



Tools of the Trade

This workshop will help you become familiar with Correct Code and Clinical Edits and the role they play in your office.

Before beginning, please click on the “Notes” tab in the left-hand navigation to find additional information.

[Print a copy of this workshop.](#)

Revised July 2010

Objectives

At the completion of this provider workshop, you should be able to:

- Understand the Medicare National Correct Coding Initiative (NCCI) and Regence's Correct Code Editor (CCE)
- Locate the Regence Coding Toolkit
- Access Medicare's NCCI edits
- Access Regence Customized and Significant Clinical Edits, including Regence CCE
- Know where to find additional information

NCCI

- The Centers for Medicare and Medicaid Services (CMS) developed the NCCI to promote national correct coding methodologies and to control improper coding leading to inappropriate payment of Medicare Part B claims.
- The purpose of the NCCI edits is to prevent improper payment when incorrect code combinations are reported.
- CMS coding policies are based on coding conventions defined in the American Medical Association's (AMA) Current Procedural Terminology (CPT®) manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices and a review of current coding practices.

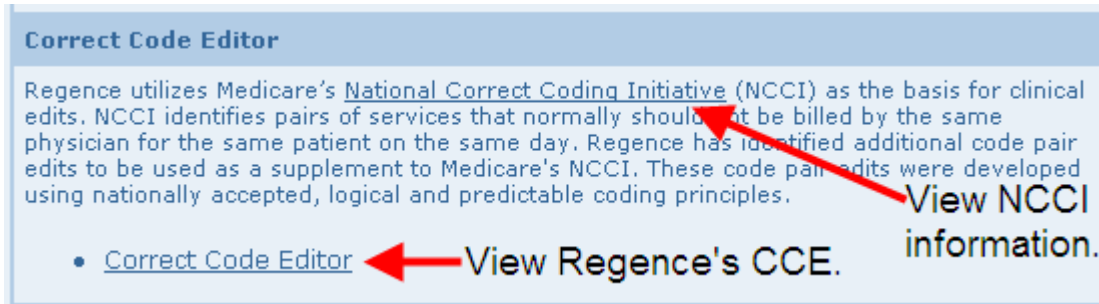
Regence CCE

- Regence claim adjudication systems:
 - Utilize customized editing rules and Medicare's NCCI as the basis for clinical edits.
 - Are updated on a quarterly basis to coincide with Medicare's NCCI update.
- Regence CCE code pair edits supplement Medicare's NCCI.
- Regence CCE code pair edits follow nationally accepted, logical and predictable coding principles.
- Regence CCE applies to claims for all lines of business, including the BlueCard® Program, Regence MedAdvantage and Federal Employee Program (FEP).

Regence CCE

- Includes Regence-identified additional code pair edits used as a supplement to Medicare's NCCI.
- Lists all CCE code pair edits.
- Identifies component service codes that are inappropriately reported as separate and distinct services from the comprehensive code.

Access the CCE from the [Coding Toolkit](#)



Correct Code Editor

Regence utilizes Medicare's [National Correct Coding Initiative \(NCCI\)](#) as the basis for clinical edits. NCCI identifies pairs of services that normally should not be billed by the same physician for the same patient on the same day. Regence has identified additional code pair edits to be used as a supplement to Medicare's NCCI. These code pair edits were developed using nationally accepted, logical and predictable coding principles.

[View NCCI information.](#)

- [Correct Code Editor](#) **← View Regence's CCE.**

[View Regence's CCE](#)

Code Pair Edit Types

There are two types of code pair edits:

- **NCCI edits** are used as the basis for clinical edits. NCCI identifies pairs of services that normally should not be billed by the same physician for the same patient on the same day. It also promotes uniformity among the contractors that process Medicare claims in interpreting Medicare payment policies.
- **Regence CCE edits** are additional code pair edits identified by Regence to supplement Medicare's NCCI. These code pair edits were developed using nationally accepted, logical and predictable coding principles.

Medicare NCCI Edits

There are two parts to NCCI, which are contained in two separate files:

- Mutually Exclusive Edits
- Column 1/Column 2 edits

The Mutually Exclusive Edits table and Column 1 and Column 2 in the Correct Coding Edits table include code pairs that should not be reported together.

View the [*NCCI Coding Policy Manual*](#)

Using NCCI Edits

1. Access the applicable [NCCI Edits link](#)
2. Click the link that applies to the codes on your claim
3. Download a zip file containing .xls files that includes a reference to the modifier key

NCCI Edits - Physicians

The list below shows National Correct Coding Initiative Edits for Physicians. To view a type, click the appropriate link in the list.

Select From The Following Options:

Show all items

Show only (select one or more options):

Show only items whose last modified date is within the past

Show only items whose Code Range is

Show only items containing the following word

There are **13** items in this list.

