



Date: September 23, 2020

To: Community Living Assistance and Support Services (CLASS)
Direct Services Agencies (DSAs)
Deaf Blind with Multiple Disabilities (DBMD) Program Providers

Subject: Information Letter No. 20-40 Changes to Determining Billable
Units and Electronic Visit Verification (EVV) Claims Matching

Health and Human Services Commission (HHSC) is amending [Section 7600](#) of the CLASS Provider Manual and adding Section 11000 to the DBMD Program Manual on October 9, 2020 to implement changes in determining billable units for services that are billed on an hourly basis. These changes are being made to align the determination of billable units with EVV policy for providers that are required to use EVV beginning December 1, 2020. This letter also provides information about the EVV claims matching practice period.

Determining Billable Units

Starting no later than December 1, 2020, CLASS DSAs and DBMD program providers must determine billable units as described in Section 7600 of the CLASS Provider Manual and Section 11000 of the DBMD Program Manual.

For services that are billed on an hourly basis, CLASS DSAs and DBMD program providers must convert the amount of time spent providing the service to a billable unit of service, as shown in the table below for one unit in quarter-hour increments. Billable units for each service visit must be calculated independently. More than one unit of service would be converted similarly (e.g. service time of at least 2 hours, 23 minutes but less than 2 hours, 38 minutes would be converted to 2.5 units).

Service Time	Billable Unit(s) of Service
less than 8 minutes	0.00 unit
at least 8 minutes – but less than 23 minutes	0.25 unit
at least 23 minutes – but less than 38 minutes	0.50 unit
at least 38 minutes – but less than 53 minutes	0.75 unit
at least 53 minutes – but less than 1 hour, 8 minutes	1.00 unit

EVV Claims Matching

The EVV practice period is currently underway until November 30, 2020. During this time, providers can practice units matching on EVV claims for CFC PAS/HAB services and a claim will not be denied for a unit mismatch. However, starting December 1, 2020, claims without a matching EVV visit transaction accepted into the EVV Portal will be denied for payment. [More information about the practice period is available here.](#)

Information about EVV claims matching, including instructions for billing using a span of dates or by a single date of service is available in [Module 8 of the EVV Tool Kit: Submitting an EVV Claim.](#)

If you have any questions about determining billable units, please contact CLASSPolicy@hhsc.state.tx.us or DBMDPolicy@hhsc.state.tx.us.

If you have any questions about EVV policies and procedures, please contact Electronic_Visit_Verification@hhsc.state.tx.us.

Sincerely,

[signature on file]

Emily Zalkovsky
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Medicaid and CHIP Services Department
Office of Policy and Program