

**An Important Message from
The Texas Health and Human Services Commission (HHSC)**

**Updates to the Long-Term Care and HCS and TxHmL Bill Code
Crosswalks for EVV Home Health Care Services Implementation**

Background:

Electronic Visit Verification (EVV) claims matching for home health care services (HHCS) will begin on Jan. 1, 2024. EVV claims with dates of service of Jan. 1, 2024, and after do not have an EVV visit match will be denied.

Key Details:

HHSC created new Long-Term Care billing combinations to submit claims for EVV and non-EVV service delivery locations.

- Existing HHCS billing combinations have new descriptions for EVV services in the member's own home/family home (OHFH).
- New out-of-home services use the existing billing combinations with the KX modifier.
- New in-home or other residential type settings use the existing billing combinations with the HQ modifier.

Services that begin or end in a member's OHFH setting will require an EVV visit match. Services provided out-of-home in the community or in other residential type settings will not require an EVV visit match.

Home and Community-based Services (HCS) and Texas Home Living (TxHmL) EVV claims require the Texas EVV Attendant ID for in-home EVV services. Reference the document, [HCS and TxHmL Best Practices to Avoid EVV Claim Mismatches \(PDF\)](#) for information related to the Texas EVV Attendant ID.

HHSC recommends program providers and financial management services agencies (FMSAs) start using the new billing combinations now through Dec. 31 to practice matching EVV claims to EVV visits and viewing the claims matching results in the EVV Portal.

**Reminder: Submit HHCS Claims for EVV Required Services to TMHP
Effective Dec. 1**

- Program providers and FMSAs must submit all HHCS EVV claims to Texas Medicaid & Healthcare Partnership (TMHP) using TexMedConnect, or through Electronic Data Interchange (EDI) using a Compass 21 (C21) Submitter ID starting with dates of service on or after Dec. 1.
- Managed care organizations (MCOs) will reject any HHCS managed care claims with EVV services and dates of service on or after Dec. 1, back to the program provider and FMSA directing them to submit the claim to TMHP for EVV claims matching.

Resources:

- See the new billing combinations in the [Long-term Care Bill Code Crosswalks](#).
- For more information about EVV, [visit the HHS EVV webpage](#).
- For news and updates, [visit the Texas Medicaid & Healthcare Partnership website](#).
- Review [FAQs about the EVV HHCS Implementation \(PDF\)](#), located on the [EVV 21st Century Cures Act webpage](#).
- People who deliver EVV-required services must be [registered for EVV GovDelivery](#) to receive EVV updates by email.

For questions about the EVV HHCS bill codes, modifiers or [HHCS required to use EVV \(PDF\)](#), email [HHSC EVV Operations](#).

Resources: