What is the National Correct Coding Initiative?

• The SBHS program follows the National Correct Coding Initiative (NCCI) policy.
• The Centers for Medicare & Medicaid Services (CMS) created this policy to promote national correct coding methods.
• NCCI assists the agency to control improper coding that may lead to inappropriate payment.
• Not all codes are assigned a NCCI edit.
Types of NCCI Edits

• Procedure-to-procedure (PTP) edits:
  ➢ Certain codes which cannot be submitted together by the same provider, for the same student, on the same date of service.

• Medically Unlikely Edits (MUEs):
  ➢ The maximum number of units per code that can be submitted by a provider, for the same student, on the same date of service.
How to Access the Medicaid NCCI Edit Tools

• Access the National Correct Coding Initiative Edits webpage at:
  https://www.medicaid.gov/medicaid/program-integrity/ncci/index.html
Viewing NCCI Edit Information

The National Correct Coding Initiative in Medicaid

The Center for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) promotes national correct coding methodologies and reduces improper coding which may result in inappropriate payments of Medicare Part B claims and Medicaid claims. Visit National Correct Coding Initiative Edit for information about, and edits for, the Medicare NCCI program. The Medicaid NCCI program has significant differences from the Medicare NCCI program.

The Affordable Care Act of 2010 required CMS to notify states by September 1, 2010, of the NCCI methodologies that were compatible with Medicaid. State Medicaid Director Letter notified states that all five Medicare NCCI methodologies were compatible with Medicaid. The Affordable Care Act required state Medicaid programs to incorporate compatible NCCI methodologies in their systems for processing Medicaid claims by October 1, 2010.

Click on “Edit Files” to access the NCCI edit files.
Viewing PTP Edits: 
Codes That Can’t be Billed Together

**Medicaid NCCI Edit Files**

The complete updated Medicaid National Correct Coding initiative (NCCI) edit files are posted here at the beginning of each calendar quarter. These data replace the Medicaid NCCI edit files from previous calendar quarters. The presence of a HCPCS/CPT code in a Procedure-to-Procedure (PTP) edit or a Medically Unlikely Edits (MUE) value for a HCPCS/CPT code in a Procedure-to-Procedure (PTP) edit or a Medically Unlikely Edits (MUE) value for a HCPCS/CPT code in a Procedure-to-Procedure (PTP) edit does not necessarily indicate that the code is covered by any state Medicaid program or by all state Medicaid programs. States cannot use the files here for processing and paying Medicaid claims.

**How to Access the Files**

This page provides links to NCCI Edit data on Data.Medicaid.gov, where you can filter, sort, share, and download the data. To download data as an Excel file, first follow the links on this page to navigate to your dataset. Select the “Export” button in the top right of the data, then select “CSV for Excel” from the download list.

CMS will also provide the data in a legacy ZIP format until Q5, July 1, 2018.

Complete Medicaid NCCI Edit Files for Calendar Quarter Beginning April 1, 2018

- 2018 Q1 NCCI/PTP Edits - Practitioner Services
- 2018 Q1 NCCI/PTP Edits - Outpatient Hospital Services
- 2018 Q1 NCCI/PTP Edits - Durable Medical Equipment Services
- 2018 Q1 NCCI/MUE Edits - Practitioner Services
- 2018 Q1 NCCI/MUE Edits - Outpatient Hospital Services
- 2018 Q1 NCCI/MUE Edits - Durable Medical Equipment Services

Complete Medicaid NCCI Edit Files for Calendar Quarter Beginning January 1, 2018

- 2018 Q1 NCCI/PTP Edits - Practitioner Services

**Note:**

- The PTP files are updated quarterly.
- The CMS website displays edit files for the last two quarters.
- In this example, edit files for January and April 2018 are displayed.
- April 2018 is the most recent quarter in this example.
Viewing PTP Edits: Codes That Can’t be Billed Together

- After you click on the PTP link, the following data spreadsheet will open.
- To determine if a code has a PTP edit, enter the code in the Find in this Dataset search bar in the upper right corner.
Viewing PTP Edits: Codes That Can’t be Billed Together

• This example shows the PTP edits for **Code 92507: Speech/hearing therapy**.
• The Column 1/Column 2 tables are comprised of PTP code pairs. If a provider submits the two codes of an edit pair for payment for the same student on the same date of service, the Column 1 code is eligible for payment and the Column 2 code is denied.

Note: The screenshot on this slide does not show all of the PTP code pairs for Code 92507. Providers should do their own search on the CMS website for a listing of all codes that cannot be billed with Code 92507.
Viewing MUE Edits: Maximum Number of Units

• Return to the CMS NCCI homepage: https://www.medicaid.gov/medicaid/program-integrity/ncci/index.html
Viewing MUE Edits:
Maximum Number of Units

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Click on “Edit Files”.
Viewing MUE Edits: Maximum Number of Units

Medicaid NCCI Edit Files

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How to Access the Files

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CMS will also provide the data in a legacy ZIP format until Q3, July 1, 2018.

Complete Medicaid NCCI Edit Files for Calendar Quarter Beginning April 1, 2018

- 2018 Q2 NCCI PTF Edits - Practitioner Services
- 2018 Q2 NCCI PTF Edits - Outpatient Hospital Services
- 2018 Q2 NCCI PTF Edits - Durable Medical Equipment Services
- 2018 Q2 NCCI MUE Edits - Practitioner Services
- 2018 Q2 NCCI MUE Edits - Outpatient Hospital Services
- 2018 Q2 NCCI MUE Edits - Durable Medical Equipment Services

Complete Medicaid NCCI Edit Files for Calendar Quarter Beginning January 1, 2018

- 2018 Q1 NCCI PTF Edits - Practitioner Services

Note:

- The MUE files are updated quarterly.
- The CMS website displays edit files for the last two quarters.
- In this example, edit files from January and April 2018 are displayed.
- April 2018 is the most recent quarter in this example.
Viewing MUE Edits: Maximum Number of Units

- This example shows the MUE edits for untimed OT/PT code **97150: group therapeutic activities** and behavioral health timed code **96101: psych testing by psych/phys**.
- The number listed in the column **MUE Value** is the maximum number of units the code may be billed by the same provider, for the same client, on the same day of service.

**Example 1: 97150**
Effective April 1, 2018-June 30, 2018 the MUE is 1

- Based on Example 1, providers can bill a total of one unit per day for code 97150.

**Example 2: 96101**
Effective April 1, 2018-June 30, 2018 the MUE is 8

- Based on Example 2, providers can bill a total of 8 units per day for code 96101.

> Note: Code 96101 is timed per 60 minutes. HCA will review claims submitted for 8 units per day as it is not common for a school provider to perform an 8 hour psych. test on a student.
Claim Denials

• If a school district submits a claim with the incorrect # of units, or with an incorrect code combination, claim will deny

• School districts have 24 months from the original claim to modify and resubmit denied claims.

• School providers should work with their district’s SBHS coordinator to resubmit claims.
Questions?

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Resources
SBHS Billing Guide
SBHS Fee Schedule
SBHS 101 Training

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