



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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NATIONAL CORRECT CODING INITIATIVE (NCCI)

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The National Correct Coding Initiative (NCCI) developed by the Centers for Medicare & Medicaid Services (CMS) helps to promote national correct coding methodologies and controls improper coding. The coding policies developed are based on coding conventions defined in the American Medical Association's Current Procedural Terminology (CPT) manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practice, and review of current coding practice. The purpose of the NCCI edits is to ensure the most comprehensive groups of codes are billed rather than the component parts. Additionally, NCCI edits check for mutually exclusive code pairs. These edits are implemented to ensure that only appropriate codes are grouped and priced.

Missouri Medicaid will require providers to follow Medicare's Physician NCCI guidelines effective for dates of service on or after July 1, 2007. System editing will be put into place to assure correct coding is followed. Providers can find the current Physician NCCI edits and the current Mutually Exclusive Code (MEC) edits on the CMS Web site at: <http://www.cms.hhs.gov/physicians/cciedits>.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via E-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896