

NCCI Edits



Presented by:

Sonda Kunzi, CPC CRC
CPB COC CPMA CPPM
CPCO CPC-I

Owner

Coding Advantage, LLC



What is NCCI?

NCCI stands for **National Correct Coding Initiative** *aka* **CCI edits** which was implemented for helping Medicare contractors as well as coders/billers understand correct coding methodology.

Two main edits:

- **Code Pair Edits:** Performed on the same day or during the same encounter by the same provider (*aka* PTP or procedure to procedure)
- **Medically Unlikely Edits (MUE):** Unlikely to be performed due to maximum number of units listed in the coding rules

Understanding NCCI

- NCCI policies and edits are used by Medicare, Medicaid, and most all commercial insurance carriers.
- Every healthcare specialty is affected!
 - Specialty organizations do have a voice in the edit creation and update process.
 - In 2015, the American Psychological Association (APA) was successful in providing clinical support to billing individual psychotherapy and family therapy on the same day.
- You can over-ride the NCCI edit with a modifier, however this must be done with great consideration to the rules as doing this incorrectly will cause a provider to be flagged for an audit.

- There is a NCCI manual that is available publicly for free

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>

- The manual discusses general coding principles in Chapter 1 and relevant specialty coding groups in subsequent chapters.

CHAP1-gencorrectcodingpolicies_final10312017.doc
Revision Date: 1/1/2018

CHAPTER I
GENERAL CORRECT CODING POLICIES
FOR
NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL
FOR MEDICARE SERVICES

Current Procedural Terminology (CPT) codes, descriptions and other data only are copyright 2017 American Medical Association. All rights reserved.

CPT® is a registered trademark of the American Medical Association.

NCCI Manual

NCCI Manual – General Policies

Two major policies in chapter 1 agencies need to read:

- Physicians *shall* not inconvenience beneficiaries nor increase risks to beneficiaries by performing services on different dates of service to avoid MUE or NCCI PTP edits.
- Modifiers may be appended to HCPCS/CPT codes only if the clinical circumstances justify the use of the modifier. A modifier *shall* not be appended to a HCPCS/CPT code **solely to bypass an NCCI PTP edit** if the clinical circumstances do not justify its use.

NCCI Manual - Modifier

Modifier 59 –

Important NCCI-associated modifier that is often used incorrectly. For the NCCI its primary purpose is to indicate that two or more procedures are performed at different patient encounters.

May be added where services are truly not overlapping services and are clearly identified in documentation as “separate and distinct.”

Modifier XE –

More Descriptive

“Separate encounter, A service that is distinct because it occurred during a separate encounter” This modifier *shall* only be used to describe separate encounters on the same date of service.

Modifier XP –

More Descriptive

“Separate Practitioner, A service that is distinct because it was performed by a different practitioner”

NCCI Manual – General Policies

Procedure to Procedure (PTP edits or code pair edits)

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html>

1	Payable code
2	Not payable when submitted with column 1 code unless modifier allowed
3	If edit in existence since 1996
4	Effective date of edit
5	Deleted date of edit if appl.
6	If modifier permitted
7	Where rationale comes from

CPT only copyright 2017 American Medical Association. All rights reserved.

Column1/Column2 Edits						
1	2	3	4	5	6	7
Column 1	Column 2	*=in existence prior to 1996	Effective Date	Deletion Date	Modifier	PTP Edit Rationale
				*=no data	0=not allowed 1=allowed	
90853	90832		20141001	*	1	CPT Manual or CMS manual coding instructions
90853	90833		20141001	*	1	CPT Manual or CMS manual coding instructions
90853	90834		20141001	*	1	CPT Manual or CMS manual coding instructions
90853	90836		20141001	*	1	CPT Manual or CMS manual coding instructions
90853	90837		20141001	*	1	CPT Manual or CMS manual coding instructions
90791	90837		20141001	*	0	CPT Manual or CMS manual coding instructions
90791	99201		20130101	*	0	CPT Manual or CMS manual coding instructions
90791	99202		20130101	*	0	CPT Manual or CMS manual coding instructions
90791	99203		20130101	*	0	CPT Manual or CMS manual coding instructions
90791	99204		20130101	*	0	CPT Manual or CMS manual coding instructions
90791	99205		20130101	*	0	CPT Manual or CMS manual coding instructions
90791	99211		20130101	*	0	CPT Manual or CMS manual coding instructions
90791	99212		20130101	*	0	CPT Manual or CMS manual coding instructions
90791	99213		20130101	*	0	CPT Manual or CMS manual coding instructions
90791	99214		20130101	*	0	CPT Manual or CMS manual coding instructions

NCCI Manual – General Policies

MUE – Medically Unlikely Edit:

- Defined as the maximum number of units allowable under “most circumstances”.
- Based on coding rules
- MUEs are adjudicated either as claim line edits or DOS edits.
- Denials due to claim line MUEs or DOS MUEs may be appealed to the carrier.
- DOS MUEs are utilized for HCPCS/CPT codes where it would be extremely unlikely that more units than the MUE value would ever be performed on the same date of service for the same patient.

