



April 20, 2018

Web Announcement 1572

Update Regarding the New 2018 Codes and Rates, and Prior Authorization Instructions

Effective May 7, 2018, rates and prior authorization (PA) requirements for the new 2018 Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) and American Dental Association (ADA) codes will be updated in the Medicaid Management Information System (MMIS). Providers are reminded to use the appropriate 2018 codes, when applicable, on claims with dates of service on or after January 1, 2018.

Claims for the new 2018 codes with dates of service on or after January 1, 2018, and before May 7, 2018, that denied with edit codes 0210 (No fees found on file) and/or 0309 (Services not covered) and/or 0147 (Procedure code not active on date of service) and/or 0148 (Rendering provider is not certified to perform procedure) because the rates and prior authorization requirements were not updated for the new covered codes in MMIS will be automatically reprocessed. Providers do not need to resubmit or appeal the denied claims. A future web announcement will notify providers when claims will be reprocessed.

Prior Authorizations

The following new 2018 codes require prior authorization: 31253, 31257, 31259, 36465, 36466, 36482, 36483, 55874, 58575, 97763, 43286, 43287, 43288, 81520, 81521, E0953, E0954 and L3761 and G0515. Providers who are providing these services with dates of service January 1, 2018, forward may request a retroactive prior authorization (PA). Please submit your retroactive PA request through the Provider Web Portal no later than May 30, 2018.

If you receive a claim denial for no prior authorization on file when the claims are reprocessed as noted above, please resubmit the claim billed with the approved PA within timely filing. If outside of timely filing, resubmit the claim on paper with a cover letter referencing this Web Announcement 1572 within 60 calendar days of receiving the approved PA.