Correct Coding Initiative: National – Claim Preparation

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This section contains tips and claim examples to help providers prepare claims that pass both National Correct Coding Initiative (NCCI) and Medi-Cal edits in the claims processing system.

Modifier Placement

Procedure-required modifiers should be positioned on the claim prior to NCCI-associated modifiers. For purposes of this manual, procedure-required and NCCI-associated modifiers are identified as follows.

Procedure-Required Modifier

Claims for some Medi-Cal procedures require inclusion of a modifier or the claim will be denied. These are procedure-required modifiers.

NCCI-Associated Modifier

‹‹The Centers for Medicare & Medicaid Services (CMS) has identified a set of national modifiers to facilitate claims processing in cases where there is a medically necessary reason to bypass an NCCI Procedure-to-Procedure (PTP) edit. These are NCCI-associated modifiers. Refer to the *Correct Coding Initiative: National* section in the appropriate Part 2 manual for instructions regarding the appropriate use of NCCI-associated modifiers.››

Modifiers Approved List

The *Modifiers Approved List* section in this manual contains information that helps identify whether a modifier is an NCCI-associated modifier, procedure-required modifier, or both.

Modifier Placement: CMS-1500 Claim

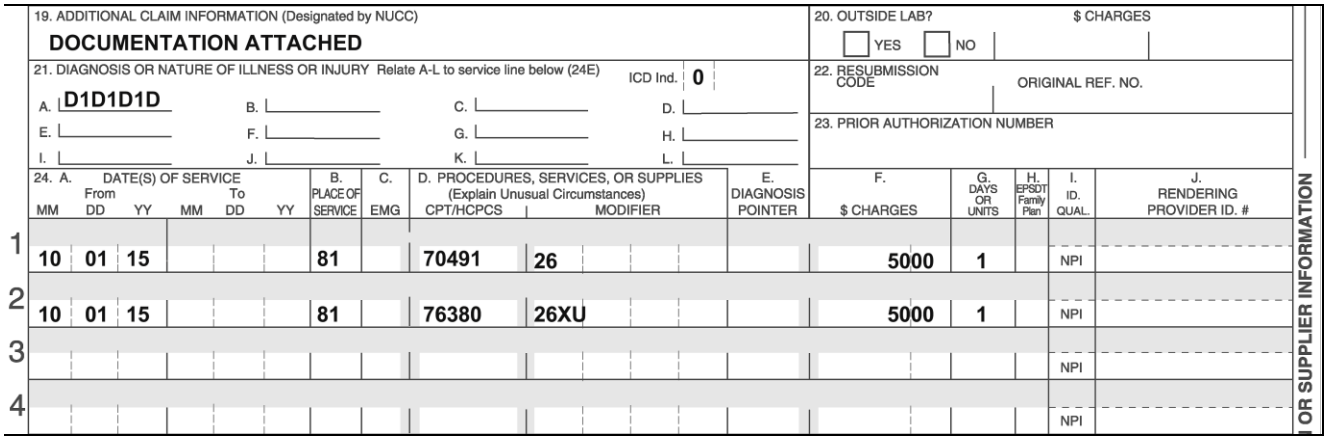
Figure 1. Modifier placement: Repeated radiology tests on CMS-1500 claim.

This is a sample only. Please adapt to your billing situation.

In this example radiology CPT® code 70491 (computed tomography, soft tissue neck; with contrast material[s]) is billed on the same claim as CPT code 76380 (computed tomography, limited or localized follow-up study). Both services are medically necessary. If not billed with modifiers as illustrated, however, the code combination will be denied due to NCCI procedure-to-procedure edits.

To ensure claim reimbursement, code 70491 is entered on one claim line with modifier 26 (professional services) in the *Procedures, Services or Supplies/Modifier* field (Box 24D). Code 76380 is billed on a separate claim line with NCCI-associated modifier XU (unusual non-overlapping service) entered after procedure-required modifier 26.

‹‹Partial Example of CMS-1500 Claim Form: Fields 19 thru 24A››



19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
DOCUMENTATION ATTACHED

20. OUTSIDE LAB? ☐ YES ☐ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0

A. D1D1D1D B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10	01	15				81		70491	26		5000	1		NPI	
2	10	01	15				81		76380	26XU		5000	1		NPI	
3															NPI	
4															NPI	

