



Weekly Auditing and Compliance Tip



National Alliance of Medical Auditing Specialists | 877-418-5564 | namas.co | namas@namas.co

Understanding NCCI Edits in an Audit

Medicare created, and maintains, the National Correct Coding Initiative (NCCI) edits and NCCI Policy Manual, which identify procedures that should not be individually reported together when performed on the same patient, during the same encounter/session, and by the same provider. The NCCI table is formatted with two columns. Column 1 contains the main procedure/service code and Column 2 contains all the codes that are considered an inherent part of the main procedure. If a Column 2 code is reported with a Column 1 code, the Column 2 code will be denied, except under certain circumstances. NCCI code combinations are referred to as ***bundled*** services or NCCI edits.



Listen Now!
[click here](#)

Unbundling is when the provider uses a modifier to override the NCCI edit in order to be paid for both procedures. Unbundling is allowed for some, but not all, NCCI combinations, and then only under certain circumstances.

For example, E/M codes being reported with a minor procedure require modifier 25 in order to be paid together with the procedure. To unbundle a Column 2 code when only procedures are involved, the code should be reported with either modifier 59 (for private payers) or a special Medicare modifier. Medicare developed the



EXPAND YOUR KNOWLEDGE

CLICK HERE TO BECOME
A MEMBER NOW

As a NAMAS member, you'll receive access to monthly webinars for CEUs (including those hard to find CPMA CEUs!), a subscription to BC Advantage magazine, discounts on products and NAMAS training events, and much, much more!

We offer 4 membership levels - choose the one that best suits your needs!

[Click Here to View NAMAS Membership Levels and Benefits](#)

For added convenience, NAMAS accepts PayPal, PayPal Credit, quarterly and monthly payments of membership dues.

X{ESPU} modifiers to assist providers in reporting the circumstances they feel justify unbundling.

- **XE - Separate encounter:** The services performed on the same date, by the same provider (or group), but were done at a different encounter than the Column 1 code.
- **XS - Separate Structure:** The service was distinct, because it was performed on a different organ or body structure than the Column 1 service.
- **XP - Separate Practitioner:** The service is distinct because it was performed by a different practitioner.
- **XU - Unusual Non-Overlapping Service:** The service is distinct because it does not overlap with the usual components of the main service.

As you may be aware, Column 2 services with an indicator of "0" are ineligible for unbundling (no matter the circumstance), however an NCCI Column 2 indicator of "1" indicates the codes may be eligible for unbundling, if the circumstances are right and the documentation supports it. Who determines what the "right circumstances" are? Well, usually Medicare does, but with input from experts in the field. Once the decision is made, providers and specialty groups or medical societies may submit information to try and change the decision.

Ultimately, Medicare (or private payers that follow Medicare) should specify the circumstances in which unbundling is acceptable. Sometimes this information doesn't exist or is not easily identifiable. Additionally, providers and their coding and compliance staff should clearly understand what to look for in the documentation to justify and support the decision to unbundle services. Providers upset by the bundled codes should take the time to understand why they are bundled and if they disagree and have supporting information, it should be submitted to Medicare to see if the agency would consider changing the assigned edit.

Because Medicare is responsible for maintaining NCCI edits they are also responsible for explaining when it is appropriate to override the edits and unbundle eligible services. Medicare produces



Our **Medical Auditing Bootcamp** will train you to become a medial auditor. Learn the principles of auditing, compliance regulations, and how to perform the daily duties of an auditor.

Our next online session, scheduled as a **3 week LIVE ONLINE evening course**, begins on April 10, 2018!

[Click Here to Learn More & View Our Medical Auditing BootCamp Schedule](#)



Our **2- Day E&M Auditing Bootcamp** is an accelerated auditing training specific to E&M auditing. Learn about audit policies, get clarity on documentation guidelines, medical decision making, medical necessity and more. Plus, during this training program you will have the opportunity earn our **NEW CREDENTIAL - Certified Evaluation and Management Auditor (CEMA)!**

[Our 2-Day E&M BootCamps are scheduled as follows:](#)

March 20, 21, 22: Online (1pm - 5pm EST)
April 3 & 4: Chicago, IL
May 8 & 9: San Antonio, TX
May 22 & 23: Rochester, NY

NCCI Policy Manual, as well as National and Local Coverage Determinations (NCDs and LCDs). These resources may contain the information providers need to know when it is appropriate to unbundle services. However, there are many cases in which an indicator of "1" is present without any explanation to identify circumstances where it would be appropriate to unbundle the codes. This is where your work as a provider, coder, or auditor gets interesting.

