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Owner:	<i>Deabra Hardrick-Crump: Claims Administrator</i>
Policy Area:	<i>Claims Management</i>
References:	

## NATIONAL CORRECT CODING COMPLIANCE POLICY

### POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) to adhere to the National Correct Coding Initiatives.

### PURPOSE

The purpose of this policy is to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims.

### APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff, Contractual Staff, Clinically Responsible Service Provider (CRSP) and their subcontractors, Specialty Providers, Crisis Services Vendors
2. This policy serves the following populations: Adults, Children, Individuals with Intellectual and/or Developmental Disabilities (I/DD), Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), Substance Use Disorder (SUD), Autism
3. This policy impacts the following **contracts/service lines**: MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund

### KEYWORDS

1. **NCCI Edits**: National Correct Coding Initiatives Edits.
2. **Part B Claims**: Medical insurance that covers medical services and supplies that are medically necessary to treat health conditions.

### STANDARDS

1. DWIHN will follow all approved coding rules in agreement with the Center for Medicare and Medicaid Service (CMS) and the State of Michigan. DWIHN will use approved and up-to-date codes in the CPT, HCPCS, ICD-9/10, and NCCI systems for procedure and diagnostic coding.
2. The Official ICD-9-CM Coding Guidelines can be found:

[http://www.cdc.gov/nchs/icd/icd9cm\\_addenda\\_guidelines.htm](http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm)

<http://www.cms.gov/Medicare/Coding/ICD10/index.html>

3. Coding questions should be sent to: [Procedure.coding@dwhn.org](mailto:Procedure.coding@dwhn.org).

a. **National Correct Coding Initiative (NCCI):**

The CMS National Correct Coding Initiative (NCCI) promotes national correct coding methodologies and reduces improper coding which may result in inappropriate payments of Medicare Part B claims and Medicaid claims.

1. For information about, and edits for, the Medicare NCCI program, please visit <http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>

b. **The Medicaid NCCI program has significant differences from the Medicare NCCI program.**

1. The National Correct Coding Initiative (NCCI) contains two types of edits:  
NCCI procedure-to-procedure (PTP) edits that define pairs of Healthcare Common Procedure Coding System (HCPCS) / Current Procedural Terminology (CPT) codes that should not be reported together for a variety of reasons. The purpose of the PTP edits is to prevent improper payments when incorrect code combinations are reported.
2. Medically Unlikely Edits (MUEs) define for each HCPCS / CPT code the maximum units of service (UOS) that a provider would report under most circumstances for a single beneficiary on a single date of service ([Medicaid.gov](http://Medicaid.gov))

4. MH-WIN system used to adjudicate claims is programmed to house the NCCI edits.

- a. Providers and claims examiners load and adjudicate claims, the system is configured to identify code bundling according to NCCI edits. The system will flag any suspected coding services that go against accepted coding usage.
- b. Claim is flagged as an error due to suspected coding error and other services exist in the time period, same day, or physician
  1. Claims examiner will have the Claims Supervisor review claim and approve or deny in MH-Win
- c. Claim is flagged as an error due to suspected coding error but no other claim is in system or service is acceptable according to coding rules
  1. Claims examiner will have Claims Supervisor review the claim to determine if the normal adjudication process is appropriate.

## QUALITY ASSURANCE/IMPROVEMENT

DWHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

## COMPLIANCE WITH ALL APPLICABLE LAWS

Federal and State Laws.

## LEGAL AUTHORITY

Center for Medicare and Medicaid Service, Medicaid, Federal and State Laws.

# RELATED POLICIES

## CLINICAL POLICY

YES

## INTERNAL/EXTERNAL POLICY

INTERNAL

### Attachments

No Attachments

### Approval Signatures

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Deabra Hardrick-Crump: Billing/Claims Supervisor	07/2021

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