

# PROVIDER BULLETIN No. 11-63

DATE: October 21, 2011

TO: All Nebraska Medicaid Providers

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

BY: Anne Harvey  
 Program Integrity

RE: National Correct Coding Initiative (NCCI) Denials, Adjustments, & Appeals

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

The National Correct Coding Initiative (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).

Denials or refund requests for NCCI edits will be listed on the remittance advice with the following specific codes:

Edit	Claim Adjustment Reason Code (139)	Remittance Advice Remark Code (411)	Health Care Claim Status Code (508)
Procedure to Procedure	59	N20	448
Medically Unlikely Event	151	362	259

Denials of claims that received an NCCI edit prospectively are listed on the remittance advice (electronic transaction 835).

Refund requests for claims that received an NCCI edit retrospectively are listed on the remittance advice or the RFNDRPT sent to the provider's trading partner.

## Adjustments

Providers can request adjustments to denied claims by following the instructions specified in [471-000-99](tel:471-000-99). Adjustment requests must be received within **90 days** from the date of the remittance advice. Claims denied for NCCI edits may be adjusted by appending an appropriate modifier to the procedure code or correcting the units of service. Modifiers should only be appended to a procedure code when the clinical circumstances justify the use. Please refer to the CMS NCCI website for information on modifiers.

## Refund Requests

When a claim receives an NCCI edit retrospectively, a refund of the payment is requested. Providers must respond to NCCI refund requests within **30 days** of the date of the remittance advice or RFNDRPT report.

Providers may request that a modifier be appended to the procedure code or the units of service be changed, pay the refund, or request an appeal. Requests for appending modifiers or changing units of service on a claim with a refund request should be directed to:

Lea Clauss  
DHHS Medicaid & Long-Term Care  
P.O. Box 95026  
Lincoln, NE 68509-5026

## Appeals

Providers may request an appeal of a denied claim or of a refund request. An appeal for a denied claim must be submitted within **90 days** from the date on the remittance advice. An appeal for the continued denial of a claim after an adjustment request must be submitted within **90 days** of the Medicaid Claim Adjustment Denial Notice. An appeal of a refund request must be submitted within **30 days**. Appeals must include the specific claim involved, the reason for the appeal, and a contact name and information for the provider. Please submit appeals to:

Director  
DHHS Legal Services Hearing Officer Section  
P.O. Box 98914  
Lincoln, NE 68509-8914

If you have questions about NCCI, NCCI related denials, adjustments or appeals, please contact Anne Harvey via e-mail at [anne.harvey@nebraska.gov](mailto:anne.harvey@nebraska.gov) or via phone at (402)471-1718.

Information about the Nebraska Medicaid implementation of the National Correct Coding Initiative is available on the Department's website at [http://dhhs.ne.gov/medicaid/Pages/med\\_ncci.aspx](http://dhhs.ne.gov/medicaid/Pages/med_ncci.aspx)

The Centers for Medicare and Medicaid Services (CMS) provides the most comprehensive information about the National Correct Coding Initiative. Their website is: <https://www.cms.gov/MedicaidNCCICoding/>