

Health and Human Services Commission (HHSC) Electronic Visit Verification (EVV) Billing Policy (New)

Policy

Effective Sept. 1, 2019, the HHSC EVV Billing Policy requires program providers to follow the billing guidelines of their payer for EVV claims.

EVV Claims with Span Dates

If the payer allows EVV claims to be submitted with span dates, the program provider must ensure that:

- Each date within the span has one or more matching EVV visit transactions.
- The total units on the EVV claim must match the combined total units of the matched EVV visit transactions.

EVV claims with span dates that start prior to Sept. 1, 2019 will be rejected by TMHP.

Program providers can review accepted EVV visits in the EVV Portal before submitting EVV claims.

For questions regarding EVV claims billing contact your payer.

EVV Claims with Single Line Item

If the payer requires that a single claim line item represents a single EVV visit, then the EVV claim(s) must be billed according to that requirement.

EVV claim line items must have a matching EVV visit.

Program providers can review accepted EVV visits in the EVV Portal before submitting EVV claims.

For questions regarding EVV claims billing contact your payer.