

# interChange Provider Important Message

**Attention: Home Health Service Providers, Home Health Waiver Providers, and Access Agencies**

## **Discontinue Billing Select Pricing Modifiers when Billing for Evaluations Performed**

As instructed in provider bulletin, PB 19-49 “*Correction to the Guidance for Billing Evaluation and Assessment Services for Home*”, the following modifiers will **not** be required when billing for start of care evaluations/assessments (HCPCS code: T1001), resumption of care evaluations (HCPCS code: T1001) and 60-day recertification reviews (HCPCS code: G0162):

- TT-Individualized services provided to more than one patient in the same setting; and,
- TG-Complex/high level of care.

Claims for previous dates of service that were billed and paid with the TT and/or TG modifiers can be adjusted and resubmitted without the modifiers. If a provider needs assistance with adjusting a claim, please contact the Provider Assistance Center at 1-800-842-8440 for assistance.