

Affected Programs: BadgerCare Plus, Medicaid

To: Adult Mental Health Day Treatment Providers, Advanced Practice Nurse Prescribers with Psychiatric Specialty, Ambulance Providers, Ambulatory Surgery Centers, Anesthesiologists, Anesthesiologist Assistants, Audiologists, Case Management Providers, Certified Registered Nurse Anesthetists, Child/Adolescent Day Treatment Providers, Child Care Coordination Providers, Chiropractors, Community Care Organizations, Community Recovery Services Providers, Community Support Programs, Comprehensive Community Service Providers, Crisis Intervention Providers, Dentists, Family Planning Clinics, Federally Qualified Health Centers, HealthCheck Providers, HealthCheck “Other Services” Providers, Hearing Instrument Specialists, Independent Labs, Individual Medical Supply Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Master’s-Level Psychotherapists, Medical Equipment Vendors, Narcotic Treatment Services, Nurse Midwives, Nurse Practitioners, Nursing Homes, Occupational Therapists, Opticians, Optometrists, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Pharmacies, Physical Therapists, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Portable X-ray Providers, Prenatal Care Coordination Providers, Psychologists, Rehabilitation Agencies, Rural Health Clinics, School-Based Services Providers, Specialized Medical Vehicle Providers, Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Agencies, Speech and Hearing Clinics, Speech-Language Pathologists, Substance Abuse Counselors, Substance Abuse Day Treatment Providers, Therapy Groups, HMOs and Other Managed Care Programs

Important Information About the National Correct Coding Initiative

As part of the federal Patient Protection and Affordable Care Act of 2010, the Centers for Medicare and Medicaid Services (CMS) are required to promote correct coding and control improper coding leading to inappropriate payment of claims under Medicaid. The National Correct Coding Initiative (NCCI) is the CMS response to this requirement. This *ForwardHealth Update* outlines the NCCI procedure code edits that ForwardHealth will adopt and apply to all professional claims to comply with the CMS requirement.

National Correct Coding Initiative

As part of the federal Patient Protection and Affordable Care Act of 2010, the Centers for Medicare and Medicaid Services (CMS) are required to promote correct coding and control improper coding leading to inappropriate payment of claims under Medicaid. The National Correct Coding Initiative (NCCI) is the CMS response to this requirement. The CMS developed its coding policies based on coding conventions defined in the American Medical Association's *Current Procedural Terminology* (CPT) manual, national and

local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices. The NCCI includes the creation and implementation of claims processing edits to ensure correct coding on claims submitted for Medicaid reimbursement.

ForwardHealth is required to implement the NCCI in order to monitor all professional claims submitted with CPT or Healthcare Common Procedure Coding System (HCPCS) procedure codes for Wisconsin Medicaid, BadgerCare Plus, and Family Planning Only Services for compliance with the following NCCI edits:

- Medically Unlikely Edits (MUE), or units-of-service detail edits, for claims submitted on and after March 21, 2011, regardless of date(s) of service (DOS).
- Procedure-to-procedure detail edits for claims submitted on and after April 1, 2011, regardless of DOS.

The NCCI editing will occur in addition to/along with current procedure code review and editing completed by McKesson ClaimCheck® and in ForwardHealth interChange.

Medically Unlikely Detail Edits

Medically Unlikely Edits, or units-of-service detail edits, define for each CPT/HCPCS code the maximum units of service that a provider would report under most circumstances for a single member on a single DOS. If a detail on a claim is denied for MUE, providers will receive Explanation of Benefits (EOB) code 1690 ("Quantity indicated for this service exceeds the maximum quantity limit established by the National Correct Coding Initiative") on the Remittance Advice (RA).

An example of an MUE would be procedure code 11100 (i.e., biopsy of skin lesion). This procedure is medically unlikely to occur more than once; therefore, if it is billed with units greater than one, the detail will be denied.

Procedure-to-Procedure Detail Edits

Procedure-to-procedure detail edits define pairs of CPT/HCPCS codes that should not be reported together on the same DOS for a variety of reasons. This edit applies across details on a single claim or across different claims. For example, an earlier claim that was paid may be denied and recouped if a more complete code is billed for the same DOS on a separate claim. If a detail on a claim is denied for a procedure-to-procedure edit, providers will receive one of the following EOB codes and descriptions on the RA:

- 1686: "This service is not payable with another service on the same date of service due to National Correct Coding Initiative."
- 1691: "This service is not payable for the same date of service as another service included on the same claim, according to the National Correct Coding Initiative."

An example of a procedure-to-procedure edit would be procedure code 11451 (i.e., removal of a sweat gland lesion). This is a more complex service than procedure code 93000

(i.e., electrocardiogram) and, therefore, the secondary procedure would be denied.

Quarterly Code List Updates

The CMS will issue quarterly revisions to the table of codes subject to NCCI edits that ForwardHealth will adopt and implement. Refer to the CMS Web site at www.cms.gov/MedicaidNCCICoding/06_NCCIandMUEEdits.asp#TopOfPage/ for downloadable code lists.

Claim Details Denied as a Result of National Correct Coding Initiative Edits

Providers should take the following steps if they are uncertain about why particular services on a claim were denied:

- Review ForwardHealth remittance information for the EOB message related to the denial.
- Review the claim submitted to ensure all information is accurate and complete.
- Consult current CPT and HCPCS publications to make sure proper coding instructions were followed.
- Consult current ForwardHealth publications, including the Online Handbook, to make sure current policy and billing instructions were followed.
- Call Provider Services at (800) 947-9627 for further information or explanation.

If reimbursement for a claim or a detail on a claim is denied due to an MUE or procedure-to-procedure edit, providers may appeal the denial. Following are instructions for submitting an appeal:

- Complete the Adjustment/Reconsideration Request form, F-13046 (10/08). In Element 16, select the "Consultant review requested" checkbox and the "Other/comments" checkbox. In the "Other/comments" text box, indicate "Reconsideration of an NCCI denial."
- Attach notes/supporting documentation.
- Submit a claim, Adjustment/Reconsideration Request, and additional notes/supporting documentation to ForwardHealth for processing.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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