



**TO: Behavioral Health Clinicians and Groups**

**RE: CMS National Correct Coding Initiative (NCCI)**

Behavioral Health Clinicians were inadvertently omitted from the distribution of Policy Transmittal PB 2011-12, CMS National Correct Coding Initiative (NCCI), which announced the Department of Social Services' (DSS') implementation of new procedure code to procedure code edits. This bulletin provides notification of this change to Behavioral Health Clinicians effective January 1, 2013.

DSS has implemented the second portion of the Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) by establishing procedure code to procedure code edits. The edits were implemented to comply with the Federal Patient Protection and Affordable Care Act (PPACA) of March 2010 and are effective for dates of service January 1, 2013 and forward. Please visit the CMS Web site for instructions on how to use NCCI, how to locate the NCCI Tables Manual, and how to look up procedure to procedure code edits at <http://www.cms.gov/NationalCorrectCodInitEd/>.

### **What do the NCCI Procedure Code to Procedure Code edits do?**

The NCCI edits are designed to promote correct coding and to control improper coding that could lead to inappropriate payments. They are defined as edits applied to services performed by the same provider for the same beneficiary on the same date of service.

Procedure-to-procedure edits define pairs of Healthcare Common Procedure Coding System (HCPCS)/ Current Procedural Terminology (CPT) codes that should not be reported together on the same date of service for a variety of reasons and then prevent reimbursement for

both procedures. Medicaid NCCI procedure-to-procedure edits have a single column 1/column 2 correct coding edit (CCE) file rather than separate CCE and mutually exclusive (ME) edit files as Medicare utilizes. For Medicaid, the CCE and ME files are combined into a single CCE file to simplify use of the files.

### **Modifiers**

For some code pairs, modifiers may be used to bypass CCE. This means that certain modifiers will allow both the column 1 and column 2 codes to be paid when those services are performed on the same day for the same client. The list of modifiers allowed by Medicaid is identical to the list of modifiers allowed by Medicare. These modifiers are:

Modifier 25 - "Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure of other service."

Modifier 59 - "Distinct procedural service."

A complete list of the modifiers and modifier indicators as well as additional guidance for billing with these modifiers can be found on the CMS Web site at:

<http://www.cms.gov/NationalCorrectCodInitEd/>.

The NCCI Tables Manuals are updated regularly so behavioral health clinicians should check periodically for current restrictions which might impact their payment.

If you have any questions regarding this bulletin, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.