EVV Claim Denials Begin November 1, 2019 for Fee-for-Service Program Providers

Information posted October 18, 2019

Effective November 1, 2019, acute care and long-term care (LTC) fee-for-service (FFS) Electronic Visit Verification (EVV) claims with dates of service on or after November 1, 2019, will be denied by TMHP if the data elements on the claim do not match the data elements on the EVV visit transaction during the EVV claims matching process.

Program providers have been receiving informational explanation of benefits (EOBs) for EVV mismatches. For dates of service on or after November 1, 2019, these will no longer be informational and will contain the EOB associated with the claim denial.

Resources

- View the [EVV Tool Kit – Module 15: Best Practices to Avoid EVV Claim Mismatches](#) for more information about the EVV claims matching process and best practices.

- Take the computer-based training TMHP Module 6: EVV Claims Submission and Billing on the [TMHP Learning Management System (LMS)](#) for more information about EVV claims. Users must have a user name and password to access materials in the LMS. To obtain a user name and password, click the “Don’t have an account? Sign up here” link located next to the Log In button on the LMS homepage. Visit the [EVV webpage](#) of the TMHP website for up-to-date EVV news and information.

- Call the TMHP EDI Help Desk at 1-888-863-3638, Option 4 if you have questions about EVV claim submission.

Use the [EVV Contact Information Guide](#) to identify contacts if you have questions.