How to Use the Medicaid National Correct Coding Initiative (NCCI) Edit Tools

School-Based Health Care Services
July 2020
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 Edits 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.
Viewing PTP Edits:
Codes That Can’t be Billed Together

To view PTP edits, find the most recent quarter, and click on NCCI PTP Edits-Practitioner Services.

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 Edit (MUE) value for a HCPCS/CPT code 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 downloaded list.

Note: Excel limits the number of rows that can be exported in a single CSV for Excel file to 1,048,576 rows. The Practitioner and Outpatient Hospital PTP edit files both contain significantly more rows than that. To download the complete Practitioner or Outpatient Hospital PTP edit file, we recommend using the Filter function to divide the complete file into two smaller files:

1. Effective date between October 1, 2010 and March 31, 2013
2. Effective date after March 31, 2013

Each file can then be exported in CSV for Excel. The Durable Medical Equipment PTP edit file and all three MUE files can be exported as single CSV for Excel files.

Complete Medicaid NCCI Edit Files for Calendar Quarter Beginning July 1, 2020

- 2020 Q3 NCCI PTP Edits - Practitioner Services posted June 2, 2020
- 2020 Q3 NCCI PTP Edits - Outpatient Hospital Services posted June 2, 2020
- 2020 Q3 NCCI PTP Edits - Durable Medical Equipment Services posted June 2, 2020
- 2020 Q3 NCCI MUE Edits - Practitioner Services posted June 2, 2020
- 2020 Q3 NCCI MUE Edits - Outpatient Hospital Services posted June 2, 2020
- 2020 Q3 NCCI MUE Edits - Durable Medical Equipment Services posted June 2, 2020

Note:

- The PTP files are updated quarterly.
- The CMS website displays edit files for the last two quarters.
- In this example, edit files for July and April 2020 are displayed.
- July 1, 2020 is the most recent quarter in this example.
After clicking on the PTP link, scroll to the bottom of the page and click on "View Data".

<table>
<thead>
<tr>
<th>Column Name</th>
<th>Description</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter Begin Date</td>
<td>The beginning of the quarterly reporting period.</td>
<td>Date &amp; Time</td>
</tr>
<tr>
<td>Category</td>
<td>Category of service offered.</td>
<td>Plain Text</td>
</tr>
<tr>
<td>Column 1</td>
<td></td>
<td>Plain Text</td>
</tr>
<tr>
<td>Column 2</td>
<td></td>
<td>Plain Text</td>
</tr>
<tr>
<td>Effective Date</td>
<td>Effective date of the procedure-to-procedure (PTP) edit.</td>
<td>Date &amp; Time</td>
</tr>
<tr>
<td>Deletion Date</td>
<td>Deletion date of the incorrect code combination.</td>
<td>Date &amp; Time</td>
</tr>
<tr>
<td>Modifier Indicator</td>
<td>0=not allowed, 1=allowed, 9= not applicable</td>
<td>Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table Preview</th>
<th>Quarter Begin Date</th>
<th>Category</th>
<th>Column 1</th>
<th>Column 2</th>
<th>Effective Date</th>
<th>Deletion Date</th>
<th>Modifier Indicator</th>
<th>PTP Edit Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/2020</td>
<td>Practitioner Serv...</td>
<td>0001M</td>
<td>36591</td>
<td></td>
<td>10/01/2015</td>
<td>10/01/2015</td>
<td>9</td>
<td>CPT Manual or C...</td>
</tr>
<tr>
<td>07/01/2020</td>
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<td>0001M</td>
<td>36592</td>
<td></td>
<td>10/01/2015</td>
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<td>CPT Manual or C...</td>
</tr>
<tr>
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<td>80250</td>
<td></td>
<td>04/01/2017</td>
<td>12/31/2018</td>
<td>0</td>
<td>Misuse of column...</td>
</tr>
<tr>
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<td>Practitioner Serv...</td>
<td>0001M</td>
<td>80513</td>
<td></td>
<td>04/01/2017</td>
<td>12/31/2018</td>
<td>0</td>
<td>Misuse of column...</td>
</tr>
<tr>
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<td>Practitioner Serv...</td>
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<td>80076</td>
<td></td>
<td>04/01/2017</td>
<td>12/31/2018</td>
<td>0</td>
<td>Misuse of column...</td>
</tr>
<tr>
<td>07/01/2020</td>
<td>Practitioner Serv...</td>
<td>0001M</td>
<td>80500</td>
<td></td>
<td>04/01/2017</td>
<td>12/31/2018</td>
<td>1</td>
<td>Misuse of column...</td>
</tr>
<tr>
<td>07/01/2020</td>
<td>Practitioner Serv...</td>
<td>0001M</td>
<td>80502</td>
<td></td>
<td>04/01/2017</td>
<td>12/31/2018</td>
<td>1</td>
<td>Misuse of column...</td>
</tr>
</tbody>
</table>
Viewing PTP Edits, cont.

