ATTN: ALL PROVIDERS

**** MAJOR COVID-19 NCC UPDATES ****
QUARTERLY UPDATES VERSION 26.1
NATIONAL CORRECT CODING INITIATIVE (NCC/CCI)
CHANGES EFFECTIVE APRIL 1, 2020

Refer to User Guide: National Correct Coding Initiative (NCCI)

Per note on CMS NCC website related to quarter 2 edits for 2020, CMS issued replacement files with the following changes:

- Related to the COVID-19 Public Health Emergency in accordance with CMS’ expansion of telehealth services, CMS updated 2020 Q2 PTP edits and MUEs for CPT/HCPCS codes, retroactive to 01/01/20 which includes 291,902 deletions of prior changes. (see below example of edits that were removed)
- CMS is temporarily deleting PTP edits with several radiopharmaceuticals retroactive to 01/01/20
- HCPCS codes G2061, G2062, and G2063 replaced G2029, G2030 and G0231 respectively, effective 01/01/20
- CMS made the decision to retain the edits that were in effect prior to 01/01/20, and to delete 01/01/20 PTP edits for CPT code pairs 97530 or 97150/97161, 97530 or 97150/97162, 97530 or 97150/97163, 97530 or 97150/97165, 97530 or 97150/97166, 97530 or 97150/97167, 97530 or 97150/97169, 97530 or 97150/97170, 97530 or 97150/97171, and 97530 or 97150/97172

Example of NCCI edits that were retroactively removed in the replacement 2020 Q2 updates:
(view the full replacement file listing all edits that were removed via the CMS website: https://www.cms.gov/files/zip/quarterly-replacement-additions-deletions-and-modifier-indicator-changes-ncci-tpp-edits-physicians.zip)
The Centers for Medicare & Medicaid Services (CMS), developed the National Correct Coding Initiative (NCC/CCI) to encourage correct coding methodologies and to regulate improper coding that leads to inappropriate payment for Part B claims. CMS develops these ‘bundling’ coding policies based on coding conventions defined in the American Medical Association’s Current Procedural Terminology (CPT) manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practice, and review of current coding practice.

REMINDER: Column 1 codes are the Comprehensive codes and Column 2 codes are the Component codes (Component codes are included in the Column 1 Comprehensive codes).

REMINDER: Modifier indicator flag ‘1’ associated with a pair of CPT codes allows eligible providers to bill both services for the same patient on the same day provided documentation supports medical necessity for both codes and proper use of a CCM* modifier and the modifier is affixed to the component column 2 CPT code.

In 2019, CMS changed to allow modifier on either code.

REMINDER: Modifier indicator flag ‘0’ associated with a pair of CPT codes will only allow payment of one of the codes, i.e., ‘0’ flag denotes no modifier will bypass the NCC edit.

REMINDER: *Correct Coding Modifiers (CCM) is used to address modifier flag ‘1’ scenarios, i.e., Anatomical modifiers are used in NCC modifier flag ‘1’ scenarios; see below referenced website for CCM* modifiers.
https://www.cms.gov/Medicare/Coding/NationalCorrectCoding/index.html

NOTE: Modifiers 24, 25 and 57 are only ever affixed to Evaluation & Management (E&M) CPT codes (99201-99499).

Effective April 1, 2020, Version 26.1 edits include 35 new CPT code edit pairs and 59 deleted CPT code pairs. There are also updates to Mutually Exclusive Code Edits (MUE) with 37 additions, 2 deletions and 9 revisions. The CMS MUE files are available via: https://www.cms.gov/medicare/coding/nationalcorrectcoding/index.html

MEDICALLY UNLIKELY EDITS (MUES):
Medically Unlikely Edits (MUES) are used by the Medicare Administrative Contractors (MACs), including Durable Medical Equipment (DME) MACs, to reduce the improper payment rate for Part B Claims. A MUE for a CPT/HCPCS code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. Not all CPT/HCPCS codes have a published MUE value.

