please join!