Sort by:

Service Type ▲▼	Code Range ▲
Category III Codes	0001T-9999T
Anesthesia Services	00100-00999
Anesthesia Services	01000-09999
Surgery: Integumentary System	10000-19999
Surgery: Musculoskeletal System	20000-29999


NCCI Edits - Physicians


Details for Category III Codes

Shown below are the details for the item you selected from the list.

Service Type	Category III Codes
Code Range	0001T-9999T
Effective Date	01/01/2009 - 03/31/2009
Version Number	15.0

Downloads

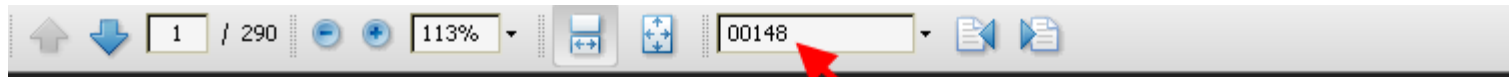
[CPT Codes 0001T-9999T - Column1/Column2 \[Zip, 23KB\]](#) 

[CPT Codes 0001T-9999T - Mutually Exclusive \[Zip, 4KB\]](#) 

Viewing and Searching CCE Documents

View and search each CCE document to determine which code pair edits, if any, apply to a code.

Open the document and enter the procedure code in the Search field.



Enter procedure code in this field and press the Enter key.

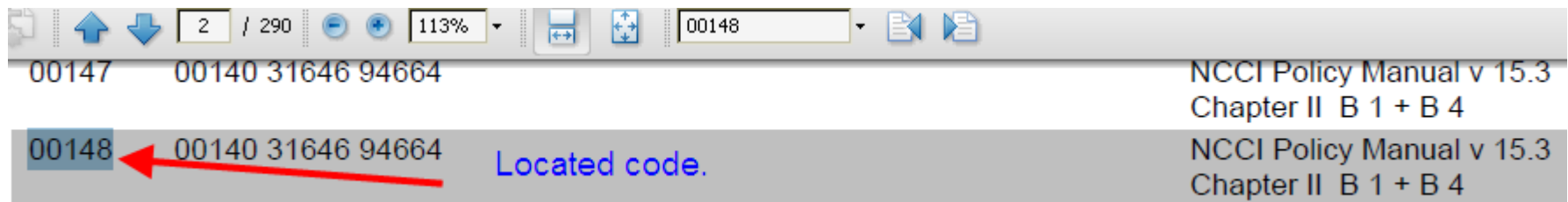
Regence Correct Code Editor

Supplement to CCI Version 16.1

Effective for dates of service beginning

These edits are not listed separately in the grid.

If located, the code will be displayed and highlighted.



Regence Coding Toolkit

The Regence Coding Toolkit contains:

- Add-on codes
- Unlisted codes
- Regence Correct Code Editor
- Regence Global Periods
- Codes without allowables
- Medicare's NCCI bypass modifiers (e.g., Modifiers -25 and -59)
- Regence Customized and Significant Clinical Edits

Clinical Edits

There are two major types of clinical edits - those related to reimbursement policy and those related to medical policy.

All edit types are contained in the Coding Toolkit.

Clinical Edits Related to Reimbursement Policy

The following edits are related to reimbursement policy:

- Age
- CCE
- Medicare NCCI
- Gender
- Lab Panel
- Same Day
- New Patient
- Follow-up Day
- Unlisted Codes
- Codes without Allowables
- Regence Invalid
- Services not intended to be reported by physicians in a facility setting

Clinical Edits Related to Medical Policy

The following edits are related to medical policy:

- Cosmetic
- Potentially Cosmetic
- Investigational
- Potentially Investigational
- Medical Necessity

Regence Clinical Edits by Code lists

- Apply to our group and Individual products
- Indicate if pre-authorization is required
- Includes clinical edits for:
 - Regence Invalid
 - Investigational (these codes are **always investigational**)
 - Cosmetic (these codes are **always cosmetic**)
 - Potentially Investigational (these codes **may be investigational. A determination will be made upon review of medical records based on our medical policy**)
 - Potentially Cosmetic (these codes **may be cosmetic. A determination will be made upon review of medical records based on our medical policy**)
 - Medical Necessity (these codes **must be reviewed with medical records to determine if they are medically necessary based on our medical policy**)

Note: Please submit medical records for claims that include codes with edit types requiring them.

Resources

Thank you for completing this online workshop. We encourage your feedback or questions via [email](#).

[Provider Web Site](#)

- [Contact Us](#)
- [Coding Toolkit](#)
- [Claims and correspondence addresses](#)
- [Medical](#) and [Reimbursement](#) policies

[CMS Web site](#)