

2014 HCPCS Procedure Code Changes for Speech Therapy Evaluation

Information posted January 17, 2014

Note: *This article applies to claims submitted to TMHP for processing. For claims processed by a Medicaid managed care organization (MCO), providers must refer to the MCO for information about benefits, limitations, and reimbursement.*

On January 1, 2014, the TMHP applied the annual Healthcare Common Procedure Coding System (HCPCS) additions, changes, and deletions that were effective for dates of service on or after January 1, 2014. HCPCS is a set of health care procedure codes that is used by Medicaid and is based on the American Medical Association's Current Procedural Terminology (CPT), and is updated annually by the Centers for Medicare and Medicaid Services (CMS). Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program are required to comply with all HCPCS updates.

Effective for dates of service on or after January 1, 2014, speech therapy evaluation procedure code 92506 was discontinued and replaced by the more specific procedure codes 92521, 92522, 92523, and 92524 for Texas Medicaid and the CSHCN Services Program.

Note: *This information also applies to Texas Medicaid School Health and Related Services (SHARS) providers. Additional information related to the four new codes will be published in a future HCPCS special bulletin.*

Providers must begin billing with the new procedure codes for dates of service on or after January 1, 2014, and should bill the most appropriate procedure code for the service provided. The new procedure codes must complete the rate hearing process, and expenditures must be approved before the rates are adopted by Texas Medicaid and the CSHCN Services Program. Providers will be notified in a future notification if any procedure codes will not be reimbursed because the expenditures were not approved.

Claims for procedure codes that require a rate hearing must be submitted within the initial 95-day filing deadline. Services provided before the rate hearing is completed and expenditures are approved will be denied with an explanation of benefits (EOB) 02008, "This procedure code has been approved as a benefit pending the approval of expenditures. Providers will be notified of the effective dates of service in a future notification if expenditures are approved."

Once the reimbursement rates have been implemented for the four new procedure codes, TMHP will automatically reprocess affected claims. Providers are not required to appeal the claims unless they are denied for other reasons after the claims reprocessing is complete. When the affected claims are reprocessed, providers may receive payment, which will be reflected on Remittance and Status (R&S) Reports.

Providers should monitor the TMHP Code Updates-HCPCS web page at http://www.tmhp.com/Pages/CodeUpdates/HCPCS_2013.aspx for reimbursement rates and all other notifications about HCPCS procedure codes.

Please see the American Speech-Language-Hearing Association announcement for additional guidance on the new codes: <http://www.asha.org/Practice/reimbursement/coding/New-CPT-Evaluation-Codes-for-SLPs/>.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.