

# 2019-2020 Electronic Visit Verification Changes Reference Guide

The Texas Health and Human Services Commission (HHSC) has made several changes to Electronic Visit Verification (EVV) policies and procedures.

## EVV Mobile Application Policy

The EVV mobile app is a standard option for clocking in and out of the EVV vendor systems for service providers and their attendants. The app records:

- The location of the clock in and clock out
- The date of the visit
- The precise clock in and clock out time of the visit

Please note, the app **can't**:

- Track the location before, during, and after the visit
- Use minutes from the user's cellular plan
- Store Protected Health Information (PHI)

## EVV Aggregator and Claims Matching Policy

Beginning Sept. 1, 2019, HHSC will move to a single data aggregator. The EVV aggregator is a centralized database that collects, validates, and stores statewide EVV visit data transmitted by an EVV system. Providers will be able to perform searches and view reports associated with the EVV visit data in the EVV aggregator by using the online EVV portal.

The EVV aggregator will match EVV claim line items to accepted EVV visit transactions in the EVV aggregator and send matching results to the appropriate payer for EVV claims processing. The EVV aggregator will match the following critical data elements:

- National Provider Identifier (NPI) number
- Date of service
- Medicaid ID number
- Healthcare Common Procedure Coding System (HCPCS)
- Modifiers
- Units
- EVV claim line items that aren't successfully matched to an accepted EVV visit transaction will receive an unmatched code. Texas Medicaid & Healthcare Partnership (TMHP) will forward the claim and match results to us. If the match results show an unmatched code, we'll deny the claim.
- If the proper EVV match is completed, we'll continue to adjudicate the claim. This doesn't guarantee payment since there may be other reasons the claim might deny.

## EVV Claims Submission Policy

Beginning Sept. 1, 2019, claims for all EVV services must be submitted to TMHP through TexMedConnect or through EDI using a C21 submitter ID.

- All EVV relevant claims will be subject to the EVV claims matching process.
- The total units on the EVV claims must match the combined total units for the matched EVV visit transactions.
- EVV claims with dates of service on or after Sept. 1, 2019, submitted directly to UnitedHealthcare will be rejected or denied.
- Providers are still required to follow our billing requirements and guidelines.

### Long Term Services and Supports Codes and Modifier Changes

Beginning Sept. 1, 2019, the STAR+PLUS Long Term Services and Supports (LTSS) Billing Matrix will be updated to comply with EVV standards and the National Correct Coding Initiative (NCCI) standards. To avoid claims denials providers are required to bill using the following updated EVV billing codes and modifiers:

#### Habilitation

| Service      | Service Description   | Procedure Code Qualifier | HCPC Code | Modifier 1 | Modifier 2 | Modifier 3 |
|--------------|---|--------------------------|-----------|------------|------------|------------|
| Habilitation | Habilitation Agency Model (Non-HCBS) (CFC)                        | HC                       | T2017     | U5         | U7         |            |
| Habilitation | Habilitation Agency Model (HCBS) (CFC)                            | HC                       | T2017     | U3         | U7         |            |
| Habilitation | Habilitation Consumer Directed Services (Non-HCBS) (CFC)          | HC                       | T2017     | U5         | UC         | U7         |
| Habilitation | Habilitation Consumer Directed Services (HCBS) (CFC)              | HC                       | T2017     | U3         | UC         | U7         |
| Habilitation | Habilitation Service Responsibility Option (SRO) (Non-HCBS) (CFC) | HC                       | T2017     | U5         | UD         | U7         |
| Habilitation | Habilitation Service Responsibility Option (SRO) (HCBS) (CFC)     | HC                       | T2017     | U3         | UD         | U7         |