If the payer performing the audit wants to recoup payment for an unbundled service with an NCCI indicator of "1" but cannot provide guidance for when it is appropriate to unbundle the services, the provider should investigate further, rather than simply repay the monies.

As an example, there is an NCCI edit for performing a laparoscopic paraesophageal hiatal hernia repair (43281 Column 2) at the same operative session as a laparoscopic sleeve gastrectomy (43775 Column 1). However, even though there is an indicator of "1" present, there is no information in the NCCI Policy Manual, NCDs, or LCDs about when it would be appropriate to unbundle the pair. Under these circumstances, I would consult with the providers, medical societies, and specialty boards to see if communication between them and Medicare took place before, during, or after the NCCI edit was put into place. With a little research, documentation was identified between the providers and NCCI that specifies when providers agree with the edit and when they feel it should be eligible for unbundling.

In this circumstance, experts identified three hiatal hernia types (I, II, and III) and agreed that a type 1 hiatal hernia which requires no dissection and can easily be repaired with a simple figure-of-eight suture, is appropriately bundled into the Column 1 procedure. They also stated that hiatal hernias (types II-III) that require more complex repair, including dissection and dissection of a hernia sac, should be eligible for unbundling.

In other words, look carefully at the services being provided and unbundled by your organization. A provider unbundling services for payment should know when and why it is appropriate to do so and the payer who wants to enforce the bundled codes should also know and

[Click Here to Learn More & View Our E&M Auditing BootCamp schedule](#)

Weekly Tip Sponsor

The logo for Find-A-Code is a purple rectangular box with the text "FIND-A-CODE" in white, sans-serif, uppercase letters. A magnifying glass icon is positioned over the letter "O" in "CODE".

Find-A-Code is an online database of medical billing codes and information. Find-A-Code is a quick and easy system that uses a simple search to return accurate information.

NAMAS members save 15% on a Find-A-Code Professional Subscription.

Give Us a Try and Earn 4 CEUs!



Sample what a NAMAS membership can offer you with our **FREE 1-month LITE trial membership!**

During your trial, you'll receive access to weekly webinars for a chance to earn up to 4CEUs, weekly auditing and compliance tips, and even an online sample of BCAdvantage magazine!

Click the image above to get your 1-month free trial membership today!

provide information to explain the bundling. Never blindly accept audit findings from a payer. Research them, understand the services provided by the physicians in your organization and when it is appropriate an inappropriate to unbundle edited code pairs. Remember that revisions to the NCCI edits are made quarterly, so be sure to check the codes for the services performed in your organization to see if any changes have been made that will affect coding. Keep staff and providers up to date and if the provider disagrees with an indicator "0" code pair edit, direct them to their medical society or specialty group to see if there is additional information present to convince Medicare to change the NCCI indicator to a "1." Be proactive in your practice and prevent issues from arising, especially issues that have costly consequences.

This Week's Audit Tip Written By:



Aimee L. Wilcox,
CPMA, CCS-P, CMHP, CST,
MA, MT

Aimee is the Director of Content for Find-a-Code.

Follow NAMAS on Social Media!



Upcoming Webinar Sessions

NAMAS is proud to offer the following webinars in February and March:

Locum Tenens & Reciprocal Billing (What You Need to Know Webinar Series)

Speakers: Jesse Overbay, JD & Paul Spencer, CPC, COC
March 13, 2018
2pm EST

Compliance in DME (Compliance Webinar Series)

Speakers: Gene Good, JD, CPA, MAcc and Dawne Wood,
AAS, CPC, CMPM, CPMN
March 20, 2018
2pm EST

MDM Of the E&M Encounter (Hands-On Webinar Series)

Speaker: J. Paul Spencer, CPC, COC
March 27, 2018
2pm EST

If you are interested in registering for the webinars above, please email us at namas@namas.co.

NAMAS Calendar of Events

Mark Your
Calendar!



Click the image above to view our monthly calendar.

Complimentary
Tip of the Week

Our weekly auditing & compliance tip emails are available to anyone who could benefit from this

information.

If you know someone who would like to receive these emails, invite them to sign.

Click the image above to be added to our email list!

Copyright © 2018. All Rights Reserved.