Massachusetts Electronic Visit Verification (EVV) Edits and Reason Codes

This guide is intended for Massachusetts provider agencies in scope for Electronic Visit Verification (EVV) and impacted by the EVV Soft Edits go-live as of October 2025, including Fee-For-Service (FFS) providers in Home Health (HH), Group Adult Foster Care (GAFC), and Acquired Brain Injury (ABI) and Moving Forward Plan (MFP) Waiver programs in which MassHealth (MAHEA) is the payer. This guide is not targeted to Managed Care Entities (MCEs) or Aging Services Access Points (ASAPs) at this time. This guide outlines what to do prior to claims submissions to ensure all necessary EVV data elements are collected and available to match to claims. Then the guide outlines how to review claims for errors and examples of what codes may be visible on the Remittance Advice (RA). Provider agencies will want to identify claims not successfully matched to EVV records and take appropriate corrective action. It is critical for provider agencies to prepare for when hard edits are implemented, which will result in claims denial if the submitted claims do not have matching EVV visit records.

Prior to Claims Submission

Prior to submitting claims, it is important to ensure that the necessary EVV data has been collected and is available to match to claims. This section includes checklists to help ensure you're collecting all necessary points of data and how to review your EVV to ensure they are available to match to claims.

1. Collect EVV Required Data Elements

All visits, whether verified in the state-sponsored EVV system, Sandata, or an Alternate EVV vendor, will be sent to the EVV data aggregator. Providers are required to provide all six elements of the Centers for Medicare & Medicaid Services (CMS) EVV requirements:

1. Members who receive services
2. Provider employees who provide services
3. Specific services provided
4. Service locations
5. Service dates
6. Beginning and end times of service

2. Address Exceptions and Verify Visits

- **Verify Visits:** Ensure visits in the Sandata Provider Portal or Aggregator are in a "Verified" status.
- **Search for Exceptions:** Log into the Sandata Provider Portal or Aggregator to review visit data. Set the "Filter by Visits" setting to filter by "All Exceptions" to see the visits that are not yet "Verified." Red or orange dots are exceptions that signify a point of data is missing, and the visit needs to be corrected.

- **Fix Visits/Verify Visits:**
    - **Using Sandata EVV:** Click on the red or orange dot to view the exceptions tab. Follow the on-screen instructions to enter or correct the missing points of data. Once you have saved the corrected visit, scroll to the right to ensure that under "Visit Status," the visit is listed as "Verified." If the visit status is "Incomplete," then the record is missing EVV Data and will not be able to match to a claim.
    - **Using an Alt EVV Vendor:** Enter the missing information in your vendor's system so that it is updated in the Data Aggregator. Visits must be updated in your vendor's solution and sent again to Sandata.
- **Confirm visits are "Verified" and updated:** Search for exceptions and ensure that all visits are "Verified".
- Note the definitions for verified visit status can be found below:

  Verified: The visit has no exceptions. A visit in this status is eligible to be returned for claims validation
    - **Auto-Verified**: An Auto-Verified Visit is defined has having the 6 required Cures Act elements captured electronically when an employee clocks in and clocks out of their visit. An Auto-Verified Visit is not manually entered or edited after the fact by the Provider.
    - **Manually Verified:** A visit that was manually entered into the EVV system by the provider or edited after the fact.
- *Tips*:
    - View the **Detail Visit Status Report** to view visit statuses
    - View the **Visit Exception Report** to view exceptions

After Claims Submission

This section covers how you can review your claims to see which claims did not have the necessary EVV data, why they didn't match, and how to address EVV errors.

Review Claims for Error

An EVV claim matches when an EVV-required claim is submitted and there is a verified EVV visit in the Sandata Data Aggregator that matches the 6 CMS required data elements at the time of claim submission.

- **Pull Remittance Advice (RA)** - pull your RA to review your claims and edits.
- **Search RA for Explanation of Benefits (EOB)**
    - Review claims where a visit did not match, indicated by EOB 784. You will want to look for claims where Electronic Visit Verification Criteria Does Not Match as designated by EOB 784.

- Refer to the table below to determine the scenario that most closely aligns with your situation and identify the appropriate Reason Code(s) to apply for the edit.

