

National Correct Coding Initiative Claims Editing

Clinics, Ambulatory Surgery and Ordered Ambulatory

The Patient Protection and Affordable Care Act of 2010 (PPACA) mandates use of the methodologies of the National Correct Coding Initiative (NCCI) into State Medicaid claims processing systems by October 1, 2010. NCCI is utilized by Medicare and most private insurers and reflects nationally accepted correct coding standards.

GENERAL INFORMATION

- Effective with claims submitted on and after October 1, 2010, hospital outpatient department, diagnostic and treatment centers, emergency room, and ambulatory surgery clinic services billed with APGs, as well as all Ordered Ambulatory services, are subject to NCCI edits.
- NCCI prevents payment for services that should not be reported together for the same date of service by the same provider for the same beneficiary. NCCI will not edit across different dates of service reported on the same visit-based or episode-based APG claim.
- Services that are integral to another comprehensive service or should never be performed with another service are not separately reimbursable. In certain circumstances, payment for separate patient encounters, separate anatomic sites or separate specimens is allowed if supported by the medical record and reported with an appropriate modifier.
- For NCCI material go to: <http://www.cms.gov/MedicaidNCCICoding/> or <http://www.cms.hhs.gov/NationalCorrectCodInitEd/>. NY Medicaid will also be publishing additional billing guidance and notifications on <http://www.emedny.org/> as edits become activated.
- Medically Unlikely Edits (units of service edits) are also mandated by PPACA and are already incorporated into APG, Ordered Ambulatory, and Practitioner processing. APG claims do not pay for excessive units, and Ordered Ambulatory and Practitioner claim types will continue to fail *Edit 00180 Units Greater Than Maximum*.

BILLING INFORMATION

- Providers will be notified in the coming months of NCCI activation dates and specific billing information. Practitioner NCCI editing is already activated.
- If an APG claim is in conflict with NCCI, the applicable claim line(s) will be assigned APG 999 "No Pay". Other lines will process and group as before.
- If an Ordered Ambulatory claim is in conflict with NCCI, providers will receive denial message *Edit 00715 Procedure Conflicts With Prior Service*. Other lines will process as before.

For billing questions, call CSC at 1-800-343-9000.

For questions on NCCI implementation, email dprum@health.state.ny.us

For questions on APG policy and reimbursement, email apg@health.state.ny.us