



## **Louisiana Department of Health and Hospitals Health Plan Advisory 14-2 February 3, 2014**

### **2014 Healthcare Common Procedure Coding System (HCPCS) Update**

The Louisiana Medicaid files have been updated to reflect new and deleted codes for 2014. Providers will begin to see these changes beginning February 4, 2014. Denied claims related to the HCPC update will be recycled pending further 'ClaimCheck' editing.

Molina is currently updating the Professional Services Fee Schedule and the Outpatient Fee Schedules on the Louisiana Medicaid Website, [www.lamedicaid.com](http://www.lamedicaid.com).

Updates to the McKesson 'ClaimCheck' product are expected to be released within the next few weeks. Once implemented, providers may see minor differences in National Correct Coding Initiative and 'ClaimCheck' editing.

Providers should submit their claims using the appropriate 2014 *Current Procedural Terminology* (CPT) codes to preserve timely filing. Claims denied for new codes not being on file yet will automatically be recycled once final 'ClaimCheck' editing has been completed without additional action required by Providers. It is DHH's intent that each Health Plan adopts a similar policy and communicate this policy to Providers as all denied claims related to new codes not on file yet need to be recycled.

In addition, there has been a change regarding speech-language CPT codes that required the Department to update immediately. Effective January 1, 2014, CPT code 92506 (Evaluation of speech, language, voice, communication, and/or auditory processing) was deleted. There are four new 2014 codes for this service that have been added to our file January 3, 2014 as part of this process. The four new codes that replaced 92506 relative to evaluation of speech production, receptive language, and expressive language are 92521, 92522, 92523, and 92524. This change was implemented to allow providers to obtain prior authorization of services effective January 1, 2014 and to prevent disruption of services while files are updated. All Health Plans should update their files to allow reimbursement of these services. It is the expectation of the Department that authorizations for these services be handled retrospectively for dates of service January 1, 2014 going forward until the new codes are updated to the Plan's file. Also, any denied claims related to these CPT codes not on file will need to be automatically recycled with no further action required by providers.