NCCI Manual – General Policies

Medically Unlikely Edits

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>

1	CPT Code
2	MUE unit of service value per day
3	Value determining type of MUE
4	Who set MUE rationale

Current Procedural Terminology (CPT) codes, descriptions and other data only are copyright 2017 American Medical Association. All rights reserved.

CPT® is a registered trademark of the American Medical Association.

Applicable FARS\DFARS Restrictions Apply to Government Use.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for the data contained or not contained herein.

1	2	3	4
HCPCS/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
90791	1	3 Date of Service Edit: Clinical	Code Descriptor / CPT Instruction
90833	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
90834	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
90836	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
90837	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
90838	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
90839	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
90840	3	3 Date of Service Edit: Clinical	Clinical: Data
90845	1	2 Date of Service Edit: Policy	CMS Policy
90846	1	3 Date of Service Edit: Clinical	CMS Policy
90847	1	3 Date of Service Edit: Clinical	CMS Policy
90849	1	3 Date of Service Edit: Clinical	CMS Policy

The third column entitled MUE Adjudication Indicator (MAI) describes the type of MUE. MAI 1 indicates a value applied at the line level. MAI 2 indicates absolute criteria, such as anatomic considerations, **MAI 3 indicates a value that is unlikely to appear on a correctly coded claim but could, in unusual circumstances, be payable.**

NCCI Manual – General Policies

Add-on Codes

Add-on codes are addressed in the NCCI Manual. In particular for behavioral health:

- Interactive Complexity (90785),
- Prolonged Services (99354)
- Psychotherapy services with E&M (90833-90838)
- Add-on codes may **ONLY** be “added to” the primary (parent) code.
 - Can never be reported alone
 - Have to meet the definition of the code in order to bill the add-on service

NCCI Manual – Psychiatry Specific

- There is a chapter for each section of the CPT Manual and policies regarding codes commonly used in behavioral health may be found in chapter 11.
- In 2018, psychiatry services begins on page 8 of the Chapter 11 section.

CHAP11-CPTcodes90000-99999_final10312017.doc
Revision Date: 1/1/2018

CHAPTER XI
MEDICINE
EVALUATION AND MANAGEMENT SERVICES
CPT CODES 90000 - 99999
FOR
NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL
FOR MEDICARE SERVICES

NCCI Manual – Psychiatry Specific



Diagnostic Evals: 90791/90792 are not separately reportable with individual, group, family, crisis or other psychotherapy codes for the same date of service.



Psychotherapy Ind/Fam: 90832-90838 include psychotherapy provided to a patient with family members as informants, however if family psychotherapy 90846/90847 is provided addressing interactions between the patient and family members may be reported separately.

Must be separately documented and be clear provided at separate time interval.

NCCI Manual – Psychiatry Specific

E&M: Cannot be reported on same day as diagnostic evaluations 90791/90792, Alcohol structured assessments/intervention G0396/G0937

E&M: Cannot be reported with stand alone psychotherapy codes 90832, 90834, or 90837

More appropriate add-on codes available 90833, 90836, 90838

NCCI – Take Aways

[https://data.medicaid.gov/
Uncategorized/2018-3Q-
NCCI-PTP-Edits-
Practitioner-Services/fu9x-
4dmz](https://data.medicaid.gov/Uncategorized/2018-3Q-NCCI-PTP-Edits-Practitioner-Services/fu9x-4dmz)



NCCI are created by Center for Medicare and Medicaid Services (CMS) in conjunction with the American Medical Association (AMA) and also with cooperation from specialty specific associations.



Rules are in place to help avoid improper payment based on standards of care, code descriptions and general coding policies.



It is free to download the publication or view on-line anytime and you can quickly identify and pull psychiatry (BH) information for your agencies

<https://data.medicaid.gov/Uncategorized/2018-3Q-NCCI-PTP-Edits-Practitioner-Services/fu9x-4dmz>



The NCCI edits can be over-ridden in certain circumstances...know the rules that are specific to this specialty and do NOT just add a modifier to bypass the edit.

Contact information:

Sonda Kunzi CPC COC CPB CRC CPCO CPMA CPPM CPC-I

Owner, Coding Advantage, LLC

PO Box 691, Chardon, Ohio 44024

(o) 866-530-5705

(f) 888-974-0378

(c) 216-978-2408

skunzi@codingdadvantage.com

www.codingdadvantage.com

