NCCI Edits & Claim Denials

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Welcome!

Please read the participation tips below as we are using a Webex Events platform.

- All participants phones have been muted.
- All questions should be asked by using the Webex Chat feature.

Agenda

- NCCI Background
- Three Types of NCCI Edits
- Modifier -59
- Claim Edits
- Claim Scenarios
- Q/A

Overview

National Correct Coding Initiative (NCCI)

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NCCI Edits Objectives

- CMS developed NCCI program to promote correct coding methods,
- To control improper coding,
- Decrease improper Medicare Part B reimbursements.

NCCI Edits 101

NCCI policies are based on coding conventions defined in:

- AMA Current Procedural Terminology (CPT),
- NCD & LCD Policies and Edits,
- National societies, standard medical and surgical practice, current coding practice.

Three Types of NCCI Edits

Procedure-to-Procedure	**PTP**	**Prevent inappropriate payment of services that should not be reported together.**
Medically Unlikely Edits	**MUE**	**Prevent reimbursement for an inappropriate unit of service on a single day.**
Add-on-Code	**AOC**	**Consist of a listing of HCPCS and CPT add-on Codes with respective primary codes.**

NCCI EDITS

Procedure-to-Procedure (PTP)

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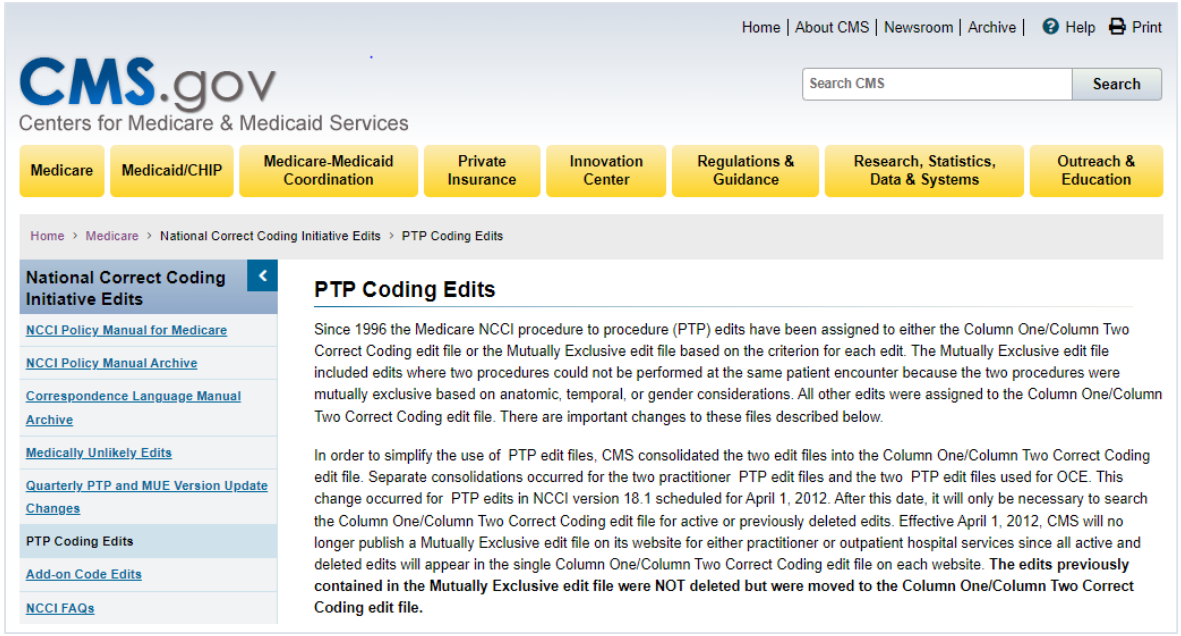
Procedure-to-Procedure (PTP)

- Incorporated into OCE,
- Decrease coding errors for certain code pairs,
- Two PTP tables:
  1. Practitioner,
  2. Outpatient Hospital Services.

