



Nebraska Implementation of the National Correct Coding Initiative Frequently Asked Questions (updated 11/20/2017)

1. What is the National Correct Coding Initiative? (4/14/2011)

The National Correct Coding Initiative is a set of claim edits developed by the Center for Medicare and Medicaid Services (CMS) to promote national correct coding methodologies and control improper coding leading to improper Medicaid payments.

There are two types of NCCI edits – procedure to procedure edits (sometimes called “proc to proc” or “PTP” edits) and MUE edits (units of service edits). NCCI procedure to procedure edits prevent certain procedure codes from being billed with certain other procedure codes for the same patient by the same practitioner on the same date of service. The NCCI MUE edits restrict the maximum units of service per claim line that may be billed for a procedure code.

2. Why is Nebraska implementing the Medicaid NCCI? (4/14/2011)

The Center for Medicare and Medicaid Services (CMS) mandates that all state Medicaid programs implement the Medicaid NCCI edits for service dates on or after 10/1/2010 on claims received on or after 4/1/2011. Claims may be denied prospectively (at the time of processing) or retrospectively (after the claim originally paid).

3. When will claims be subject to the Medicaid NCCI? (4/14/2011)

Claims with service dates on or after 10/1/2010 received on or after 4/1/2011 will be subject to Medicaid NCCI edits.

4. Are all claims subject to Medicaid NCCI edits? (4/14/2011)

All claims that have procedure codes (CPT and HCPCS) are subject to Medicaid NCCI edits.

5. Are the Medicaid NCCI edits relevant to behavioral health providers? (4/14/2011)

Yes, Medicaid NCCI edits are relevant to any provider that bills using a CPT or HCPCS procedure code.

6. Where can I learn more about the Medicaid NCCI? (9/24/2015)

The CMS website includes many resources for Medicaid NCCI including lists of the edits and Manuals explaining the edits and modifiers. The CMS website also includes information about how modifiers are used in NCCI. Please check the CMS website at: <https://www.medicaid.gov/medicaid/program-integrity/ncci/index.html>. Professional associations sometimes have good resources specific to the type of provider.

7. How will I know if a claim was denied for a Medicaid NCCI edit? (10/11/2011)

Combinations of the various HIPAA compliant codes are used to communicate NCCI denials on the remittance advice. Please refer to the Department's webpage about Electronic Data Interchange (EDI) for the HIPAA Code Lists go to: http://dhhs.ne.gov/medicaid/Pages/med_edindex.aspx.

Denial reasons for NCCI edits will have the following coding on the remittance advice:

NCCI Procedure to Procedure Errors

- Claim Adjustment Reason Code (139) is 236 59
- Remittance Advice Remark Code (411) is N20
- Health Care Claim Status Code (508) is 448

NCCI MUE Errors

- Claim Adjustment Reason Code (139) is 151
- Remittance Advice Remark Code (411) is N362
- Health Care Claim Status Code (508) is 259

The combination of all three codes indicates that the claim line was denied for an NCCI Error.

8. Can I adjust a claim with a Medicaid NCCI denial? (9/23/2015)

Some claim lines denied for NCCI can be adjusted. There are clinically appropriate modifiers that can be used to communicate additional information about the situation being claimed. The NCCI edits files found at the CMS website list when claims can be adjusted by adding a modifier. Please follow the standard adjustment instructions found in the appendix at 471-000-99 Medical Claim Adjustment and Refund Procedures. (<http://dhhs.ne.gov/Documents/471-000-99.pdf>). The medical record and clinical documentation must support that the services were provided in the manner in which they were billed. A denial for an NCCI MUE error could also be adjusted by reporting a different number of units.

Providers have 90 days to request an adjustment to a claim. The 90-day limitation begins with the payment date on the remittance advice.

