

Reminder: All EVV-Relevant Claims Must be Submitted to TMHP Starting September 1, 2019

Information posted April 30, 2019

Claims Submission: Providers currently required to use electronic visit verification (EVV) must submit all claims for EVV-relevant services in fee-for-service and Medicaid managed care to TMHP via TexMedConnect or the Electronic Data Interchange (EDI) for the new claims matching process to be performed.

Providers who submit claims to their managed care organization on or after September 1, 2019, will have their claims denied or rejected for resubmission to TMHP. Once the matching process has been performed, all claims will be forwarded to the appropriate payer for final adjudication and processing.

Claims Matching: Once TMHP receives a claim with EVV-relevant services, the claim will be matched against the EVV visit data, previously sent to TMHP by the EVV vendor systems. If the following data elements do not match, the claim will be denied:

- National Provider Identifier or Atypical Provider Identifier
- Date of Service
- Medicaid Identifier of the individual
- Service Identifier as Healthcare Common Procedure Coding System and any associated Modifier(s)
- Units of service delivered

Only prospective (pre-payment) reviews will be conducted and payers will no longer pay any unmatched claims. If you are using a third-party submitter, please notify them to prepare for this change.

For questions regarding TexMedConnect or EDI contact [TMHP](#).

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