



Electronic Visit Verification (EVV)

Frequently Asked Questions (FAQs) about the EVV Home Health Care Services (HHCS) Implementation

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Electronic Visit Verification (EVV) Requirements

What is EVV?

Answer: EVV is a computer-based system that electronically documents and verifies service delivery information, such as date, time, service type and location for certain Medicaid service visits. EVV helps prevent fraud, waste and abuse, while making sure Medicaid recipients receive care that is authorized for them.

Why is EVV required for HHCS?

Answer: The 21st Century Cures Act, codified at [Section 1903\(l\) of the Social Security Act](#) (42 U.S.C. §1396b(l)), is a federal law that passed in 2016 requiring states to implement EVV for Medicaid personal care services and home health care services that require an in-home visit. States that do not implement EVV will receive reduced federal Medicaid funding.



EVV Requirements – Cont.

When was the EVV implementation deadline for HHCS?

Answer: The Cures Act required states to implement EVV for HHCS by Jan. 1, 2023. However, in July 2022, HHSC requested a good faith effort exemption from the Centers for Medicare and Medicaid Services to extend the deadline by one year. CMS approved the request and HHSC implemented EVV for Medicaid HHCS on Jan. 1, 2024.

What if I do not use EVV?

Answer: If you do not have an EVV visit for an EVV-required service, the claim line item for the corresponding date of service will be denied and not paid. If a program provider or financial management services agency (FMSA) fails to comply with EVV policies, HHSC may place the program provider or FMSA on a corrective action plan or recommend contract termination.

What are the EVV standards and policy requirements?

Answer: The [EVV Policy Handbook](#) provides EVV standards and policy requirements that program providers and FMSAs contracted with HHSC and managed care organizations (MCOs) must follow. The EVV Policy Handbook also includes requirements for CDS employers. EVV standards and policy requirements do not replace or supersede program or licensure requirements. Program providers and FMSAs must follow all program and licensure rules and policies in addition to EVV policies. The EVV Policy Handbook has EVV requirements for both HHSC and MCOs (the payers). Program providers and FMSAs must adhere to their individual contracts with HHSC or an MCO and contact the payer for questions on EVV and non-EVV requirements.

What is the process to start using EVV?

Answer:

Step 1: Select an EVV system (EVV vendor system and EVV proprietary system information can be found on the [TMHP EVV web page](#)).

Step 2: Complete required EVV training (system, policy and EVV Portal).

Step 3: Complete system onboarding with your selected EVV system.

Review section [4000 EVV System and Setup](#) in the EVV Policy Handbook for details, and refer to the Getting Started with EVV guides on the [HHSC EVV web page](#).



Training

Is EVV training required?

Answer:

Yes. The [HHSC EVV Training policy](#) requires program providers, FMSAs, service providers, and CDS employers, and any staff who performs EVV system operations, to complete required EVV training:

- Before using an EVV vendor system or an EVV proprietary system; and
- Yearly thereafter.

You may use the [EVV Training Requirements Checklists \(PDF\)](#) to track training requirements and completion of trainings.

Which training methods are available?

Answer: The EVV vendors, EVV Proprietary System Operators (PSOs), payers (HHSC and MCOs) and TMHP may offer training through different delivery methods, such as:

- Computer-based training (CBTs)
- Instructor-led training
- Webinars
- Downloadable files, such as job aids and frequently asked questions

Refer to the [EVV Training Requirements Checklists \(PDF\)](#) for more information on training delivery methods.



Home Health Care Services Required to Use EVV

Which home health care services are required to use EVV?

Answer: HHSC posts the impacted services in the document, [HHCS Required to Use EVV \(PDF\)](#) located on the [EVV web page](#).

Is a Comprehensive Nursing Assessment (CNA) part of nursing or a separate service?

Answer: All home health nursing assessments and delegation are considered EVV relevant and will require a visit. CNAs require EVV for the duration provided in-person within the member's own home/family home. This is true whether the member is receiving only a CNA during a nursing visit or also receiving other EVV services during a nursing visit.

Is EVV required for Chronic Therapies?

Answer: Yes. All programs are required to use EVV for Chronic Therapies.