9. Can I appeal a denial based on a Medicaid NCCI edit? (10/11/2011)

Yes, claim lines denied for NCCI can be appealed. Please send appeals of denied claims to the DHHS MLTC Appeal Coordinator by e-mail at DHHS.MedicaidAppeals@nebraska.gov or by regular mail at Nebraska Department of Health and Human Services, MLTC Appeal Coordinator, P.O. Box 94967, Lincoln, NE 68509-4967. The appeal request must include the claim and line number being appealed, the provider name and contact information, and the basis of the appeal.

When a claim line is denied, the provider is allowed 90 days from the date of the denial (date of the remittance advice) to request an appeal.

When the Department requests a refund of all or part of a paid claim, the provider is allowed 30 days from the date of the refund request (date of the remittance advice) to request an appeal.

The regulations about provider hearings can be found at 471 NAC 2-003 Provider Hearings.

10. Are Medicaid NCCI edits ever updated? (4/14/2012)

The CMS updates Medicaid NCCI edits quarterly. The updates are posted on the CMS website at: <https://www.medicaid.gov/medicaid/program-integrity/ncci/index.html>.

11. Are Medicare crossover claims included in the Medicaid NCCI edits? (4/14/2011)

Nebraska Medicaid pays the co-insurance and deductible for dually eligible clients on claims that “crossover” from Medicare. The Medicare contractor edits the claims for NCCI compliance.

12. Do the managed care plans use the Medicaid NCCI edits? (9/23/2015)

The CMS did not mandate NCCI implementation by Medicaid managed care contractors. The Department contractors for managed care are Aetna, Arbor, and United Health Care. Please contact them for information.

Update: The Department contractors for managed care are United HealthCare, Nebraska TotalCare and Wellcare of Nebraska. Dental services are managed by Managed Care of North America (MCNA). Please contact them for information on their implementation of the Medicaid NCCI edits. (11/20/2017)

13. What if I disagree with a Medicaid NCCI edit? (4/14/2011)

The Medicaid NCCI Coding Policy Manual states that providers, suppliers, health care organizations, or other interested parties may request reconsideration of an MUE value for a HCPCS/CPT code by sending a written request with rationale to:

National Correct Coding Initiative
Correct Coding Solutions, LLC
P.O. Box 907
Carmel, IN 46082-0907
FAX 317-571-1745

14. Is written documentation available for Medicaid NCCI? (9/23/2015)

The CMS has developed a Medicaid NCCI Coding Policy Manual. It is available on the CMS website <https://www.medicaid.gov/medicaid/program-integrity/ncci/index.html> and includes more detailed information about procedure to procedure and units of service edits.

15. Can I bill the client when a claim is denied for an NCCI reason? (4/14/2011)

No, CMS has specifically stated that an NCCI MUE denial is a coding denial, not a medical necessity denial. A provider may not bill the client when a service is denied due to an MUE error.

Procedure to procedure denials may not be billed to the client either because the denied code is considered part of the services included in the paid code.

16. Are the NCCI edits the only rules for billing Nebraska Medicaid? (4/14/2011)

No, providers must follow all of the regulations and instructions of the Nebraska Medicaid program. Please refer to the Nebraska Medicaid regulations, appendices, provider bulletins, and other information on the Department's website: http://dhhs.ne.gov/medicaid/Pages/med_provhome.aspx

When a provider enrolls with Nebraska Medicaid, they agree to follow eleven standards detailed in the regulations at 471 NAC 2-001.03. These include, but are not limited to, meeting standards established by State and Federal Authorities, provide services according to the regulations and procedures, accept payment as payment in full, submit claims that are true, accurate and complete, maintaining records, and follow claims submittal procedures.

17. I have a question about NCCI, how can I get an answer? (9/23/2015)

If you have a question that isn't already included in this list, please send you question to Medicaid Program Integrity by e-mail at DHHS.MedicaidProgramIntegrity@nebraska.gov.

