

# Electronic Visit Verification UnitedHealthcare Community Plan of Wisconsin

Quick reference guide

## Overview

Effective Nov. 2, 2020, the Wisconsin Department of Health Services (DHS) requires electronic visit verification (EVV) for all personal care services and applicable supportive home care services paid for by Medicaid. This applies to the following procedure code:

- **T1019:** Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/IID or IMD, part of the individualized plan of treatment
- This code may not be used to identify services provided by home health aide or certified nurse assistant



## What is EVV?

EVV electronically verifies authorized services were provided. Health care professionals are required to send the following information to an EVV system at the beginning and end of each visit:

- Who receives the service
- Who provides the service
- What service is provided
- Where service is provided
- Date of service
- Time in/time out



## Federal requirement

Wisconsin DHS implemented the EVV requirement to comply with the Federal 21st Century Cures Act. Section 12006(a) of the 21st Century Cures Act mandates all states require EVV for all Medicaid personal care services and home health services that require an in-home visit by a provider. The Centers for Medicare & Medicaid Services (CMS) will fine state programs if they do not implement EVV.

The EVV requirement applies to all personal care and home health services, including services provided through Wisconsin Medicaid and BadgerCare Plus fee-for-service (ForwardHealth card), BadgerCare Plus and SSI HMOs, Family Care, Family Care Partnership and IRIS (Include, Respect, I Self-Direct).



## UnitedHealthcare requirements

EVV is required for live-in workers who provide personal care services for UnitedHealthcare members.

- Personal care workers (PCWs) do not need to capture tasks, client verification and/or signature with EVV
- Once a visit is complete, the provider agency's EVV administrative user is responsible for performing visit maintenance and verifying visits
  - A verified visit will automatically be sent from the EVV vendor to Wisconsin Medicaid and HMO/MCOs
- Claims should be submitted electronically **after** the EVV visit has been verified
- EVV does not change the claim process for provider agencies
- Units billed on claims should match the EVV verified units
  - If units billed are greater than the verified unit from the visit, the claim will deny
- If a correction to an EVV visit is made after a claim is submitted, the provider agency will need to submit a corrected claim, if needed.

### PCW prior authorization contact(s)

Mary Reich, RN  
Health Services Manager  
**414-443-4353**  
mary\_reich3@uhc.com

### Claims and payment contact(s)

Holly Stone  
Recovery and Resolution Specialist  
**763-347-5103**  
holly\_l\_stone@uhc.com

Stefanie Plaman, CSW  
PCW Case Manager  
**414-443-4065**  
stefanie\_plaman@uhc.com

## Claim denial codes

Claims without matching EVV information will be denied. Failure to comply with the EVV requirement may result in contract termination with UnitedHealthcare. Good faith efforts toward compliance must be communicated to UnitedHealthcare.

UnitedHealthcare remittance denial codes	Reason for denial
N824: EVV data must be submitted through EVV Vendor.	<ul style="list-style-type: none"><li>• Provider ineligible to perform PCW services, per state</li><li>• Provider will need to check their state enrollment</li></ul>
N821: EVV system visit not found.	<ul style="list-style-type: none"><li>• No EVV information returned from vendor</li><li>• Worker may not have used one of the EVV technologies to record visit data</li><li>• Provider may not have validated EVV data before submitting claim</li></ul>
N820: EVV system units do not meet requirements of visit.	<ul style="list-style-type: none"><li>• Claim line units do not match EVV validated units</li><li>• Units billed exceed EVV validated units</li></ul>
M16- Alert: Please see our web site, mailings or bulletins for more details concerning this policy/procedure/decision.	<ul style="list-style-type: none"><li>• Date of service overlap previous claim/line</li><li>• Provider has submitted multiple visits as separate claim lines. However, service dates are identical for all the claim lines.</li><li>• Claim submitted on paper claim form and needs to be billed electronically</li></ul>

## Claim denial codes

Claims without matching EVV information will be denied. Failure to comply with the EVV requirement may result in contract termination with UnitedHealthcare. Good faith efforts toward compliance must be communicated to UnitedHealthcare.

## Resources

[UnitedHealthcare Personal Care Services Reference Guide](#)

[ForwardHealth Portal](#)

[ForwardHealth Portal – Member Eligibility](#)

[ForwardHealth Portal – Personal Care Services Handbook](#)

[ForwardHealth Training – EVV Personal Care and Supportive Home Care Services Policy July 2020](#)

[ForwardHealth Training – Implementation of EVV for Personal Care and Supportive Home Care Services Policy- July 2020](#)

[Wisconsin Administrative Code – Personal Care Services](#)

[Wisconsin DHS EVV](#)

[Wisconsin DHS EVV – Frequently Asked Questions](#)

[Wisconsin DHS EVV Newsletter](#)

[Wisconsin DHS EVV Portal Functionality User Guide](#)

[Wisconsin DHS Training](#)

## Wisconsin EVV Customer Care

Monday–Friday

7:00 a.m.–6:00 p.m. CT

833–931–2035

[VDXC.contactEVV@wisconsin.gov](mailto:VDXC.contactEVV@wisconsin.gov)