The MUE Adjudication Indicator (MAI) determines how the MUE edits will process in the MACs system. MUES for codes with a MAI of:
1 – Claim line edit.
   Service lines can be split and an appropriate modifier, i.e., 76, XE, XS, XP, XU, (59*) can be applied to the separate line item.
2 – Absolute date of service edits, i.e., “per day edits based on policy”.
   CMS gives no instances in which a higher unit value would be correct and payable, i.e., no appeal rights.
3 – Date of service edits.
   Additional units are considered via appeal if there is adequate documentation of medical necessity to support reported units.

MSI updated the ‘Charge Record’ Limit Frequency/DOS field to display only the CMS MUE and show the associated MAI.

NOTE: MUE files are provided by CMS quarterly and are available via:

Corresponding MEDPM Charge Entry and Unprocessed Report messages have been enhanced:
Old message: "**NOTE: Number of Units Exceeds Medicare’s Medical Unlikely Edit."
New messages:
QTY > ____ Medicare's MUE MAI1 Excess bill on separate line w/MOD
QTY > ____ Medicare's MUE MAI2 Absolute DOS Limit NO APPEAL
QTY > ____ Medicare's MUE MAI3 All on same line can APPEAL.

NOTE: Blanks are completed base on ‘Limit Freq’ field in Charge Record (see screen above).
**National Correct Coding (NCC) Version 26.1** turns the clock back to January 1, 2020 for more than 100 edit pairs that could impact anesthesia and pain management services. Version 26.0 (effective January 1, 2020 created unbreakable i.e. Modifier flag ‘0’ edit pairs, i.e. that bundled the majority of nerve blocks into 64451 *(Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)* and 64454 *(Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed).* Version 26.1 flipped the modifier flag for most pairings from ‘0’ to ‘1’ which allows an anatomical modifier to bypass the edit; these changes are effective for dates of service starting January 1, 2020.

NOTE: The edit that unbundles 64445 from 64451 goes into effect April 1, 2020. The unbreakable edit remains in place that bundles 64451 into 62320 *(Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance).*

As a result of the retroactive effective update, the below codes may be reported with 64451 with a modifier if appropriate.

64405-64435 *(Injection(s), anesthetic agent(s) and/or steroid;)*

64446-64449 *(Injection(s), anesthetic agent(s) and/or steroid; …continuous infusion by catheter (including catheter placement)*

64462 Paravertebral block (PVB) (paraspinal block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed)

64480+ *(Injection(s), anesthetic agent and/or steroid, transformaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level)

64484+ *(Injection(s), anesthetic agent and/or steroid, transformaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level)

64486 Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)

64487 Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)

64491+ *(Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level)

64492+ *(Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s)

64461 Paravertebral block (PVB) (paraspinal block), thoracic; single injection site (includes imaging guidance, when performed)

64463 Paravertebral block (PVB) (paraspinal block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)

64479 *(Injection(s), anesthetic agent and/or steroid, transformaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level)

64483 *(Injection(s), anesthetic agent and/or steroid, transformaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level)

64488 Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)

64489 Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)

64490 *(Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level)

The update also allows use of a modifier to report the below codes with 64454, 62321-62327, 64445-64449, 64461-64463, 64479-64484, 64486-64489, 64490-64491

NOTE: Modifier 50 should be used to report bilateral surgical procedures as a single unit of service to avoid denials, i.e., bill one-line item for CPT code as Qty: 1 and append modifier 50.

NOTE: Modifier 50 should not be appended to add-on codes, instead use two separate line items one with modifier RT and another with modifier LT.

Other edits deleted retroactive to January 1, 2020 include edits for therapy evaluations 97161-97172 when reported with one-on-one therapy activities (97530) or group therapy procedures (97150).

NOTE: CCI version 26.1 scorecard not available as of publishing date.

See prior News Blasts for previous NCCI Changes and prior Quarter score cards (available via www.medtronsoftware.com):

For assistance or any questions, contact MDS/MSI via: From MEDPM or MEDEHR Sign On screens, double click on ‘helpdesk@medtronsoftware.com’ to compose an email which will automatically create a ticket in our ticketing system. The ticketing system will then send an automated reply with your ticket # for all future correspondence related to your question/concern.