18. Is there a way I can get more information about the NCCI denial of a claim? 10/11/2011

Nebraska Medicaid providers can access claim information through the internet by using **Medicaid Claim Status Inquiry** (MCCS). Enrollment is simple and information is available on the Department's website at: http://dhhs.ne.gov/medicaid/Pages/med_internetaccess.aspx , user guides, and additional information are also available at this site. You may contact the Medicaid EDI (Electronic Data interchange) Help Desk for additional information. They can be reached by phone at (402)471-9461 or 1-866-498-4357 or by e-mail at dhhs.medicadedi@nebraska.gov . The MCCS is the only place to get the CLEID (Correspondence Language Example) associated with an NCCI denial. The CLEID is a number that identifies the rationale for an NCCI edit. The rationales and CLEID numbers were developed by the Centers for Medicare and Medicaid Services (CMS) to communicate consistent information about the NCCI edits.

19. I got an NCCI refund request on a claim that was already paid. What is going on? (10/11/2011)

NCCI edits are applied both prospectively (pre-payment editing that may result in a denial) and retrospectively (post-payment editing that results in a refund request). In your situation, two claims for the same recipient, for the same service date, with the same service rendering provider were submitted. The claim that was previously paid was identified as not payable. The Nebraska Medicaid payment system automatically generates a refund request for that claim.

20. What is the CLEID? 10/11/2011

The CLEID (Correspondence Language Example) is a number that identifies the rationale for an NCCI edit. The rationales and CLEID numbers were developed by the Centers for Medicare and Medicaid Services (CMS) to communicate consistent information about the NCCI edits. States

may only use the language specified by CMS in correspondence with providers and in appeals.

21. What is an NCCI procedure to procedure edit? 10/11/2011

An NCCI procedure to procedure edit is a pair of HCPCS (Healthcare Common Procedure Coding System)/CPT (Current Procedural Terminology codes that should not be reported together. These edits are also known as PTP edits, proc:proc edits, column 1/column 2 edits, or NCCI edits.

22. What is an NCCI Medically Unlikely Event edit? 10/11/2011

The Medically Unlikely Event edits define the number of units of service beyond which the reported number of units is likely to be correct. These edits are also known as MUEs or units-of-service edits.

23. How can I keep up with new information about NCCI? (9/24/2015)

The best way to keep up with NCCI and the Nebraska Medicaid program is to check the Department's website frequently and to subscribe to updates. By subscribing to the updates, you can get an e-mail when the pages you have chosen are updated or new information is posted. You can check and subscribe to Nebraska Medicaid Program Recent Web Updates at this site - <http://www.dhhs.ne.gov/med/updates.htm> Updates specific to the National Correct Coding Initiative at this site - <http://www.dhhs.ne.gov/med/ncci.htm>

It is your responsibility as a Nebraska Medicaid provider to ensure that you have current regulations. This includes provider handbooks, appendix material, provider bulletins, and all updates. The Nebraska Medical Assistance Program (Medicaid) regulations are found at: http://dhhs.ne.gov/medicaid/Pages/med_regs.aspx. Provider Handbooks are found at: http://dhhs.ne.gov/medicaid/Pages/med_ph.aspx. Provider bulletins are found at: http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx. These sites should be checked regularly for updates and changes.

Information on Sanctioned Providers is available on the Nebraska Medicaid Program Integrity Webpage at: <http://dhhs.ne.gov/medicaid/Documents/Excluded-Providers.pdf>.

24. I don't know what a modifier is or how I should use them. What should I do? (9/24/2015)

Modifiers are two digits codes (alpha or numeric) that are appended to a procedure code to clarify the services being billed. You can learn more about modifiers in general from a Current Procedural Terminology (CPT) manual or various other billing resources. The Centers for Medicare and Medicaid Services (CMS) has published an NCCI Manual that includes information about modifiers. It is available on the CMS website at:

<https://www.medicare.gov/medicaid/program-integrity/ncci/index.html>.

The organization that represents your profession may also have suggestions or resources on compliance with NCCI. Certified Professional Coders who are credentialed by the AAPC can provide a wealth of information and expertise about coding claims and complying with various payer expectations.