

Indiana Medicaid Resolutions Manual

NAME: 4185 OBSOLETE-OTPT COLUMN I/II & MUTUALLY EXCLUSIVE

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when a National Correct Coding Initiative (NCCI) Column I/Column II or Mutually Exclusive (ME) procedure code pair submitted on a UB-04 outpatient claim form should not be reported together (Column I/Column II) and/or cannot reasonably be performed at the same anatomic site or during the same patient encounter (ME). NCCI editing applies to claims with dates of service on or after October 1, 2010.

CRITERIA:

If the claim contains code pairs found to be unbundled according to the Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI), for which a submitted procedure is not recommended for reimbursement when submitted with another procedure as defined by a code pair found in NCCI, set this edit with EOB 4182.

NOTE: NCCI editing is applicable to outpatient services billed on the UB-04. Editing will occur on details billed with the same date of service, same member and the same billing provider NPI. Provider contract group types NCCI Durable Medical Equipment contract 170 and NCCI Outpatient Hospital Services Contracts contract 180 are applicable to this edit. The contract descriptions on how they impact this edit are located in Core MMIS > Main Menu > BPA > Related Data > Open Tab > Other > Provider Contract Group Type > Select the appropriate group number.

When appended to the code listed on the CMS files as the Deny service (Column II of the Column I/II file, and the second column of the Mutually Exclusive file), the following modifiers allow override of the edit:

25, 58, 59, 78, 79, 91, E1-E4, F1-F9, FA, LC, LD, LT, RC, RT, T1-T9, TA, XE, XP, XS and XU. Modifier groups applicable to this edit are 1213, 100002, and 100003. The modifiers that allow override of the edit can be located in Core MMIS > Main Menu > BPA > Related Data > Open Tab > Other > Modifier Group Type > Select the appropriate group number.

DISPOSITION:

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Note: EOB 9999 with a Do Not Post status is for internal system use only. This EOB is used to avoid potential system processing abends. This EOB is not posted on the RA and the disposition may be ignored.

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4182	DENY
04	30	9999	PAY
04	32	9999	PAY
04	33	9999	PAY
04	34	9999	PAY
04	70	9999	PAY
04	72	9999	PAY
04	73	9999	PAY
04	74	9999	PAY
04	91	4182	SUSPEND

EOB: 4182 - SERVICE DENIED DUE TO A NATIONAL CORRECT CODING (NCCI) EDIT.
GO TO [HTTP://WWW.MEDICAID.GOV/NATIONALCORRECTDODINITE/](http://WWW.MEDICAID.GOV/NATIONALCORRECTDODINITE/FOR)FOR
INFORMATION REGARDING NCCI CODING POLICIES.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment	19950101	22991231

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Information REF), if present.

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied.

Claims suspended for Region 90 (Special Batch) will be worked by the Healthcare Administrative Review Specialist who will confer with OMPP for authority to override this edit.