• After you click on “View Data”, 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, cont.

• 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
The National Correct Coding Initiative in Medicaid

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➢ Click on “Edit Files”.

Click on "Edit Files".
To view MUE edits, find the most recent quarter, and click on NCCI MUE 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 July 2020 and April 2020 are displayed.
- July 1, 2020 is the most recent quarter in this example.
After clicking on the MUE link, scroll to the bottom of the page and click on “View Data”.

Viewing MUE Edits, cont.
Viewing MUE Edits, cont.

• After you click on “View Data”, the following data spreadsheet will open.
• To determine if a code has a MUE edit, enter the code in the Find in this Dataset search bar in the upper right corner.
Viewing MUE Edits, cont.

- This example shows the MUE edits for untimed OT/PT code **97150: group therapeutic procedures** and timed OT/PT code **97530: therapeutic activities**.
- 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 date of service.

**Example 1: 97150**
Effective July 1, 2020-March 30, 2020 the MUE is 1

2020 3Q NCCI MUE Edits - Practitioner Services
Based on 2020 3Q NCCI MUE Edits - Practitioner Services
Medically Unlikely Edits (MUEs) define for each HCPCS / CPT code the maximum units of service (MUS) that a provider could expect to collect over a single billing or episode of care.

<table>
<thead>
<tr>
<th>Quarter Begin Date</th>
<th>Category</th>
<th>HCPCS/CPT Code</th>
<th>MUE Value</th>
<th>MUE Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/2020</td>
<td>Practitioner Services</td>
<td>97150</td>
<td>1</td>
<td>Clinical: Medicare Data</td>
</tr>
</tbody>
</table>

**Example 2: 97530**
Effective July 1, 2020-March 30, 2020 the MUE is 6

2020 3Q NCCI MUE Edits - Practitioner Services
Based on 2020 3Q NCCI MUE Edits - Practitioner Services
Medically Unlikely Edits (MUEs) define for each HCPCS / CPT code the maximum units of service (MUS) that a provider could expect to collect over a single billing or episode of care.

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<tr>
<th>Quarter Begin Date</th>
<th>Category</th>
<th>HCPCS/CPT Code</th>
<th>MUE Value</th>
<th>MUE Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/2020</td>
<td>Practitioner Services</td>
<td>97530</td>
<td>6</td>
<td>Clinical: Medicare Data</td>
</tr>
</tbody>
</table>

- Based on Example 1, providers can bill a total of one unit per day, per student for code 97150.
- Based on Example 2, providers can bill a total of 6 units per day, per student for code 97530.
Claim Denials

• If a school district submits a claim with the incorrect # of units, or with an incorrect code combination, the claim will deny.
• School districts have 24 months from the original claim submission to modify and resubmit denied claims.
• If your school district contracts with a billing agent, contact your billing agent for directions on how to resubmit denied claims.
• If you are a self-billing district, contact ProviderRelations@hca.wa.gov for directions on how to resubmit denied claims.
Questions?

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SBHS webpage: https://www.hca.wa.gov/sbhs

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