



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

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CMS NCCI Edits and Bundled Code Pairs Policy

Effective October 16, 2008, all Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) edits will be incorporated into Blue Cross and Blue Shield of Florida's (BCBSF's) code editing system.

CMS developed the NCCI to promote national correct coding methodologies and to control improper coding leading to inappropriate payment for Medicare Part B claims. CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices. CMS NCCI edits are a recognized industry source for relationships between codes.

Although the majority of the NCCI edits are already included within BCBSF's code editing system, we previously did not recognize all of the edits. The remaining CCI edits will be added to our system on October 16, 2008.

There are two NCCI edit tables: "Column One/Column Two Correct Coding Edit Table" and "Mutually Exclusive Edit Table." Each edit table contains edits, which are pairs of HCPCS/CPT codes that in general should not be reported together. Each edit has a Column One and Column Two HCPCS/CPT code. If a provider reports the two codes of an edit pair, the Column Two code is denied, and the Column One code is eligible for payment.

BCBSF will use the "Column One/Column Two" NCCI edits to determine whether CPT and/or HCPCS codes reported together by the same physician for the same member on the same date of service are eligible for separate reimbursement.

Each NCCI edit has a modifier indicator assigned to it. A modifier indicator of "0" indicates a modifier cannot be used to bypass the edit. A modifier indicator of "1" indicates that a properly coded modifier -59 can be used to allow submitted services or procedures. BCBSF will not reimburse Column Two codes separately unless the codes are correctly reported with one of the recognized NCCI-designated modifiers.

Many procedure codes cannot be reported together because they are mutually exclusive of each other. Mutually exclusive procedures cannot reasonably be performed at the same anatomic site or same patient encounter. Pairs of HCPCS/CPT codes that are mutually exclusive of one another are identified as code pair edits in the Mutually Exclusive edit table.

Many edits in the Mutually Exclusive edit table allow the use of NCCI-associated modifiers. More information on these edits can be found at <http://www.cms.hhs.gov/NationalCorrectCodInitEd/>.

Bundled Codes

BCBSF will not separately reimburse certain CPT/HCPCS codes identified by CMS' National Physician Fee Schedule (NPFS) Relative Value File with a designated status of "B", indicating a bundled procedure.

Codes with the status of "B" on the NPFS are considered bundled with all other procedure codes. BCBSF will exempt certain "B" status codes from this policy. Codes that are not subject to the "B" status indicator are listed below:

20930	20936
99050	99051
99058	

Procedure 99000 (handling and/or conveyance of specimen for transfer from the physician's office to a laboratory) will be allowed when used to indicate a lab sample has been forwarded to an independent lab vendor. For most BCBSFL products, this lab vendor is Quest Diagnostics, Inc. In this case, procedure 99000 should be reported with modifier -90 (reference outside laboratory).

In addition, modifier -59 cannot be used to override "B" status codes. If a "B" status code is submitted with modifier -59, the claim line will be denied.

A list of bundled codes can be found with the Physician Fee Schedule Relative Value file at <http://www.cms.hhs.gov/PhysicianFeeSched/PFSRVF/list.asp> - *TopOfPage*.

Claims processed after October 16, 2008, regardless of service date(s), will process according to the updated editing rules. No retrospective reprocessing of claims will occur as the result of new code editing rules.

If you have any questions regarding this bulletin, please contact your physician/provider relations specialist or call our Provider Contact Center at (800) 727-2227.