Procedure-to-Procedure (PTP)

- Code pairs not usually reported together.
- Column 1 code is allowed.
- Column 2 code **may** be allowed with modifier.
  - Indicator 0 – Modifier not allowed
  - Indicator 1 – Modifier allowed
  - Indicator 9 – Modifier not applicable



Colum1/Column2 Edits						
Column 1	Column 2	*=in existence	Effective	Deletion	Modifier	PTP Edit Rationale
		prior to 1996	Date	Date	0=not allowed	
				*=no data	1=allowed	
					9=not applicable	
37140	0213T		20100701	*	0	Misuse of column two code with column one code
37140	0216T		20100701	*	0	Misuse of column two code with column one code
37140	0228T		20101001	20201231	0	Standards of medical / surgical practice
37140	0230T		20101001	20201231	0	Standards of medical / surgical practice
37140	0596T		20210101	*	1	Standards of medical / surgical practice
37140	0597T		20210101	*	1	Standards of medical / surgical practice
37140	0708T		20220101	*	1	Standards of medical / surgical practice
37140	0709T		20220101	*	1	Standards of medical / surgical practice
37140	12001		20121001	*	1	Misuse of column two code with column one code
37140	12002		20121001	*	1	Misuse of column two code with column one code
37140	12004		20121001	*	1	Misuse of column two code with column one code
37140	12005		20121001	*	1	Misuse of column two code with column one code
37140	12006		20121001	*	1	Misuse of column two code with column one code
37140	12007		20121001	*	1	Misuse of column two code with column one code
37140	64550		20090401	20090401	9	Standards of medical / surgical practice
37140	69990		20000605	*	0	Misuse of column two code with column one code
37140	90760		20060101	20081231	1	Standards of medical / surgical practice
37140	90765		20060101	20081231	1	Standards of medical / surgical practice
37140	90772		20060101	20081231	1	Standards of medical / surgical practice
37140	90774		20060101	20081231	1	Standards of medical / surgical practice
37140	90775		20060101	20081231	1	Standards of medical / surgical practice

Procedure-to-Procedure (PTP)

Edits triggers when a coding pair is reported by:

- Same Provider,
- Same Patient,
- Same Date of Service,
- Single claim.

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Medically Unlikely Edits (MUE)

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Medically Unlikely Edits (MUE)

- NCCI developed to reduce paid claims error rate
- Maximum units of service edit
- Updated quarterly
- Pre-Pay edits automatically medically denies the line or claim

Medically Unlikely Edits (MUE)

- Not all HCPCS/CPT codes have MUE values
- Majority are located on CMS website for public access

MUE Adjudication Indicators (MAI)

MAI 1 = Claim Line MUE

- May be used to report same HCPCS/CPT code on separate line

Modifiers	Descriptions
-76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
-77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional
-LT, -RT; FA, F1-F9; TA, T1-T9	Anatomic Modifiers
-91	Repeat Clinical Diagnostic Laboratory Test
-59	Distinct Procedure

MUE Adjudication Indicators (MAI)

MAI 2 = Policy edit date of service MUE

- Claim Processing Restriction:
  - Denial not allowed:
    - Cannot over-ride on initial claim submission
    - To reopened claim
    - To redetermined

Example: 94002 – Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing, hospital inpatient/observation, **initial day.**

RATIONALE: 2 DATE OF SERVICE EDIT: POLICY| CODE DESCRIPTOR / CPT INSTRUCTION

MUE Adjudication Indicators (MAI)

MAI 3 = Clinical benchmark edit date of service MUE

- During claim processing
  - Denial override allowed on initial claim submission;
  - Reopen a claim, and
  - Redetermination of a claim.

Only if the contractor has evidence of medical necessity.

MUE Adjudication Indicators (MAI)

MAI 2 & MAI 3 Date of Service

1. Will automatically deny even with modifier
2. Must be appeal for review

MUE Adjudication Indicators (MAI)

Appeals

- Providers can submit appeals through the standard process outlined in the Highmark Wholecare Provider Manual.

