

# PROVIDER BULLETIN

No. 11-47

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TO: Durable Medical Equipment & Supply Providers

FROM: Vivianne M. Chaumont, Director   
Division of Medicaid & Long-Term Care

BY: Anne Harvey  
Program Integrity

RE: Billing for Durable Medical Equipment & Supplies with the National Correct Coding Initiative

**Please share this information with professional, clinical, administrative, and billing staff.**

The Centers for Medicare and Medicaid Services (CMS) requires that state Medicaid programs implement the methodologies of the National Correct Coding Initiative (NCCI). CMS originally developed the NCCI methodologies in 1996 to promote national correct coding methodologies and to control improper coding leading to inappropriate payments of Medicare claims.

The coding policies were developed 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. CMS reviews and updates these policies annually. CMS has reviewed these coding policies and determined that all of the NCCI coding methodologies are appropriate for Medicaid claims. The policies, Medicaid specific NCCI manuals, and additional information can be found at the CMS website (<http://www.cms.gov/MedicaidNCCICoding/>).

The NCCI edits are effective for claims received on or after April 1, 2011, for service dates beginning 10/1/2010. Compliance with the edits may be determined prospectively (pre-payment editing that results in a claim denial) or retrospectively (post-payment editing that results in a refund request).

Please pay special attention to items that are reimbursed on a daily or monthly rental basis or have a one unit per day limit. Compliance with NCCI requires that the date span for a given amount of units not exceed the allowed NCCI units. For example, the MUE (Medically Unlikely Event) for procedure code E0130 (Walker) is one (1). If that code is billed with a modifier KR (daily rental) with a service "from" date of 7/1/2011 and a service "to" date of 7/11/2011 and the units are 11, the claim line is payable. If the "from" date is 7/1/2011 and the "to" date is blank or 7/1/2011, the claim line will deny for NCCI.

Nebraska Medicaid will continue to publish updates and informational materials as they become available. If you have questions, please contact Anne Harvey via e-mail at [anne.harvey@nebraska.gov](mailto:anne.harvey@nebraska.gov) or via phone at (402)471-1718.