



January 20, 2017

Announcement 1299

## **Attention Provider Types 12, 17, 20, 24, 34, 60 and 77: Instructions for Expired and New Therapy Codes**

Attention Nevada Medicaid Fee for Service Therapy Providers: The 2017 Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes effective January 1, 2017, are currently being validated for edits and pricing. **Any discontinued/expired codes may not be used on claims with dates of service after December 31, 2016.**

If you have a date of service starting January 1, 2017, for any new 2017 CPT/HCPCS codes, you must bill with the new 2017 codes. Until the codes are validated for pricing, a claim may be denied for edit code 0210 (No pricing segment is on file) and/or edit code 0309 (Services not covered). It is not necessary to resubmit or appeal the denied claims. These claims will be automatically reprocessed once the pricing has been validated and the codes are updated in the system. A future web announcement will notify providers when the codes are updated in the system and when the claims will be reprocessed.

Policy remains unchanged. These are the evaluation and re-evaluation codes that do not require a prior authorization:

<b>Discontinued/Expired 2016 Therapy Code</b>	<b>Crosswalk to New 2017 Therapy Code</b>
97001	97161
97001	97162
97001	97163
97002	97164
97003	97165
97003	97166
97003	97167
97004	97168