

# AHCCCS

## EVV Claims/Encounters Validation

### Proposed Flow

During Audits Processing *(Audits are you will only want to perform after you've determined that the claim is valid and payable/adjudicable)*

If the Claim/Encounter qualifies as an EVV Service *(Provider Type/Procedure Code/Place of Service per the EVV Services Reference table)*

Flag/Hold the Claim/Encounter for a new Edit/Audit - "EVV Review Required"

Batch flagged/hold Claims/Encounters with applicable data per the EVV Claims Validation "Request" Specifications for Sandata *(see transmission specifications)*

Sandata will "validate" and send back EVV Claims Validation "Response"

Once a response is received the "EVV Review Required" Hold Edit/Audit should be cleared and if not matched or not an exact match and additional Edit/Audit should be failed *(Need to determine if we need specific edit results depending on response of not matched or not an exact match)*

*Store any of the key data returned from the Response File*

AdjinDateTime
AdjOutDateTime
GroupCode
VisitTimeZone
VisitFound
VisitKey
RecordsFound
Details
DetailsReason

## Layout Elements and Sources

Request –

<u>ELEMENT</u>	<u>SOURCE</u>	<u>LENGTH</u>	<u>NOTES</u>
BusinessEntityMedicaidIdentifier	Claims Rendering Provider ID <i>(same for all records within a batch)</i>	50	Provider NPI or AHCCCS Registration ID if Atypical
RequestType	Model1 = Single Visit; Model2 = Visits; Model3 = Rolled up single summarized response	6	Model1, Model2 or Model3
BatchID	<i>Suggest Provider NPI or AHCCCS ID with YYYYMMDD</i>	19	Unique Identifier-Payer created/assigned; For Batch API, records will only be processed if they match the Batch ID provided in the control file
TransactionID		19	Unique Identifier for the request generated by Payer ID's cannot be reused
Payer	AHCCCS	64	See Appendix 1
ICN	Claim CRN (1-12)	25	Claim Identifier/Internal Control Number
DLN	Claim CRN Line # (13-15)	99	
ProviderQualifier	MedicaidID	10	
ProviderID	Claim AHCCCS Provider ID	64	
PatientQualifier	MedicaidID	10	
PatientID	Claim AHCCCS Member Enrolled ID	15	
ServiceStartDate	Claim Service Begin Date	10	YYYY-MM-DD
ServiceEndDate	Claim Service End Date	10	YYYY-MM-DD Otherwise assume to be equal to the start date

ProcedureCode	Claim HCPCS/CPT code	5	
Units	Claim Billed units	10	#####.##
UnitsRule	AddUnits	10	(Models 2 and 3); Add Units or Add Time
Modifier1	Claim Modifier 1	2	
Modifier2	Claim Modifier 2	2	
Modifier3	Claim Modifier 3	2	
Modifier4	Claim Modifier 4	2	
MatchingRule	EqualOrGreaterThan	20	ExactMatch; EqualOrGreaterThan; ExcludeUnits
Decision points			

Response –

<u>ELEMENT</u>	<u>LENGTH</u>	<u>NOTES</u>
BusinessEntityMedicaidIdentifier	50	Return Request Value
RequestType	6	Return Request Value
BatchID	19	Return Request Value
TransactionID	19	Return Request Value
Payer	64	Return Request Value
ICN	25	Return Request Value
DLN	99	Return Request Value
ProviderQualifier	10	Return Request Value
ProviderID	64	Return Request Value
PatientQualifier	10	Return Request Value
PatientID	15	Return Request Value
ServiceStartDate	10	Return Request Value
ServiceEndDate	10	Return Request Value
ProcedureCode	5	Return Request Value
Units	10	Return Request Value
UnitsRule	10	Return Request Value
Modifier1	2	Return Request Value
Modifier2	2	Return Request Value
Modifier3	2	Return Request Value
Modifier4	2	Return Request Value
MatchingRule	20	Return Request Value
AdjinDateTime	20	YYYY-MM-DDTHH:MM:SSZ

