

Michigan Department of Community Health

Bulletin Number: MSA 12-40

Distribution: All Providers

Issued: August 31, 2012

Subject: Medicaid National Correct Coding Initiative (NCCI) Update

Effective: October 1, 2012

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS), Adult Benefits Waiver (ABW), Maternity Outpatient Medical Services (MOMS) and Plan First!

Note: 10-17-2012 revised website for the CMS website for NCCI.

The purpose of this bulletin is to provide an update to Medicaid NCCI policies and procedures. As stated in bulletin MSA 11-06 issued April 1, 2011, Section 6507 of the Affordable Care Act of 2010 requires State Medicaid programs to use NCCI policies and edits to process claims. The purpose of the Medicaid NCCI is to prevent improper payments when incorrect code combinations or units are reported. The Michigan Department of Community Health (MDCH) is mandated to adjudicate claims in accordance with new guidance from the Centers for Medicare & Medicaid Services (CMS).

Changes in Medically Unlikely Edits (MUEs) for Bilateral Surgical Procedures

CMS has reduced the values of MUE's on surgical procedure codes that can be performed bilaterally. Surgical procedure codes with a Relative Value Unit (RVU) Bilateral Surgery Indicator of 1 are affected by this change.

For dates of services (DOS) on or after October 1, 2012, MDCH will require bilateral surgical procedures (with an MUE of "1") to be billed with a quantity of "1" and use of modifier 50. Billing with a quantity of (2) on a single claim line (with or without modifier LT and/or RT) or using modifier LT and RT on multiple lines with a quantity of "1" will be considered non-compliant billing.

Claim lines not following the NCCI mandate will be rejected. This will require the claim to be rebilled or adjusted if any part of the claim receives payment.

Changes in Claim Adjudication Due to Billing Greater than the Allowed MUE

For DOS on or after October 1, 2012, MDCH will begin rejecting claim lines when the assigned MUE has been exceeded. This is in accordance with guidance from CMS and affects all procedure codes with an assigned MUE. This change will not apply to claims where an MUE has not been assigned.

New Procedure-to-Procedure (PTP) Edits Related to Wheelchairs

Effective October 1, 2012, CMS will implement new PTP edits for wheelchair codes for all State Medicaid Programs. These PTP edits address the three main categories of Healthcare Common Procedure Coding System (HCPCS) codes for wheelchair related items – wheelchair bases, wheelchair options and accessories, and wheelchair seating. Each of these procedure codes will be paired appropriately, resulting in unique code combinations or PTP edits. The PTP edits will allow payment for only the primary service of a specific code pair for the same beneficiary on the same DOS. This new editing will apply to all provider groups billing for these services.

Current MUE values or PTP edits can be found on the CMS website:

<http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html> - rev 10-17-2012

Questions or concerns regarding specific MUE values or PTP edits can be directed to:

National Correct Coding Initiative
Correct Coding Solutions, LLC
P.O. Box 907
Carmel, IN 46082-0907
Fax #: (317) 571-1745

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
Medical Services Administration