

# interChange Provider Important Message

## **Attention: Home Health Providers - Instructions for Claim Denials with procedure code T1001 and Explanation of Benefit (EOB) Code 6527**

Some home health service providers have experienced claim denials for the second nursing assessment/evaluation (procedure code T1001) visit billed for a client in a calendar year. Per provider bulletin 2017-30, effective April 1, 2017, all home health service providers must obtain a prior authorization (PA) for the second T1001 procedure code performed in the calendar year. If a provider neglects to obtain a PA for the second T1001 visit, they will receive a claim denial, with Explanation of Benefit (EOB) code 6527 - "1 Service per calendar year". The claim will not be payable until a PA is in place.

In an effort to ease the administrative burden for Home Health providers, the Department of Social Services (DSS) has modified the disposition for EOB code 6527- "1 Service per calendar year" to a post and pay status when a claim for more than one (1) T1001 is received without a PA for dates of service April 1, 2017 through August 31, 2017. Claims with dates of service September 1, 2017 and forward will continue to deny for EOB code 6527 when a PA has not been obtained.

Providers who have previously received an EOB 6527 claim denial when billing procedure code T1001 for dates of service April 1, 2017 through August 31, 2017 must resubmit their claims for payment, as claims will not be systematically reprocessed. For claims that were not submitted during this time period, providers can submit their claims without requesting authorization when billing procedure code T1001. Providers are reminded to resolve any other denials on the claim prior to resubmission to avoid further claim denials as only the edit for EOB 6527 will be set to a post and pay status.