 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTHCARE	JOHNS HOPKINS HEALTHCARE	Policy Number: RPC.014 Effective Date: 9/1/2019 Revision Date:
	Subject: NCCI and MUE Edits Department: Provider Relations Lines of Business: EHP, PPMCO, USFHP, AdvantageMD	Page 1 of 3

ACTION

- New Policy
- Repealed Policy Date: _____
- Superseded Policy Number: _____

The most current version of the reimbursement policies can be found on www.jhhc.com.

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Johns Hopkins HealthCare (JHHC) benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services must be billed with ICD-10 codes, CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current Reimbursement Policies are not followed, Johns Hopkins HealthCare (JHHC) may:


- Reject or deny the claim
- Recover and/or recoup claim payment

JHHC reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state or commercial client contracts, or state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, JHHC strives to minimize these variations.

JHHC reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy on www.jhhc.com.

POLICY:

It is the policy of Johns Hopkins HealthCare (JHHC) to follow the CMS NCCI guidelines for PTP and MUE edits.

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SCOPE:

This policy applies to claims submitted on the CMS-1500 Claim Form or its electronic equivalent, to any JHHC product, from network and non-network physicians, providers, and suppliers; for services including, but not limited to, physician services, outpatient hospital services (including, but not limited to, therapy services reported by skilled nursing facilities, comprehensive outpatient rehabilitation facilities, home health agencies), outpatient therapy services, ambulatory surgical centers, durable medical equipment and supplies.

DEFINITIONS:

Medically Unlikely Edits (MUE) – The MUE for a HCPCS/CPT code is the maximum number of units of service (UOS) expected to be reported under most circumstances by the same provider for the same beneficiary on the same date of service.

National Correct Coding Initiative (NCCI) – CMS developed coding methodologies aimed to control improper billing and payment of claims.

Procedure-to-Procedure (PTP) – PTP edits prevent inappropriate payment of services that should not be reported together.

REIMBURSEMENT GUIDELINES:

Billed units of service are not to exceed the PTP or MUE values defined by CMS, for a HCPCS/CPT code or the claim line will be denied. Denials may be disputed and must include medical records and other supporting documentation for review, or the initial denial will be upheld.

CMS provides quarterly updates on the PTP and MUE values, on their website at:

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html> .

Medicaid NCCI Edit files can be found via their website at:

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


Links for additional information and guidance, on NCCI guidelines, are provided in the References section below.

EXCLUSIONS

This policy does not apply to facility claims for inpatient services.

EXEMPTIONS

NA

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REFERENCES:

CMS NCCI, [Medically Unlikely Edits](#) and [Quarterly MUE Updates](#) webpages

CMS Claims Manual, [Chapter 23, Section 20.9: National Correct Coding Initiative \(NCCI\)](#)

CMS NCCI Policy Manual, [General Correct Coding Policies](#)

[CMS State Medicaid letter](#)

[NCCI FAQs list](#)

Medicaid NCCI webpage: <https://www.medicaid.gov/medicaid/program-integrity/ncci/index.html>

[Medicaid NCCI General Correct Coding Policies](#)

APPROVALS

Reimbursement Policy Committee Date: July 30, 2019

Review/Revision Dates: 7/22/2019