



ATTENTION PROVIDERS

QUARTERLY UPDATES VERSION 25.2

NATIONAL CORRECT CODING INITIATIVE (NCC/CCI)

& MEDICALLY UNLIKELY EDITS (MUE)

CHANGES EFFECTIVE JULY 1, 2019

Refer to [User Guide: National Correct Coding Initiative \(NCCI\)](#)

According to The Centers for Medicare & Medicaid Services (CMS), the National Correct Coding Initiative (NCC/CCI) is to encourage correct coding methodologies and to regulate improper coding that leads to inappropriate payment for Part B claims. CMS develops these 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.
Modifier flag '0' associated with a pair of CPT codes will only allow payment of one of the codes, i.e., 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/NationalCorrectCodingEd/index.html>
NOTE: Modifiers 25 and 57 are only ever affixed to Evaluation & Management (E&M) CPT codes (99201-99499)

Effective July 1, 2019, Version 25.1 edits include 1,874 new CPT code pairs, 3 deleted CPT code pairs and 0 changes to CPT code pairs. There are also updates to Mutually Exclusive Code Edits with 87 additions, 1 deletions and 59 revisions.

Bundling HCPCS and E&M codes

Take note of a code bundle that spans nearly the entire Evaluation and Management (E&M) code set. The latest edits bundle HCPCS code **G2011** (Alcohol and/or substance [other than tobacco] abuse structured assessment [e.g., audit, dast], and brief intervention, 5-14 minutes), which debuted Jan. 1 (fee schedule ≈\$17), with 98 distinct E&M services, including office encounter codes (**99201-99215**) and home visit codes (**99341-99350**).

These bundles have a "1" modifier indicator, which means providers can bypass the edit with a CCI-approved modifier, such as **25** (Significant, separately identifiable E&M service).

The brief-intervention capacity abuse assessment of G2011 appears to give practices an alternative to the challenging alcohol and substance abuse screening codes (G0396-G0397, G0442-G0443) already available. Those codes such as **G0442** (Annual alcohol misuse screening, 15 minutes), require more time. Note, the same-day reporting is similar, i.e., CCI edits indicate that providers can report an office visit (E&M) code with G2011 on the same day by **appending the screening code with modifier 25**. However, if the assessment was part of an annual wellness visit (G0438-9) or a "Welcome to Medicare" encounter (G0402), then G0211 would likely be included.

Much of the remainder of the quarterly edits involve a range of new HCPCS codes, C9751-C9755, that correspond to bronchoscopy and related surgical services. The more than 1,600 code pairs alternate between a "1" and "0" modifier indicator, as bundled. Providers should pay close attention to same-day services when the new HCPCS codes are involved because some will be denied.

Medically Unlikely Edits (MUE) - Watch for allowed unit limits:

Be careful not to exceed per-day frequency/units/quantity limits (MUE) when billing some services. Version 25.2 reduces how many daily units can be reported per claim service line for numerous CPT codes.

Procedures subject to revised daily service caps, effective July 1				
Code	Description	Values, effective 7/1/19	Current values	Change
28740	Fusion of foot bones	2	4	-2
38505	Needle biopsy lymph nodes	2	3	-1
40808	Biopsy of mouth lesion	2	4	-2
40810	Excision of mouth lesion	2	4	-2
40812	Excise/repair mouth lesion	2	4	-2
41100	Biopsy of tongue	2	3	-1
41105	Biopsy of tongue	2	3	-1
42100	Biopsy roof of mouth	2	3	-1
42104	Excision lesion mouth roof	2	3	-1
44121	Removal of small intestine	2	4	-2
44615	Intestinal stricturoplasty	3	4	-1
47010	Open drainage liver lesion	1	3	-2
57100	Biopsy of vagina	2	3	-1
63088	Remove vertebral body add-on	3	4	-1
72275	Epidurography	1	3	-2
73120	X-ray exam of hand	2	3	-1
73562	X-ray exam of knee 3	3	4	-1
73600	X-ray exam of ankle	2	3	-1
73620	X-ray exam of foot	2	3	-1
76816	Ob us follow-up per fetus	2	3	-1
76818	Fetal biophys profile w/nst	2	3	-1
76819	Fetal biophys profil w/o nst	2	3	-1
76821	Middle cerebral artery echo	2	3	-1
76825	Echo exam of fetal heart	2	3	-1
76826	Echo exam of fetal heart	2	3	-1
76827	Echo exam of fetal heart	2	3	-1
76828	Echo exam of fetal heart	2	3	-1

