

# Claims Updates NCCI Edits – Modifier Guidance

Optum Alaska



BH3259\_07/2021

# Agenda

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- NCCI Definition
- PTP & MUE Examples
- Modifier XE, XP, and XU Guidance
- Primary Modifier Guidance Grids

# National Correct Coding Initiative: NCCI

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Two types of NCCI edits:

- Procedure to Procedure (PTP):
  - Identifies incorrect CPT/HCPCS coding combination submissions.
  
- Medically Unlikely Edits (MUE):
  - Identifies the maximum units allowed per service.

# National Correct Coding Initiative: NCCI

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## Note:

- MUE/PTP edits are applied to the calendar year quarter that claims are submitted, not the date of service on the claim.
- These edits are currently only configured to the State Plan/CPT codes. MUE/PTP limits are not currently applied to HCPC codes/1115 waiver services. X modifiers are not configured to these HCPC codes at this time.

# National Correct Coding Initiative: NCCI

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NCCI updates occur quarterly which replace the previous quarter requirements. The inclusion of a HCPCS or CPT code in either the Procedure to Procedure edits or a Medically Unlikely Edits list does not necessarily indicate that the code is a Medicaid covered service

<https://www.medicaid.gov/medicaid/program-integrity/national-correct-coding-initiative/medicaid-ncci-edit-files/index.html>

# PTP Example

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Column1/Column2 Edits

Column 1	Column 2	*=in existence	Effective	Deletion	Modifier	PTP Edit Rationale
90791	0359T		20141001	20181231	0	CPT Manual or CMS manual coding instructions
90791	0360T		20141001	20181231	0	CPT Manual or CMS manual coding instructions
90791	0361T		20141001	20181231	0	CPT Manual or CMS manual coding instructions
90791	0362T		20141001	20191231	0	CPT Manual or CMS manual coding instructions
90791	0362T		20201001	*	0	CPT Manual or CMS manual coding instructions
90791	0363T		20141001	20181231	0	CPT Manual or CMS manual coding instructions
90791	0364T		20141001	20181231	0	CPT Manual or CMS manual coding instructions
90791	0365T		20141001	20181231	0	CPT Manual or CMS manual coding instructions
90791	0366T		20141001	20181231	0	CPT Manual or CMS manual coding instructions

## User Key

- **Column 1:** Primary Reimbursable Code
- **Column 2:** Secondary Code for Consideration of Paring
- **\*=in existence:** Identifies edits in place prior to 1996
- **Effective:** Effective date
- **Deletion Date:** Term date
- **Modifier:** 0 = Cannot override PTP paring rule, 1 = Modifier override allowed, 9 = No longer an active rule
- **PTP Edit Rationale:** Summary of edit

# MUE Example

Certain HCPCS/CPT has a specified unit allowance. These limits can be overridden when medically necessary with the use of appropriate modifiers.

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HCPCS/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
90791	1	3 Date of Service Edit: Clinical	Code Descriptor / CPT Instruction
90792	1	3 Date of Service Edit: Clinical	Code Descriptor / CPT Instruction
90832	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
90833	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
90834	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup

# Modifier XE, XP, and XU Guidance

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- Effective for claims billed with dates of service on and after 7/1/2021, X modifiers are configured in the AK Optum claims system for correct claim reporting.
- X modifiers are reported to indicate separate services that are medically necessary to occur on the same date of service as another service.



# Modifier XE, XP, and XU Guidance

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## X modifier definitions:

- **XE Modifier** – Separate encounter, service is distinct because it occurred during a separate encounter
- **XP Modifier** – Separate practitioner, service is distinct because it was performed by a separate provider
- **XU Modifier** – Unusual non-overlapping service, the service is distinct because it does not overlap usual components of the main service

# Modifier XE, XP, and XU Guidance

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## Reminder:

- All documentation must clearly indicate the medical necessity for the additional service(s) and the amounts of the services.
- In the AK Optum claims system, modifier 59 does not override National Correct Coding Initiative edits for:
  - More than one service on the same date of service, and
  - Multiple units of service on the same date of service.
- NCCI edits denial code is N29 Exceeds Clinical Criteria.
- Authorizations are currently lifted during the Public Health Emergency. When authorizations are required again, X-modifiers will not override authorization requirements.

# NCCI Limits Lifted Temporarily

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Please note that NCCI MUE service limits are temporarily lifted due to the Public Health Emergency. The codes impacted are listed below:

- 90832 and any allowed modifier combination
- 90834 and any allowed modifier combination
- 90837 and any allowed modifier combination
- 90846 and any allowed modifier combination
- 90847 and any allowed modifier combination
- 90849 and any allowed modifier combination
- 90853 and any allowed modifier combination

# Primary Modifier Guidance Grids

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The Primary Modifier Grids are posted on the website under Updates at: <https://alaska.optum.com/content/ops-alaska/alaska/en/providers/Updates.html>

## UPDATES

- Optum Primary Modifier Guidance for Alaska Medicaid Community Behavioral Health Services as of 7.1.2021

This version includes modifiers XE, XP, and XU

- This presentation demonstrates the importance of entering the exact sequence of procedure code modifiers when billing services to Optum
- Entering procedure code modifiers in the correct sequence is necessary for accurate claim payment amounts by Optum
- Entering procedure code modifiers in any other order may result in claim denials, underpayments and/or overpayments that must be refunded

