

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1136	Date: November 1, 2012
	Change Request 8111

SUBJECT: National Correct Coding Initiative (NCCI) Associated Modifier Changes (Additions)

I. SUMMARY OF CHANGES: Additional modifiers shall be added to the list of NCCI-associated modifiers that will allow an edit with modifier indicator of “1” to be bypassed when the modifier is utilized correctly. These modifiers are LM (left main coronary artery), RI (ramus intermedius), 24 (unrelated evaluation and management service by the same physician during a postoperative period), and 57 (decision for surgery).

EFFECTIVE DATE: January 1, 2013

IMPLEMENTATION DATE: January 7, 2013

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment - One-Time Notification

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SUBJECT: National Correct Coding Initiative (NCCI) Associated Modifier Changes (Additions)

EFFECTIVE DATE: January 1, 2013

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I. GENERAL INFORMATION

A. Background:

National Correct Coding Initiative (NCCI) edits define when two procedure HCPCS/CPT codes may not be reported together except under special circumstances. If an edit allows use of NCCI-associated modifiers, the two procedure codes may be reported together under special circumstances, generally if the two procedures are performed at different anatomic sites or different patient encounters. NCCI-associated modifiers are used by providers to indicate the special circumstances. NCCI-associated modifiers should NOT be used to bypass an NCCI edit unless the proper criteria for use of the modifier are met. Modifier 59 should not be used if another NCCI-associated modifier is appropriate.

B. Policy:

Each NCCI edit has a modifier indicator of 0, 1, or 9. A modifier indicator of 0 indicates that an edit should never be bypassed even if an NCCI-associated modifier is utilized on the claim. That is, the column two code of the edit must be denied. A modifier indicator of 1 indicates that an edit may be bypassed if an appropriate NCCI-associated modifier is appended to the column one and/or column two code on an NCCI edit. That is, the column two code of the edit may be paid if an NCCI-associated modifier is appended to an appropriate code of the edit pair. A modifier indicator of 9 is assigned as a placeholder for edits that have been deleted.

The current NCCI-associated modifiers are: E1, E2, E3, E4, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, LC, LD, RC, LT, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, 25, 27, 58, 59, 78, 79, and 91.

Additional modifiers shall be added to the above list of NCCI-associated modifiers that will allow an edit with modifier indicator of "1" to be bypassed when the modifier is utilized correctly. These modifiers are LM (left main coronary artery), RI (ramus intermedius coronary artery), 24 (unrelated evaluation and management service by the same physician during a postoperative period), and 57 (decision for surgery). Refer to Attachment A (Medicare Claims Processing Manual, Pub. 100.04, Chapter 23, Section 20.9.1 and 20.9.1.1) will be updated in the near future to include these new NCCI associated modifiers

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		D M E	F I	C A R R I E R	R H I	Shared- System Maintainers				Ot he r
		P a r t A	P a r t B					M A C	F I S S	M C S	V M S	
8111.1	CMS shared system maintainer(s) and OCE (Part A) shall add additional modifiers to the list of NCCI-								X			O C

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				O t h e r
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
	associated modifiers that will allow an edit with modifier indicator of 1 to be bypassed when the modifier is utilized correctly.											E (P art A)
8111.2	The MCS system maintainer shall add the following modifiers: LM (left main coronary artery), RI (ramus intermedius coronary artery), 24 (unrelated evaluation and management service by the same physician during a postoperative period), and 57 (decision for surgery).								X			
8111.3	The following modifiers shall be added for Part A by OCE: LM (left main coronary artery) and RI (ramus intermedius coronary artery).											O C E (P art A)

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Other				
		P a r t A	P a r t B									
	None											

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
 Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Valeria Allen, 410-786-7443 or valeria.allen@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

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Section B: For Medicare Administrative Contractors (MACs):

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ATTACHMENT(S): 1

Attachment A

Please refer to Medicare Claims Processing Manual, Pub. 100.04, Chapter 23, Section 20.9.1 and 20.9.1.1 - Correct Coding Modifier Indicators and HCPCS Codes Modifiers. These new modifiers will be added to the manual instructions, in the near future.