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Authorized Signature

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Issue Date: 03/16/2011

Topic: Medical Benefits

Subject: Provider announcement: National Correct Coding Initiative (NCCI) edits planned for April 1, 2011

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers | |

Message:

DMAP will send the following announcement via eSubscribe to [OHP Provider Announcements](#) subscribers, and also put a message about this announcement on the Provider Web Portal and outgoing paper remittance advices.

The letter explains that National Correct Coding Initiative (NCCI) edits are scheduled to go live April 1, and invites providers to sign up to participate in NCCI Phone Forums.

Please refer to the attached phone script if you receive questions from providers about this change.

If you have any questions about this information, contact:

Contact(s):	Nancy Rickenbach, DMAP NCCI Project Manager		
Phone:	503-945-6800	Fax:	503-947-1119
E-mail:	nancy.rickenbach@state.or.us		



Attention providers

National Correct Coding Initiative edits planned for April 1, 2011

To comply with the federal Patient Protection and Affordable Care Act, the Division of Medical Assistance Programs (DMAP) plans to apply National Correct Coding Initiative (NCCI) edits effective April 1, 2011.

This means that starting April, 1, claims and adjustments with dates of service on or after Oct. 1, 2010, will process according to the new NCCI edits.

What are NCCI edits?

NCCI edits prevent improper payment for incorrect code combinations and fall into two categories:

NCCI edit	Services subject to edits
Medically Unlikely Edits (MUEs) recognize inappropriate units of service for specific procedures	<ul style="list-style-type: none">- Practitioner and ASC services- Outpatient hospital services- Durable medical equipment services
Procedure-to-procedure edits recognize procedures that should not be billed together	<ul style="list-style-type: none">- Practitioner and ASC services- Outpatient hospital services including emergency department, observation, therapy and hospital laboratory services

You may already encounter these edits when billing other payers, including Medicare, which first implemented NCCI edits in 1996.

For more information about NCCI edits for Medicaid billing, go to the CMS Web site at <https://www.cms.gov/MedicaidNCCICoding>.

Learn more about this change at DMAP's free NCCI Phone Forums

We are offering free Phone Forums about this change. DMAP staff will be available to provide information about the NCCI changes and answer your questions.

Signing up for a Phone Forum is easy. Just click on one of the dates at right to sign up. Both sessions are on a Wednesday from 10 a.m. to 11:00 a.m.

NCCI Phone Forums

March 23, 2011

March 30, 2011

Once registered you will receive an e-mail confirming your registration with information you need to participate in the Phone Forum.

Stay informed with eSubscribe

Sign up for eSubscribe to receive free e-mail updates on important OHP changes affecting you. Go to www.oregon.gov/DHS/healthplan/notices_providers/main.shtml and click on the green eSubscribe envelope. You can choose which alerts you want to receive. It's fast, secure and easy.

Questions?

If you have any questions about this announcement, please call the Provider Services Unit at 1-800-336-6016, Monday through Thursday from 8:30 a.m. to 4:30 p.m. and 10 a.m. to 4:30 p.m. on Friday.



DMAP CAPE
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Staff Phone Script

National Correct Coding Initiative Changes

Starting April 1, 2011, DMAP will activate National Correct Coding Initiative (NCCI) claim edits in the Medicaid Management Information System. These are industry-standard changes that Medicare first implemented in their payment system in 1996.

Please take the time to review the following questions and answers to prepare to take calls about this change.

What is NCCI?

The NCCI is a CMS program that consists of coding policies and edits to address procedures/services performed by the same provider for the same beneficiary on the same date of service. Medicare originally implemented this program in January 1996 to ensure accurate coding and reporting of services by physicians.

The coding policies of NCCI are based on coding conventions defined in the American Medical Association's Current Procedural Terminology Manual, national and local Medicare policies and edits, coding guidelines developed by national societies, standard medical and surgical practice, and/or current coding practice.

Why has DMAP waited until now to use NCCI edits?

The Affordable Care Act of 2009 now requires all states to incorporate all NCCI edits in their claim processing systems. However, many of DMAP's existing edits are NCCI edits, such as edits that prevent duplicate payment, age and gender restrictions and unbundling.

If you use a clearinghouse, billing service, or practice management software to bill DMAP and other payers, it is likely that your vendor is already aware of NCCI so that it requires no changes to how you bill.

What are examples of Medically Unlikely Edits?

Medically Unlikely Edits are in three main categories:

- Unit of Service edit for a HCPCS/CPT code (*e.g.*, edit for more than one appendectomy or hysterectomy)
- Services rendered by a provider to a beneficiary on a single date (*e.g.*, Physician Office Visit)

- Maximum Units of Service reported for a HCPCS/CPT code (e.g., Durable Medical Equipment)

What are examples of Procedure to Procedure edits?

Procedure to Procedure edits identify codes that cannot be billed together. Examples include:

- *Comprehensive* : If a claim lists one code for a more significant (comprehensive) procedure, and also lists a code that is a subpart (component) of the comprehensive service, the claim will deny because the comprehensive service code includes the component service.
- *Mutually Exclusive* : Claims will deny when it is unlikely that both services would be rendered to the same recipient, by the same provider on the same date of service (for example, a hysterectomy and vasectomy).

Where can I see a list of the edits?

Go to the CMS Web site at <https://www.cms.gov/MedicaidNCCICoding> and click on “NCCI and MUE Edits.”

Where can I get more information about NCCI?

Sign up for DMAP’s NCCI Phone Forum. Both trainings are on a Wednesday from 10 to 11 a.m.

- [Click here for March 23 training](#)
- [Click here for March 30 training](#)

What if I don’t agree with the way a claim denied?

If the denial is based on an edit that allows a modifier, you can adjust the claim with a correct modifier.

However, if the denial is based on an edit that does not allow a modifier, then the claim will need to be appealed if you disagree.

The “NCCI and MUE Edits” lists at <https://www.cms.gov/MedicaidNCCICoding> list when a modifier is allowed, not allowed, or not applicable.