# Modifier Sequence for State Plan Services 1/3

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2	Modifier #3
Behavioral Health Screen	T1023			
Behavioral Health Screen	T1023	95 or GT - Telehealth		
Alcohol and/or Drug Assessment	H0001			
Alcohol and/or Drug Assessment	H0001	95 or GT - Telehealth		
Mental Health Intake Assessment	H0031			
Mental Health Intake Assessment	H0031	95 or GT - Telehealth		
Integrated Mental Health & Substance Use Intake Assessment	H0031-HH	HH		
Integrated Mental Health & Substance Use Intake Assessment	H0031-HH	HH	95 or GT - Telehealth	
Psychiatric Assessment - Diag Eval	90791	XE, XP, or XU		
Psychiatric Assessment - Diag Eval	90791	95 or GT - Telehealth	XE, XP, or XU	
Psychological Testing	96136-HO	HO	XE, XP, or XU	
Psychological Testing	96136-HO	HO	95 or GT - Telehealth	XE, XP, or XU
Psychological Testing	96137-HO	HO	XE, XP, or XU	
Psychological Testing	96137-HO	HO	95 or GT - Telehealth	XE, XP, or XU
Psychological Testing	96130-HO	HO	XE, XP, or XU	
Psychological Testing	96131-HO	HO	XE, XP, or XU	
Neuropsychological Testing	96136-HP	HP	XE, XP, or XU	
Neuropsychological Testing	96136-HP	HP	95 or GT - Telehealth	XE, XP, or XU
Neuropsychological Testing	96137-HP	HP	XE, XP, or XU	
Neuropsychological Testing	96137-HP	HP	95 or GT - Telehealth	XE, XP, or XU
Neuropsychological Testing	96132-HP	HP	XE, XP, or XU	
Neuropsychological Testing	96133-HP	HP	XE, XP, or XU	
Psychotherapy, Individual	90832	XE, XP, or XU		
Psychotherapy, Individual	90832	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Individual	90834	XE, XP, or XU		
Psychotherapy, Individual	90834	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Individual	90837	XE, XP, or XU		
Psychotherapy, Individual	90837	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Family (w/o patient present)	90846	XE, XP, or XU		
Psychotherapy, Family (w/o patient present)	90846	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Family (w/o patient present)	90846-U7	U7	XE, XP, or XU	
Psychotherapy, Family (w/o patient present)	90846-U7	U7	95 or GT - Telehealth	XE, XP, or XU
Psychotherapy, Family (with patient present)	90847	XE, XP, or XU		
Psychotherapy, Family (with patient present)	90847	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Family (with patient present)	90847-U7	U7	XE, XP, or XU	
Psychotherapy, Family (with patient present)	90847-U7	U7	95 or GT - Telehealth	XE, XP, or XU

# Modifier Sequence for State Plan Services 2/3

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2	Modifier #3
Psychotherapy, Multi-family group	90849	XE, XP, or XU		
Psychotherapy, Multi-family group	90849	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Multi-family group	90849-U7	<b>U7</b>	XE, XP, or XU	
Psychotherapy, Multi-family group	90849-U7	<b>U7</b>	95 or GT - Telehealth	XE, XP, or XU
Psychotherapy, Group	90853	XE, XP, or XU		
Psychotherapy, Group	90853	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Group	90853-U7	<b>U7</b>	XE, XP, or XU	
Psychotherapy, Group	90853-U7	<b>U7</b>	95 or GT - Telehealth	XE, XP, or XU
Comprehensive Medication Services	H2010			
Comprehensive Medication Services	H2010	95 or GT - Telehealth		
Short-term Crisis Intervention Service	S9484			
Short-term Crisis Intervention Service	S9484	95 or GT - Telehealth		
Short-term Crisis Intervention Service	S9484-U6	<b>U6</b>		
Short-term Crisis Intervention Service	S9484-U6	<b>U6</b>	95 or GT - Telehealth	
Short-term Crisis Stabilization Service	H2011			
Short-term Crisis Stabilization Service	H2011	95 or GT - Telehealth		
Case Management	T1016			
Case Management	T1016	95 or GT - Telehealth		
Therapeutic BH Services - Individual	H2019			
Peer Support Services - Individual	H0038			
Therapeutic BH Services - Group	H2019-HQ	<b>HQ</b>		
Therapeutic BH Services - Family (with patient present)	H2019-HR	<b>HR</b>		
Therapeutic BH Services - Family (w/o) patient present)	H2019-HS	<b>HS</b>		
Peer Support Services - Family (with patient present)	H0038-HR	<b>HR</b>		
Peer Support Services - Family (w/o patient present)	H0038-HS	<b>HS</b>		
Peer Support Services - Individual	H0038			
Day Treatment for Children (combined mental health & school district resources)	H2012			

# Modifier Sequence for State Plan Services 3/3

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2	Modifier #3
Treatment Plan Review for Methadone Recipient	T1007			
Oral Medication Administration, direct observation; on premises	H0033			
Oral Medication Administration, direct observation; off premises	H0033-HK	<b>HK</b>		
Methadone Administration and/or service	H0020			
Ambulatory Detoxification	H0014			
Clinically Managed Detoxification	H0010			
Medically Managed Detoxification	H0011			
Medical Evaluation for Recipient NOT Receiving Methadone Treatment	H0002			
Medical Evaluation for Recipient Receiving Methadone Treatment	H0002-HF	<b>HF</b>		
Screening, Brief Intervention, and Referral for Treatment (SBIRT)	99408	XE, XP, or XU		
Screening, Brief Intervention, and Referral for Treatment (SBIRT)	99408	95 or GT - Telehealth	XE, XP, or XU	
Residential Substance Use Disorder Treatment - Clinically Managed; Low Intensity	H0047			
Residential Substance Use Disorder Treatment - Clinically Managed; Medium Intensity	H0047-TF	<b>TF</b>		
Residential Substance Use Disorder Treatment - Clinically Managed; High Intensity	H0047-TG	<b>TG</b>		

Questions?