

January 28, 2008

Montana Healthcare Programs Notice

Physicians, Podiatrists, Optometric, Mid-Level Practitioners, Chiropractors

Enhanced Claims Editing—Medicare Correct Coding Initiative Edits (CCI)

Beginning January 30, 2008, healthcare programs administered by the Department of Public Health and Human Services implemented enhanced claims editing to identify situations where correct procedure coding principles need to be improved. This change may affect any provider who bills for services using Current Procedure Terminology or Healthcare Common Procedure Coding System (CPT[®]/HCPCS) procedure codes. It will apply to:

- Physicians
- Podiatrists
- Optometric
- Mid-level practitioners
- Chiropractors

Enhanced editing will include identification of claims where coding methods do not adhere to guidelines established by The Centers for Medicare and Medicaid in its National Correct Coding Initiative (NCCI). This module includes editing for services that are considered mutually exclusive and should not be reported together, as well as component codes.

Procedures should be reported with the most comprehensive CPT code that describes the service(s) performed. Multiple codes should not be used when a single comprehensive code is available. Providers will be responsible for maintaining documentation to support the reason and need for using the modifier.

More information about NCCI is available at:

http://www.cms.hhs.gov/NationalCorrectCodInitEd/01_overview.asp#TopOfPage

Some examples include billing the following codes together:

90772—Therapeutic/Proph/Diag Inj, sc/im

99211—Office/Outpatient visit, est (the more comprehensive 90772 includes the component service described by 99211 which is denied)

76815—Ob us, Limited, fetus(s)

59025—Fetal Non stress test (this is component of 76815)

90765—Therapeutic/Proph/Diag IV inf, init

90774—Therapeutic/Proph/Diag Inj, iv push (this is a component of 90765)

Q0091—Obtaining Screening Pap Smear

99203—Office/Outpatient visit, new (this is considered a component of Q0091)

Under specific circumstances, the provider may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Certain modifiers may be appropriate to represent different sessions or patient encounters. Providers should consult the NCCI website above for more information regarding the use of appropriate modifiers.

After January 30, 2008, Montana Medicaid will apply the CMS CCI edits to insure that coding for the service is appropriate. Procedures that are billed that do not adhere to CCI guidelines will be denied. Reason code 59 on the remittance advice/835 transaction specifies the service is denied.

Coming Soon

Watch for provider notices related to other enhanced editing changes.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>

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