

## PROVIDER BULLETIN

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### NATIONAL CORRECT CODING INITIATIVE (NCCI)

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#### NATIONAL CORRECT CODING INITIATIVE (NCCI)

Federal law requires state Medicaid agencies to incorporate NCCI methodologies in their claim processing systems. NCCI is a program developed by the Centers for Medicare & Medicaid Services (CMS) that consists of coding policies and edits that identify procedures and services performed by the same provider, for the same participant, on the same date of service. Medicaid NCCI files include edits for physician and physician-related services, outpatient hospital, and durable medical equipment services.

The MO HealthNet Division (MHD) first implemented the Medicaid NCCI edits on payable codes effective December 22, 2013, as announced in Provider Bulletin Volume 36, Number 16, dated December 17, 2013, at: [http://dss.mo.gov/mhd/providers/pdf/bulletin36-16\\_2013dec17.pdf](http://dss.mo.gov/mhd/providers/pdf/bulletin36-16_2013dec17.pdf). The NCCI edit files are updated by MHD every January on an annual basis.

#### NEW NCCI MODIFIERS

Effective for dates of service on or after January 1, 2015, CMS established four new NCCI modifiers to define specific subsets of the **59** modifier, which is used to define, a “Distinct Procedural Service.” These four modifiers are referred to as –X (EPSU) modifiers, and are shown below:

- **XE** (Separate encounter)
- **XP** (Separate practitioner)
- **XS** (Separate structure)
- **XU** (Unusual non-overlapping service)

The four modifiers listed above are referred to as –X (EPSU) modifiers.

The four new modifiers are designed to reduce improper use of the 59 modifier and to help improve claims processing for providers. Providers should continue to use the most appropriate modifier. Providers should use these four new modifiers in lieu of 59, when appropriate. Providers may continue to use the 59 modifier after January 1, 2015, if appropriate.

CMS will continue to recognize the 59 modifier, but Current Procedural Terminology (CPT) instructions state that the 59 modifier should not be used when a more descriptive modifier is available. The 59 modifier and other NCCI-associated modifiers should NOT be used to bypass a procedure-to-procedure (PTP) edit unless the proper criteria for use of the modifier are met. Documentation in the medical record must satisfy the criteria required by any NCCI-associated modifier that is used.

For more information on the use of the 59 modifier, please reference:

[http://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/downloads/ncci\\_modifier\\_59.pdf](http://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/downloads/ncci_modifier_59.pdf)

## **OTHER NCCI MODIFIERS AND INFORMATION**

For more complete information about all current Medicaid NCCI edits and modifiers, please reference the CMS website at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html>. This site includes a complete list of NCCI modifiers and their correct application in the Medicaid NCCI Policy Manual, Chapter I, Section E, which starts on page 20.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**