

Policy 1209

NHP/NHIC ~ CCI Editing Policy

Purpose: This policy describes how Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) applies National Correct Coding Initiative (NCCI) edits not otherwise addressed in NHP/NHIC reimbursement policies to determine whether CPT and/or HCPCS codes reported together are eligible for separate reimbursement.

Policy and Procedure: NHP Claims Editing System utilizes the coding policies from Centers of Medicare and Medicaid Services (CMS), Current Procedural Terminology (CPT) guidelines, national and local Medicare policies, analysis of standard medical and surgical practices, and review of current coding practices.

Medical and surgical procedures should be reported with the CPT/HCPCS codes that most comprehensively describe the services performed. These services apply to the same individual rendering health care services using the same Federal Tax Identification number.

The CMS developed the National Correct Coding Initiative (NCCI) edits which are divided into Column One and Column Two procedure codes. These NCCI Edits determine whether CPT and/or HCPCS codes reported together by the same individual physician or health care professional for the same member on the same date of service are eligible for separate reimbursement.

NHP/NHIC will not separately reimburse Column Two codes unless the codes are appropriately reported with one of the NCCI designated modifiers recognized by NHP/NHIC under this policy.

In keeping with CPT guidelines, the NCCI edits allow override of some edits with the use of the appropriate modifier. Modifiers offer the physician or healthcare professional a way to identify that a service or procedure has been altered in some way. Under appropriate circumstances, modifiers should be used to identify unusual circumstances, separate, significant, staged or related procedures, distinct procedural services, or separate anatomical location(s).

Each NCCI code pair is designated with a superscript of “0” or “1”. A “0” superscript appended to a code pair indicates that in no circumstances may a modifier be used to override that edit. A “1” superscript appended to a code pair indicates that an appropriate modifier may be used to override the edit.

When one of the modifiers identified below is appended to the column two edit code rendered to the same patient, on the same date of service and by the same provider, NHP/NHIC will consider both services and/or procedures for reimbursement.

NHP/NHIC recognizes the following NCCI designated modifiers under this reimbursement policy:

E1–E4, FA, F1–F9, LC, LD, RC, LT, RT, TA, T1–T9, 25, 58, 59, 78, 79, and 91.

For a detailed explanation of the above mentioned modifiers please refer to the Current Procedural Terminology (CPT) Code book. In order to append the appropriate modifier and override an edit, it is imperative that the conditions of that modifier are met and documentation should clearly reflect appropriate use of the modifier.

This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC. NHP/NHIC reserves the right to periodically review and update all claims policies and procedures.

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