



December 10, 2012

Announcement 542

Updated Version of Clinical Claim Editor Implemented

The Division of Health Care Financing and Policy (DHCFP) and HP Enterprise Services have incorporated an updated version of the clinical claim editor into the Medicaid Management Information System (MMIS). The clinical claim editor criteria used to audit professional and outpatient services claims now includes the National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUE). Claims are now subject to MUE.

MUE are units-of-service edits for practitioners, ambulatory surgical centers, outpatient hospital services and durable medical equipment. This component defines for each HCPCS/CPT code the number of units of service that is unlikely to be correct, e.g., claims for excision of more than one appendix or more than one hysterectomy.

More information about the NCCI mandate can be found on the Centers for Medicare & Medicaid Services (CMS) website. At www.medicaid.gov select "By Topic" from the "Medicaid" tab, select "Data & Systems" from the left-side menu, click on "Coding and Classification," then click on "The National Correct Coding Initiative (NCCI) in Medicaid."

Important Billing Information:

- Many codes will no longer have cutback logic in the MMIS. If your claim has units billed over the MUE limit, then all units will be denied. Units will not be cutback to the allowed amount and paid.
- Do not use modifiers that are not necessary, because they could cause your claim to deny.

The following is an example of a new MUE:

Edit	Description	ADJ/RSN	Remarks/NCPDP/Status	Description
4730	NCCI: UNITS OF SERVICE EXCEED MUE LIMIT	151	N362	The number of Days or Units of Service exceeds our acceptable maximum

NCCI Denial is a Provider Liability:

NCCI denied services SHOULD NOT be billed to the recipient. The denied service is a provider liability. Providers cannot use an "Advanced Beneficiary Notice" or waiver of liability to obtain payment from recipients.

Paper Remittance Advices (RAs) will now contain the following statement when the RA contains an NCCI edit:

- NCCI denials should not be billed to the recipient MA13

Electronic 835s will now contain the following additional Remark code when the 835 contains an NCCI edit:

- MA13 – Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code