Health and Human Services Commission (HHSC)
Electronic Visit Verification (EVV)
Last Visit Maintenance Date Policy (New)
Effective Jan. 1, 2020

Policy

The HHSC Electronic Visit Verification (EVV) Last Visit Maintenance Date Policy identifies the field(s) on the EVV visit transaction that the program provider may change after the visit has occurred. Changes to any of the following fields will result in a change to the Last Visit Maintenance Date recorded in the EVV visit transaction:

- API
- NPI
- Contract Number
- Member Medicaid Number
- Service Group
- Service Code
- HCPCS Code
- Modifier
- Pay Hours
- Units
- Adding a Reason Code Number
- Adding a Reason Code Description
- Entering a Reason Code Comment

Once the program provider makes a change and saves the record within the EVV system, the EVV system will update the Last Visit Maintenance Date, including the time of the change, and reflect the change in the EVV visit transaction. The program provider and payer may review the Last Visit Maintenance Date on the EVV visit log report and EVV visit detail screen located in the EVV Portal.

The program provider must complete all visit maintenance prior to submitting an EVV claim for payment. If the program provider submits an EVV claim for payment prior to completing all visit maintenance, the EVV claim is subject to recoupment.

If the program provider needs to make a change to the visit more than 60 days after the date the visit occurred, then the program provider must file a visit maintenance unlock request with the payer prior to making the change. Refer to the EVV Visit Maintenance Unlock Policy on the HHSC EVV website for more information.

Last Visit Maintenance Date

Payers will review the Last Visit Maintenance Date on the EVV visit transaction and the date and time TMHP received the EVV claim. If the Last Visit Maintenance Date is after the EVV claim receipt date, the claim is subject to recoupment.

The EVV Claim Receipt Date and Time

The EVV claim receipt date is the date the TMHP claims management system receives the claim submitted by the program provider or their third-party biller. TMHP will forward the claim receipt date along with the claim to the appropriate MCO.

Changes to the EVV Claim

If the program provider needs to make a change or addition to one of the data elements listed above, the program provider must follow the payer's policy and resubmit the claim after the program provider has completed visit maintenance, if required.