NAME: **4183 COLUMN I/II AND MUTUALLY EXCLUSIVE EDITS (DTL)**

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 CMS-1500 professional 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.

This edit also applies to claims submitted on a UB-04 outpatient claim by Ambulatory Surgical Centers (ASC), provider type 02, specialty 020 only.

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 4181.
NOTE 1: NCCI editing is applicable to medical services billed on the CMS-1500 claim form. Editing will occur on details billed with the same date of service, same member and the same billing provider NPI. The rendering provider is not considered for NCCI editing purposes. Provider contract group types NCCI Durable Medical Equipment contract 170, the NCCI Outpatient Hospital Services Contracts contract 180, and NCCI PTP Exclude Contract 200 are applicable to this edit.
The descriptions on how they impact this edit can be 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, AJ, AH, HE, HM, SA, U7, 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.
The following Antepartum and lab code pairs are not subject to this edit:
Antepartum Care . CPT codes 59425 . Antepartum care only; 4-6 visits and 59426 . Antepartum care only;7 or more visits (when billed with modifiers U1- Trimester one -0 through 14 weeks, 0 days, U2 . trimester two -14 weeks, one day through 28 weeks, 0 days or U3 . Trimester three . 28 weeks, one day, through delivery) , 99354 modifier TH . Prolonged Physician Service in office or other outpatient Setting requiring face to face contact when billed on the same date of service as the lab codes listed below will not be subject to NCCI Column I/II editing:
Table 1 . Antepartum Care and Lab Services
Lab CPT Code Lab CPT Description
59000 Amniocentesis
59015 Chorionic Villus
81001 Urinalysis
82105 Alpha-Fetaprotein . Serum
82947 Glucose blood
82951 Glucose Tolerance test
86644 CMV antibody titer
86694 Herpes simplex test
86701 HIV test (optional)
86777 Toxoplasma antibody titer
88150, 88152-88155 Cervical cytology (Pap smear)
80055 Total obstetrical panel includes:

- CBC with complete differential
- Hepatitis B surface antigen
- Rubella antibody titer
- Syphilis test
- Antibody screen, RBC
- Blood typing (ABO)
- Blood typing (RhD)

Or instead of 80055, use the following:
85025 CBC with complete differential
87340 Hepatitis B surface antigen
86762 Rubella antibody titer
86592 Syphilis test; qualitative such as VDRL, RPR, ART
86850 Antibody screen, RBC
86900 Blood typing (ABO)
86901 Blood typing (RhD)
NOTE 2: NCCI editing is applicable to claims submitted on a UB-04 outpatient claim by Ambulatory Surgical Centers (ASC), provider type 02, specialty 020 only. These claims will be

edited against McKesson NTIS_ALL physician files. Editing will occur on details billed with the same date of service, same member and the same billing provider NPI.
NOTE 3: Claim detail will pay when the rendering providers are different, effective 9/26/2012.
NOTE 4: Claim detail will deny when the rendering provider is the same, effective 9/26/2012.

DISPOSITION:

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: M - Professional Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4181	DENY
04	30	9999	PAY
04	32	9999	PAY
04	33	9999	PAY
04	34	9999	PAY
04	35	9999	PAY
04	36	9999	PAY
04	37	9999	PAY
04	38	9999	PAY
04	70	9999	PAY
04	72	9999	PAY
04	73	9999	PAY
04	74	9999	PAY
04	91	4181	SUSPEND

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

Location	Region	EOB	Disposition
04	00	4181	DENY
04	30	9999	PAY
04	32	9999	PAY
04	33	9999	PAY
04	34	9999	PAY
04	35	9999	PAY
04	36	9999	PAY
04	37	9999	PAY

04	38	9999	PAY
04	70	9999	PAY
04	72	9999	PAY
04	73	9999	PAY
04	74	9999	PAY
04	91	4181	SUSPEND

EOB: 4181 - SERVICE DENIED DUE TO A NATIONAL CORRECT CODING (NCCI) EDIT. GO TO HTTPS://WWW.MEDICAID.GOV/MEDICAID/PROGRAM-INTEGRITY/NATIONAL-CORRECT-CODING-INITIATIVE-MEDICAID/INDEX.HTML 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 Information REF), if present.	19950101	22991231

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	19950101	22991231

adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

METHOD OF CORRECTION:

Claims Seting this edit will be systematically denied with EOB 4181.
For special batch claims, follow special instructions to adjudicate the claim.
Encounter claims are set to post and pay for this edit.