



Payment Policy: NCCI Edit Initiative – Incidental Procedure Edit		
Purpose: Commonwealth Care Alliance® (CCA) has adopted the National Correct Coding Initiative (NCCI). This policy addresses the Incidental Procedure Edit and provides detail on the industry standard description and rationale supporting the incidental procedure.		
Original Date Approved: 2/1/18	Effective Date 4/1/18	Date Revised: N/A
Scope: Commonwealth Care Alliance (CCA) Product Lines: <input checked="" type="checkbox"/> All product lines <input type="checkbox"/> Senior Care Options <input type="checkbox"/> One Care		
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POLICY SUMMARY

The NCCI has established tables that are made up of code pairs and code combinations. The combinations listed within the tables identify certain procedures/services that would not be performed on the same day or during the same session and therefore, should not be reported together. Codes that appear on claims submitted to CCA are compared with the computerized NCCI coding edits. If a code combination on the claim form matches a code combination in the NCCI edits, a denial of a procedure or service will occur.

Incidental is defined as a procedure carried out at the same time as a primary procedure but is not clinically integral to the performance of the primary procedure and therefore, should not be reimbursed separately.

INCIDENTAL PROCEDURE EDIT DEFINITION

Incidental procedures require little additional provider resources and are not generally considered necessary to the performance of the primary procedure. An incidental procedure is not reimbursed separately on a claim. Incidental services includes procedures that can be performed along with the primary procedure but are not essential to complete the procedure. They do not typically have a significant impact on the work and time of the primary procedure. Incidental procedures are not separately reimbursable when performed with the primary procedure.

EXAMPLES RELATED TO REIMBURSEMENT

Example: Billing the following procedures together: 44005 – Enterolysis (surgical separation of intestinal adhesions, separate procedure) & 44140 – Partial colectomy with anastomosis (primary procedure)

NCCI Correct Coding: Separate procedures are not reported in addition to the total procedure or service – Line item denial of procedure 44005 and reimbursement in full of line item 44140



Example: Billing the following procedures together: 47120 – Hepatectomy, resection of liver, partial lobectomy & 47371 – Laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical
NCCI Correct Coding: 47371 is considered incidental to the primary procedure 47120. Line item denial of procedure 47371 and reimbursement in full of line item 47120

Example: Billing the following procedures together: 47370 - Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency & 76942 – Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation
NCCI Correct Coding: 76942 is considered incidental to the primary procedure 47370. Line item denial of procedure 76942 and reimbursement in full of line item 47370

****Modifier 59 would be appropriate if the ultrasonic guidance service 76942 is performed for a procedure done unrelated to the surgical laparoscopic ablation procedure****

Example of message that will appear of Explanation of Benefits (EOB): *This procedure is incidental to another procedure processed on this or another claim. This procedure is incidental to the primary procedure. Reimbursement is included in the allowance for that primary procedure.*

AUDIT AND DISCLAIMER INFORMATION

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

CMS works with an individual contractor, Correct Coding Solutions, LLC, which manages and maintains the NCCI program. However, all decisions on the edits are made by CMS. Comments or inquiries relating to the edits can be sent to the following address:

National Correct Coding Initiative
Correct Coding Solutions, LLC
P.O. Box 907
Carmel, IN 46082-0907
Fax: 317-571-1745

REFERENCES

CCA Website: <http://www.commonwealthcarealliance.org/providers/resources/cca-payment-policies>

CMS Website: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-MedicaidCoordination.html>

National Correct Coding Initiative CMS Website:

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