



**RETIRED: National Correct Coding Initiative, Physician Code Pair Edits Reimbursement Policy**

<b>Policy Number</b>	2016RP506A	<b>Annual Approval Date</b>	9/7/2016	<b>Approved By</b>	Optum Behavioral Reimbursement Committee
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**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.*

*Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, clinical rationale, industry standard reimbursement logic, regulatory issues, business issues and other input in developing reimbursement policy may apply.*

*This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member’s benefit coverage, provider contracts and/or legislative mandates. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations. Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.*

*Optum uses a customized version of the Claim Editing System known as iCES Clearinghouse to process claims in accordance with our reimbursement policies.*

*\*CPT® is a registered trademark of the American Medical Association*

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**Applicability**

This reimbursement policy applies to:

- Behavioral health services billed on CMS 1500 forms and, when specified, to services billed on UB04 forms, as well as equivalent electronic and successor forms
- All products when Optum manages the behavioral health benefit plan
- All network and non-network physicians and other qualified behavioral health care providers

This policy applies to claims with dates of service prior to 5/1/2019. For claims with dates of service on or after 5/1/2019 refer to the National Correct Coding Initiative Policy and Maximum Frequency Per Day Policy.



**Policy**

**Overview**

The purpose of this reimbursement policy is to ensure accurate and appropriate claims processing in accordance with industry standards by Optum Behavioral Health on behalf of UnitedHealthcare/Optum members whose behavioral health benefit plans are managed by Optum.

**Reimbursement Guidelines**

The Centers for Medicare and Medicaid Services (CMS) implemented NCCI Edits in their claims system 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. Claim submissions not in compliance with this rule will be denied.

Specific listings of CPT/ HCPCS codes pairs than cannot be billed are subject to edit can be obtained from the CMS website, 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, CMS Manual System and other CMS publications and services
- American Medical Association (AMA) Current Procedural Terminology (CPT) Manual

**History / Updates**

March, 2019	Policy Retired
April, 2018	Annual review
September, 2016	New

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