



Aetna Better Health of Texas PROVIDER NOTIFICATION

EVV Claims Submission Cutover Date for Cures Act Home Health Care
Services Implementation

Key Details:

The Home Health Care Services are found in the [Programs, Services and Service Delivery Options Required to Use Electronic Visit Verification by January 1, 2023 \(texas.gov\)](#) document. The [HHCS EVV HHCS Service Bill Codes Table](#) is posted on the [EVV 21st Century Cures Act webpage](#) in [Excel](#) and [PDF](#) formats.

Claims Submission

On June 1, 2023, **all** providers, FMSAs, and CDS employers **may** submit their HHCS EVV claims to the HHSC Claims Administrator for claims matching. The HHSC Claims Administrator will forward the claim to the MCOs. MCOs should adjudicate the HHCS EVV claims using EVV07 bypass code.

Claims Submission Cutover Date

The claims submission cutover date is the date the MCO needs to reject HHCS EVV claims that come directly to the MCO.

Providers and FMSAs **must** submit all HHCS EVV claims to the HHSC Claims Administrator starting with dates of service on or after December 1, 2023. MCOs must reject any HHCS claims with EVV services back to the submitter directing them to submit the claim to the HHSC Claims Administrator for EVV claims matching.

Claims Matching

For dates of service between June 1, 2023 and December 31, 2023, providers and FMSAs that submit their HHCS EVV claims through the HHSC Claims Administrator will receive both an informational EVV claims match result (EVV07) and an actual claim match result for HHCS EVV claims (EVV01 through EVV06). The actual claims match results and the informational claims match results will be viewable in the EVV Portal. During this time, all HHCS EVV claims received by the HHSC Claims Administrator will be forwarded to the MCO with an EVV07 match code. MCOs must not deny the claims with EVV07 for EVV related reasons during this period.

For dates of service on or after January 1, 2024, the EVV Aggregator will begin sending the actual match result for HHCS EVV claims to the MCOs, and MCOs must process the claims