Pay or No Pay*	Visit to Claim Match or No Match	Edit	Edit Description	EOB Health Care Claim Status Code	Adjustment Reason Code	Remark Code
Pay	**Match**	**2105: EVV Claim matches EVV Visit**	The EVV units cover the claim detail.	20 – ACCEPTED FOR PROCESSING	193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.	N883 - ALERT: PROCEESSED ACCORDING TO STATE LAW
No Pay	**No Match**	**2106: EVV Visit Units Less Than EVV Claim Units**	The EVV units are less than the billed units and do not cover the detail lines.	784-ELECTRONIC VISIT VERIFICATION CRITERIA DO NOT MATCH	272-COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N820: EVV SYSTEM UNITS DO NOT MEET REQUIREMENTS OF VISIT
Pay	**Match**	**2107: EVV UNTS > UNITS ALLOWED**	The EVV units are more than enough to cover the billed units.	20-ACCEPTED FOR PROCESSING	193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.	N883 - ALERT: PROCEESSED ACCORDING TO STATE LAW
No Pay	**No Match**	**2108: No EVV Visit Found to match the EVV Claim**	Procedure code does not match	784-ELECTRONIC VISIT VERIFICATION CRITERIA DO NOT MATCH	95 (sak 198) - PLAN PROCEDURES NOT FOLLOWED	N821 (sak 1130) - ELECTRONIC VISIT VERIFICATION SYSTEM VISIT NOT FOUND.
No Pay	**No Match**	**2109: EVV visit to EVV Claim Mismatch**	At least one of the 6 required visit elements	784-ELECTRONIC VISIT VERIFICATION	272-COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N820: EVV SYSTEM UNITS DO NOT MEET REQUIREMENTS OF VISIT

			not matching.	CRITERIA DO NOT MATCH		
No Pay	**No Match**	**2127: EVV PIDSL NOT EVV REGISTERED**	Provider ID does not match.	784-ELECTRONIC VISIT VERIFICATION CRITERIA DO NOT MATCH	95 (sak 198) - PLAN PROCEDURES NOT FOLLOWED	N824: ELECTRONIC VISIT VERIFICATION (EVV) DATA MUST BE SUBMITTED THROUGH EVV VENDOR
No Pay	**No Match**	**2128: EVV PROVIDER/MEMBER MISMATCH**	Patient ID does not match.	784-ELECTRONIC VISIT VERIFICATION CRITERIA DO NOT MATCH	95 (sak 198) - PLAN PROCEDURES NOT FOLLOWED	N819: PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION SYSTEM

***Note: This indicates pay or no pay based on the MA EVV edit and may not reflect the overall claim disposition.*

- **Understand why the claim did not match to a visit/posted an error**
    - Log into the Sandata Portal or Aggregator to verify that a visit is present and has a visit status of "Verified".
    - If the visit is not present or is not "Verified," the claim will post EOB 784.
    - If a data element does not match, the claim will post EOB 784.
    - If the visit is present, verified, and matches the claim detail exactly, the claim will post EOB 20.
- **Determine if the claim or visit needs to be updated**
    - If the claim needs to be updated, then update the claim using current processes and resubmit.
    - If the visit needs to be updated, then follow the below steps in the next section.

  Note: If there is an EVV record submitted with all 6 CMS required elements that does not have an associated claim, providers may need to resubmit the claim through current processes and/or confirm the visit submission date is received prior to the claim.

Conduct Visit Maintenance for Visits Related Errors

This section covers how you can update your visits with correct information that will allow claims identified in the previous step to match. Make sure to first identify the point of data that is incorrect and needs to be updated.

For claims that have EOB 784:

- Navigate to your Sandata EVV or Aggregator platform
- Search for the visit in the Visit Maintenance section or pull the Detail Visit Maintenance Report
    - If there is no visit associated with the claim, create a visit by clicking Create a Call which is used to create a manual call for the service rendered for this claim
    - If there is a visit associated with the claim, view any listed exceptions associated with the visit and confirm the visit submission date is received prior to the claim
- Check that the visit contains all of the 6 CMS required elements
- Ensure the client, Provider Medicaid ID, units, and service code are the same as is submitted on the claim
- Enter and/or update the missing information in Sandata EVV or your Alt EVV portal
- Once you have saved the corrected visit, ensure under "Visit Status" the visit is listed as "Verified." If the visit status is “Incomplete, In Process, or Omit,” then the record is missing EVV data and will not be able to match to a claim.

  Note: Visits that are auto verified and manually verified are eligible to be returned for claims validation.

Rebilling or Reprocessing

Once the visit in question has been updated to a “Verified” status, then the claim can be resubmitted through current processes.

Support Resources & Contacts

Learn More About EVV Requirements

- Mass.gov-EVV Agency Based Providers: mass.gov/info-details/electronic-visit-verification-for-agency-based-providers#more-about-sandata-technologies-
- EVV Required List of Service Codes: https://www.mass.gov/doc/evv-implementation-add-service-code-table-0/download
- Massachusetts EVV related information: https://sandata.zendesk.com/hc/en-us/sections/27189880884883-Massachusetts-EOHHS

Questions?

If you need assistance with your Remittance Advice or claim processing, please contact MassHealth at (844) 368-5184 or **provider@masshealthquestions.com.**

If you need technical assistance with the Sandata system or the Alt EVV interface, please contact Customer Support at Contact and Support | HHAeXchange Knowledge Base. You may also call the Customer Support line at 833.511.0164.

If you need assistance with general MA EVV policy related questions, please email EVVfeedback@Mass.gov.