dell children's Health Plan

03/21/2024

Billing Electronic Visit Verification (EVV) Services as Secondary Insurance Claims

Background:
With the implementation of EVV for Home Health Care Services, a reason for denial (COB) is required from the program provider or FMSA billing EVV services as secondary insurance claims.

Key Details:
Program providers and FMSAs use TexMedConnect to bill their claims initially. Dell Children's Health Plan receives the EVV claim information from TexMedConnect. Program providers and FMSAs will receive a claim denial due to missing COB information.

Action:
Once the documentation for the affected claim is generated, the claim must be submitted to Dell Children's Health Plan as a claim reconsideration via the provider portal. The primary insurance EOB or EOP must be attached to the reconsideration request.

Resources:

- Electronic Visit Verification (DellChildrensHealthPlan.com)
- TexMedConnect Acute User Guide (tmhp.com)
- HHSC EVV webpage
- 2.0 Uniform Managed Care Manual Claims Manual (PDF): When a service is billed to a third party insurance resource other than the MCO, the Claim must be refiled and received by the MCO within 95 days from the date of disposition by the other insurance resource.

Contact:
Dell Children's Health Plan Provider Relations at **1-844-781-2343** or shpproviders@seton.org.