#### Personal Attendant Services

| Service                           | Service Description               | Procedure Code Qualifier | HCPC Code | Modifier 1 | Modifier 2 | Modifier 3 |
|-----------------------------------|-----------------------------------|--------------------------|-----------|------------|------------|------------|
| Personal Attendant Services (PAS) | PAS Agency Model (Non-HCBS)       | HC                       | S5125     | U5         |            |            |
| PAS                               | PAS Agency Model (Non-HCBS) (CFC) | HC                       | S5125     | U5         | U7         |            |
| PAS                               | PAS Agency Model (HCBS)           | HC                       | S5125     | U3         |            |            |

|     |  |    |       |    |    |    |
|-----|--|----|-------|----|----|----|
| PAS | PAS Agency Model (HCBS) (CFC)                            | HC | S5125 | U3 | U7 |    |
| PAS | PAS Protective Supervision Agency Model (HCBS)           | HC | S5125 | U3 | U1 |    |
| PAS | PAS Consumer Directed Services (CDS) (Non-HCBS)          | HC | S5125 | U5 | UC |    |
| PAS | PAS Consumer Directed Services (CDS) (Non-HCBS) (CFC)    | HC | S5125 | U5 | UC | U7 |
| PAS | PAS Consumer Directed Services (CDS) (HCBS)              | HC | S5125 | U3 | UC |    |
| PAS | PAS Consumer Directed Services (CDS) (HCBS) (CFC)        | HC | S5125 | U3 | UC | U7 |
| PAS | PAS Protective Supervision (CDS) (HCBS)                  | HC | S5125 | U3 | UC | U1 |
| PAS | PAS Service Responsibility Option (SRO) (Non-HCBS)       | HC | S5125 | U5 | UD |    |
| PAS | PAS Service Responsibility Option (SRO) (Non-HCBS) (CFC) | HC | S5125 | U5 | UD | U7 |
| PAS | PAS Service Responsibility Option (SRO) (HCBS)           | HC | S5125 | U3 | UD |    |
| PAS | PAS Service Responsibility Option (SRO) (HCBS) (CFC)     | HC | S5125 | U3 | UD | U7 |
| PAS | PAS Protective Supervision (SRO) (HCBS)                  | HC | S5125 | U3 | UD | U1 |

#### Respite Care – In Home

| Service           | Service Description                                  | Procedure Code Qualifier | HCPC Code | Modifier 1 | Modifier 2 | Modifier 3 |
|-------------------|--|--------------------------|-----------|------------|------------|------------|
| Respite – In-Home | Respite Care Agency Option (AO)(HCBS)                | HC                       | T1005     | U3         |            |            |
| Respite – In-Home | Respite Care Consumer Directed Services (CDS) (HCBS) | HC                       | T1005     | U3         | UC         |            |

|                   |   |    |       |    |    |  |
|-------------------|---|----|-------|----|----|--|
| Respite – In-Home | Respite Care Service Responsibility Option (SRO) (HCBS) | HC | T1005 | U3 | UD |  |
|-------------------|---|----|-------|----|----|--|

## 21st Century Cures Act

The 21st Century Cures Act is a federal law requiring all states to use EVV for Medicaid personal care services and home health services. Beginning Jan. 1, 2020, services delivered through the consumer directed services option and the service responsibility option will begin using EVV. Home health services will begin using EVV Jan. 1, 2023.

- Soft Launch Workgroups are being facilitated by HHSC to review policy and system functions required to accommodate specific needs and allow provider feedback.
- Sign up for [GovDelivery](#) to receive EVV notices and alerts.

## EVV Compliance and Oversight Reviews

Beginning Sept. 1, 2019, providers will be reviewed on a regular basis to ensure they are following EVV policies in the following areas:

- EVV usage
- EVV reason codes and required free text
- EVV allowable phone identification

## EVV Usage Policy and EVV Reason Code and Required Free Text Policy

Beginning Sept. 1, 2019, providers will be reviewed for EVV visit transactions manually entered in the EVV system and EVV visit transactions rejected by the EVV aggregator. This review will monitor the following information to ensure compliance with the policies:

- Manually entered EVV visit transactions
- Rejected EVV visit transactions caused by provider error
- Misuse of EVV reason code numbers and reason code description options
- Failure to enter required free text

## EVV Training

Beginning Sept. 1, 2019, new providers must complete all required EVV training before using an HHSC-approved EVV system and annually thereafter. Providers using EVV prior to Sept. 1, 2019 will be required to take the EVV Aggregator, EVV Portal and EVV Policy training on or before Dec. 31, 2019, and annually thereafter.

## We're Here to Help

Visit our [EVV webpage](#) for important EVV updates and resources. You can also contact your Provider Advocate, call us at **888-787-4107** or send an email to [uhc\\_evv@uhc.com](mailto:uhc_evv@uhc.com).