

Notice of Billing Policy Changes to Providers Required to Use EVV

Based on recommendations from the Health and Human Services Commission Office of Inspector General in the May 2018 Electronic Visit Verification Inspection Report, HHSC will be implementing billing policy changes starting in state fiscal year 2020.

This communication provides notice of billing policy changes affecting providers required to use EVV to give provider agencies ample time to implement the necessary changes in billing processes prior to the deadline.

Effective, **Sept. 1, 2019** provider agencies who are required to use EVV must adhere to the following billing policies:

- Only submit claims with a single date-of-service per detail.
- Only submit claims with a matching EVV transaction.

Effective, **Sept. 1, 2019**, HHSC and managed care organizations will adhere to the following:

- Deny claims submitted using a claim line item with a span date, or a claim line item without a matching EVV transaction for the specified date of service.
- Conduct only prospective (pre-payment) reviews and will no longer pay any incorrect or unmatched claims.

Providers not already using these billing practices must make preparations for the above changes. This change will be incorporated in the UMCM.

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