Exclusions

Which home health services are not required to use EVV?

Answer:

- Early Childhood Intervention (ECI)
- Group Therapy
- HHCS delivered via Telehealth
- HHCS performed in Place of Service other than Home
- Hospice
- Nursing, Physical Therapy and Occupational Therapy services that do not begin or end in the member's own home or member's family home
- Private Duty Nursing (PDN)
- Specialized Therapies
- Speech Therapy Services
- Wheelchair Assessments

HHSC may update this list accordingly, if needed.



Exclusions – Cont.

How will the EVV claim match process identify home health care services which are not required to use EVV?

Answer: The EVV claims matching process uses Healthcare Common Procedure Coding System (HCPCS) codes and modifier combinations, or other identifiers, to recognize HHCS services that are not required to use EVV and bypass the claims matching process. The HCPCS codes and modifier combinations are listed on the [EVV HHCS Service Bill Codes Table](#) on the [EVV web page](#) in [Excel](#) and [PDF](#) formats. The table below provides HCPCS codes, modifier combinations and other identifiers that will be excluded from EVV claims matching. HHSC may update the table accordingly, if needed.

Home Health Care Service	Exclusion Identifier
Speech Therapy Services	Modifier GN
Telehealth	Modifier 95
ECI Providers	Taxonomy 261QD1600X or 252Y00000X
Out-of-Home Place of Service	837P (Professional claim), where segment CLM05 (Place of Service) is not 12 (Home)
Out-of-Home Place of Service	837I (Institutional claim), where segment CLM05 (Type of Bill) is not 32
Wheelchair Assessments	HCPCS code 97542 (also a therapy code) with modifier UC
Children's Health Insurance Program (CHIP)	Any personal care services or HHCS provided under Title XXI

Non-EVV Services with Optional EVV Visit Data

What is a non-EVV service?

Answer: A non-EVV service is a service that is not required to use EVV. Refer to section [15020 Non-EVV Services](#) in the EVV Policy Handbook and the document, [HHCS Required to Use EVV \(PDF\)](#), for more information.



Non-EVV Services with Optional EVV Visit Data – Cont.

Is transportation a non-EVV service?

Answer: It depends on your specific Medicaid program. Some programs allow for transportation to occur as part of an EVV-required service. Other programs offer transportation as a stand-alone service. When transportation is a standalone service, EVV is not required. To verify how your program identifies transportation, including how to document it, please check your program policy or check with your HHSC case manager or MCO service coordinator.

Is Private Duty Nursing a non-EVV service?

Answer: Yes, Private Duty Nursing is considered a non-EVV services; however, program providers and FMSAs can choose to collect EVV Visit Data and have it available in the EVV Aggregator. This also applies to Supported Employment.

Billing and Payment

Who will pay my Medicaid claims with EVV-required services?

Answer: The payers are HHSC and MCOs. Refer to section [2100 Payers](#) in the EVV Policy Handbook for more information about the payers.

Which Healthcare Common Procedure Coding System (HCPCS) codes and modifier combinations should I use to prevent EVV visit transaction rejections and EVV claim match denials?

Answer: Refer to the [EVV HHCS Service Bill Codes Table](#) on the [EVV web page](#) in [Excel](#) and [PDF](#) formats, for HHCS HCPCS codes and modifier combinations.

How often are we allowed to bill EVV claims?

Answer: Program providers and FMSAs may bill as soon as they confirm an EVV visit transaction has been accepted by the EVV Aggregator.

Is there a charge to use an EVV system?

Answer: An EVV vendor system is provided at no cost to program providers, FMSAs or CDS employers. An EVV proprietary system is purchased or developed by a program provider or an FMSA.



More Resources

Which contact information do I use for questions about EVV?

Answer: There are two contact guides located on the [HHSC EVV web page](#) for:

- [Program providers and FMSAs \(PDF\)](#)
- [CDS employers \(PDF\)](#)
- Note that the managed care organizations' (MCOs) EVV contact information is on the last page of the contact guides.

How do I sign up to receive EVV updates by email?

Answer: [Register your email address with GovDelivery](#) to receive new EVV notices by email.