



URGENT: Attention DME Providers

National Correct Coding Initiative (NCCI) Procedure to Procedure Edits

Implemented for DME Services

Providers were reminded in December 2014 that the Affordable Care Act requires States to incorporate NCCI edits and methodologies for Medicaid claims processing, including DME claims. **Effective with date of processing February 24, 2015, NCCI 'procedure to procedure' edits are being implemented for DME services. This will impact any date of service.**

Please continue to refer to notices at www.lamedicaid.com for additional information as quarterly updates are made. Providers are also encouraged to access information related to NCCI editing on the CMS website, www.cms.gov, under the Medicaid link by entering 'NCCI' in the search box.

'Procedure to procedure' edits are defined as pairs of HCPCS/CPT codes that should not be reported together. These NCCI edits are applied to services performed by the same provider for the same recipient on the same date of service. When appropriate, modifiers may be applied to further describe the clinical scenario. Louisiana Medicaid's claims processing system is updated to accept all NCCI-associated modifiers.

Please note the following important information:

- Although a procedure or procedures may be authorized through the Molina Prior Authorization Unit, **this authorization does not guarantee payment of services**. Claims will process through the NCCI edits during claims processing and inappropriately billed services previously authorized may deny at that time.
- Providers may **NOT** bill recipients for services denied by NCCI edits.
- Providers can expect to see denials on procedures that may have previously paid when billed in the same manner.
- For NCCI edits, the decision on which procedure code of a code pair is payable is determined by CMS, and CMS updates these edits quarterly.
- DME providers may see new edit messages that pertain specifically to the NCCI edits. Currently these are:

731-'CCI: Procedure incidental to another current procedure.'

759-'CCI: Procedure incidental to a procedure in history.'

982-'CCI: History procedure incidental to current-history voided.'

- Providers who bill procedure code K0739 with modifier –RP to identify they are billing "Repair for DME - Parts Use RP Modifier" may see edit message 933: 'Invalid procedure-modifier combination/ClaimCheck'. This is an informational message to educate providers that the modifier billed is not valid with the procedure code. This is NOT a denial at this time. Please note that future instructions for the billing of this procedure code and the appropriate modifier will be forthcoming.

For questions related to this information as it pertains to Legacy Medicaid claims processing, please contact Molina Medicaid Solutions Provider Services at (800) 473-2783 or (225) 924-5040.

Each Bayou Health Managed Care Organization (MCO) is required to implement NCCI editing, but may have slightly different implementation schedules and billing policy related to the mandate. Please contact each MCO for information specific to that plan if there are processing questions. See Informational Bulletin 12-27 on the Making Medicaid Better website at www.makingmedicaidbetter.com, for the MCO contact information.