LOB	Submission
Medicare	180 Days from date of RA
Medicaid	

- Denied claims can be appealed with the supporting documentation and/or clinical notes in order to determine if an overturn is warranted.

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Add-on-Code (AOC)

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Add-on-Code Edits (AOC)

Add-on codes may be identified in three ways:

- Type I, Type II, or Type III.
- On the Medicare Physician Fee Schedule Database an add-on code generally has a global surgery period of "ZZZ".
- In the *CPT Manual* an add-on code is designated by the symbol "**+**".

Add-on-Code Edits (AOC)

- AOCs permit the reporting of significant supplemental services commonly performed in addition to the primary procedure.
- Include edits for some AOCs when coding edits related to the primary procedures must be supplemented.

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Modifier -59

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Modifier -59

- Modifier -59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances.
- Always use another established and appropriate modifier when another one is available that is more descriptive.

Modifier -59

1. Different encounter ?
2. Different procedure-service ?
3. Different site or organ system ?
4. Separate incision/excision ?
5. Separate lesion ?
6. Separate injury ?

Modifier -59

- Never append -59 to an Evaluation & Management (E/M) service.
- Append modifier-25 to an E/M service with a non-E/M service performed on the same date of service.

Modifier -59

Coding Example #1- Separate Injury

On January 1 , 2022 a patient undergoes pterygium surgery in the left eye. The patient is injured in their right eye on February 2, 2022 while playing basketball resulting in a traumatic cataract and vitreous hemorrhage. Immediate surgery is scheduled.

Correct Coding: 67036-79-LT, 66984-59-79-LT

Hint: *Know which procedure to list first**

NCCI Edits

Top 5 Denial Adjustment Codes

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Top 5 Denial Adjustment Codes

Denial Adjustment Code
I174
I176
I121
I22
I35

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Coding Examples

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NCCI Edit Examples

Denial Adjustment Code	HCPCS/CPT Code(s)	Description
I22	99218, 99219	Units exceeded the amount allowed

Denial Adjustment Code	HCPCS/CPT Code(s)	Description
I22	88305	Units exceeded the amount allowed

NCCI Edit Examples

Denial Adjustment Code	HCPCS/CPT Code(s)	Description
I35	**36556, 99254**	The billed procedure, 36556, was denied because it is a Column one procedure to the previously paid Column two procedure, 99254.

Denial Adjustment Code	HCPCS/CPT Code(s)	Description
I35	**99222,99220**	Code 99220 is a column 2 code for 99222. You may not override the edit.

NCCI Edit Examples

Denial Adjustment Code	HCPCS/CPT Code(s)	Description
I176	**64445, 20553**	The billed procedure, 64445, was denied because it is a Column two procedure to the Column one procedure, 20553 and use of a modifier is not supported.

Denial Adjustment Code	HCPCS/CPT Code(s)	Description
I176	**99214-25, 20553**	The billed procedure, 99214, was denied because it is a Column two procedure to the Column one procedure, 20553 and use of a modifier is not supported.

NCCI Edit Examples

Denial Adjustment Code	HCPCS/CPT Code(s)	Description
I174	**11721, 11057**	The billed procedure, 11721, was denied because it is mutually exclusive of the allowed procedure 11057, and use of a modifier is not supported.

Denial Adjustment Code	HCPCS/CPT Code(s)	Description
I174	**93926, 93925**	The billed procedure, 93926, was denied because it is a Column two procedure to the Column one procedure, 93925 and use of a modifier is not supported.

Recommendations

- Use modifier -59 appropriately.
- Perform claim review before submitting to payer.
- Know which code is first.
- Identify the type of NCCI Edit denial(s) and create appropriate corrective action workflows.

Recommendations

- Educate and train all staff.
- Quickly process denials.
- Conduct a monthly detail claim data review of all denials.

Questions & Answers

Sources

- Highmark Wholecare Denials Data – NCCI Edits
- *CMS.gov*. (2022, June 10). Retrieved from National Correct Coding Initiative Edits https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/PTP-Coding-Edits


Thank
you !