OR SUPPLIER INFORMATION

Modifier Placement: UB-04 Claim

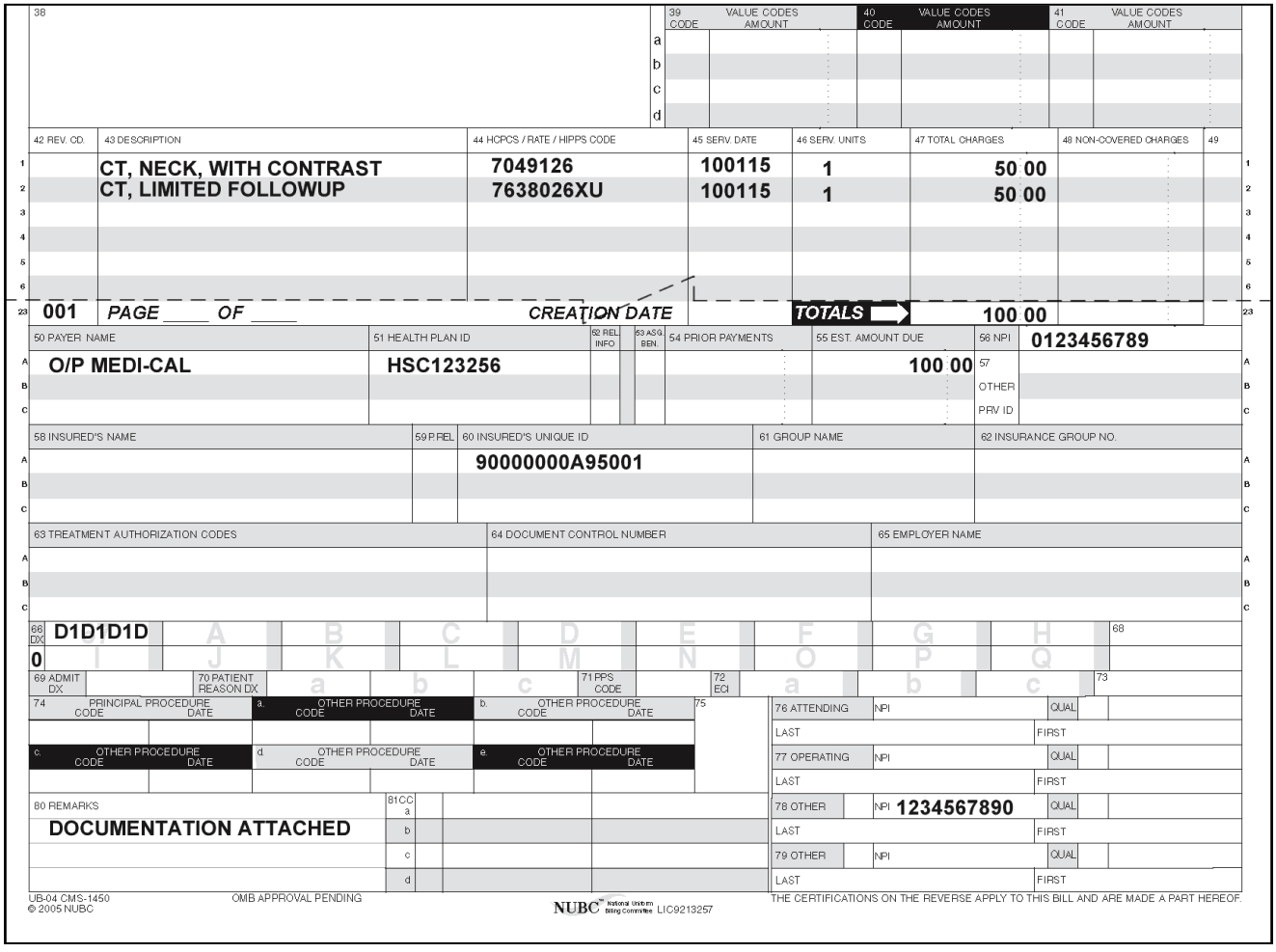
Figure 2. Modifier placement: Repeated radiology tests on UB-04 claim.

This is a sample only. Please adapt to your billing situation.

In this example radiology CPT code 70491 (computed tomography, soft tissue neck; with contrast material[s]) is billed on the same claim as CPT code 76380 (computed tomography, limited or localized follow-up study). Both services are medically necessary. If not billed with modifiers as illustrated, however, the code combination will be denied due to NCCI procedure-to-procedure edits.

To ensure claim reimbursement, code 70491 is entered on one claim line with modifier 26 (professional services) in the *Description* field (Box 43). Code 76380 is billed on a separate claim line with NCCI-associated modifier XU (unusual non-overlapping service) entered after procedure-required modifier 26.

‹‹Partial Example of UB-04 Claim Form: Fields 36 thru 79››



‹‹Legend››

‹‹Symbols used in the document above are explained in the following table.››

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.