

# Reimbursement Policy

## National Correct Coding Initiative, Physician Code Pair Edits

### Reimbursement Policy – Claims Editing

Optum is implementing claim processing edits that may impact claim payment. This notice provides information about use of physician code pairs on the same date of service. Reimbursement policies establish processes to ensure accurate and appropriate claim processing in accordance with industry standards. These processes serve to identify potentially inappropriate billing and/or utilization of services. Requests for medical records may be made for administrative review (not based or used for Medical Necessity). Record requests outline what is to be submitted; please provide requested records within defined time-frames. Optum provides education and support as a component of our process.

As new processes are developed further Alerts will be made in an effort to keep providers informed.

### Medicare National Correct Coding Initiative (NCCI) Code Pair Edits

The Centers for Medicare and Medicaid Services (CMS) implemented NCCI Edits in their claims systems on January 1, 1996. CMS developed the National Correct Coding Initiative to “promote national correct coding methodologies and to control improper coding leading to inappropriate payment in 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.”

NCCI code pair or procedure to procedure edits are automated prepayment edits that prevent improper payment when certain codes are submitted together. The NCCI edits seek to prevent payment when incorrect code combinations are reported without the appropriate modifier.

Optum uses the CMS Physician CCI Edits table for the edit of claims billed by physicians and practitioners. This table is updated quarterly. Claims submissions not in compliance with this rule will be denied.

Specific listings of CPT/HCPCS codes pairs that cannot be billed and are subject to edit can be obtained from the CMS web site, NCCI Coding Edits. Further information is located in the annual edition of the National Correct Coding Initiative Coding Policy Manual for Medicare Services.

### Resources

- Centers for Medicare and Medicaid Services, NCCI Coding Edits:  
<http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>.
- CMS NCCI Coding Policy Manual:  
[http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/NCCI\\_Policy\\_Manual.zip](http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/NCCI_Policy_Manual.zip)
- American Medical Association (AMA) Current Procedural Terminology (CPT) Manual.