

Update for August 17, 2018 Notification: Billing Policy Changes for Providers Required to Use EVV

Beginning September 1, 2019, EVV relevant claims will be subject to the EVV claims matching process to confirm that a service visit occurred prior to payment of a claim.

Providers may continue to submit EVV relevant claims:

- With a range of service dates which are also known as span dates of service billing or
- By single date of service according to the billing guidelines of your Managed Care payer or TMHP for Fee-for-service.

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

If your payer allows span dates for billing EVV services, then the EVV claim(s) may be billed as span dates.

- If the provider is allowed to submit span dates for billing EVV services, the following criteria must be met for the EVV matching process:
 - Each date within the span of dates must have one or more associated EVV visit(s) and;
 - The total units on the claim must match the combined total units of the matched EVV visits for the span dates.
- If a date within the span does not have an associated EVV visit, the claim will deny for no EVV match.
- If the total units of the matched EVV visits for the date span does not match the units billed on the claim, the claim will deny.

HHSC and managed care organizations will adhere to the following:

- Claims not submitted according to the guidelines for the payer will be denied by the payer.
- Claims submitted without a matching EVV visit transaction for the specified date(s) of service will be denied by the payer.
- Payers will no longer pay any unmatched claims.

For questions regarding your payer's billing guidelines, please contact your payer.

For questions regarding this alert please contact [HHSC EVV Operations](#).