Source: CCI version 25.2 edits

CMS MUE: <https://www.cms.gov/medicare/coding/nationalcorrectcodinited/mue.html>

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

CCI version 25.2 scorecard					
Changes effective July. 1. (For more on CCI version 25.2 edits, see related story, p. 2.)					
Code range	CCI code pairs added	CCI code pairs deleted	MUEs added	MUEs deleted	MUEs revised
0001T – 0999T	86	0	0	0	0
00000 – 09999	0	0	0	0	0
10000 – 19999	0	0	0	0	0
20000 – 29999	24	0	0	0	1
30000 – 39999	12	2	0	0	1
40000 – 49999	1	0	0	0	9
50000 – 59999	0	0	0	0	1
60000 – 69999	4	0	0	0	1
70000 – 79999	3	1	0	0	13
80000 – 89999	0	0	0	0	18
90000 – 99999	119	0	0	0	2
A0000 – V9999	1,625	0	87	1	13
Totals	1,874	3	87	1	59

CCI version 25.1 scorecard					
Changes effective April. 1.					
(For more on CCI version 25.1 edits, see related story, p. 1.)					
Code range	CCI code pairs added	CCI code pairs deleted	MUEs added	MUEs deleted	MUEs revised
0001T – 0999T	177	9	0	0	2
00000 – 09999	267	0	0	0	0
10000 – 19999	606	149	0	0	0
20000 – 29999	1,628	0	0	0	78
30000 – 39999	1,065	0	0	0	0
40000 – 49999	890	1	0	0	0
50000 – 59999	761	0	0	0	0
60000 – 69999	914	0	0	0	1
70000 – 79999	633	0	0	0	0
80000 – 89999	1,793	12	0	0	0
90000 – 99999	967	3	0	0	0
A0000 – V9999	361	4	94	1	6
Totals	10,062	178	94	1	87

Note: Code range is based on the comprehensive code of the edit.
Source: Part B News analysis of CCI version 25.1 changes.

Contact MEDTRON's Support Depts for assistance or any questions via:

From MEDPM or MEDEHR Sign On screens, double click on support@medtronsoftware.com to compose an email to the MSI Support Depts.

-OR-

Phone: (985) 234-0599 (local)
(800) 978-0599 (toll free)

-OR-

Fax: (985) 234-0609

CCI version 25.0 scorecard					
Changes effective Jan. 1. (For more on CCI version 25.0 edits, see related story, p. 1.)					
Code range	CCI code pairs added	CCI code pairs deleted	MUEs added	MUEs deleted	MUEs revised
0001T – 0999T	6,690	1,864	34	29	2
00000 – 09999	390	793	0	0	0
10000 – 19999	3,244	880	15	3	20
20000 – 29999	4,904	2,554	4	2	0
30000 – 39999	5,722	2,354	10	3	0
40000 – 49999	2,427	1,865	2	3	8
50000 – 59999	2,449	1,218	3	1	0
60000 – 69999	1,951	2,448	0	8	0
70000 – 79999	902	494	10	6	6
80000 – 89999	8,295	559	51	3	2
90000 – 99999	4,329	3,992	35	13	1
A0000 – V9999	530	414	5	31	10
Totals	41,833	19,435	169	102	49

Note: Code range is based on the comprehensive code of the edit.
Source: Part B News analysis of CCI version 25.0 changes.