



Clinic

Quarterly National Correct Coding Initiative (NCCI) Edits Updated

In this Newsletter:

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Effective April 1, 2014, the updated quarterly National Correct Coding Initiative (NCCI) edits were implemented in eMedNY. There are two types of NCCI edits:

1. Procedure-to-procedure (PTP) edits define pairs of codes that should not be reported together for a variety of reasons. When a PTP edit is set it may show on your remittance statement as **Edit 00715 - PROCEDURE CONFLICTS WITH PRIOR SERVICE** (Claim Adjustment Reason Code: 97) or **Edit 02169 - SERVICE CONFLICTS WITH PRIOR SERVICE, PAY AND ADJUST THE HISTORY CLAIM** (Claim Adjustment Reason Code: B13).
2. Medically Unlikely Edits (MUEs) define for each code the maximum units of service (UOS) that a provider would report under most circumstances for a single beneficiary on a single date of service. When an MUE edit is set it may show on your remittance statement as **Edit 00180 - UNITS GREATER THAN MAXIMUM** (Claim Adjustment Reason Code: 50) or **Edit 02074 - UNITS GREATER THAN MAXIMUM** (Claim Adjustment Reason Code: 50).

More information regarding NCCI is available at the National Correct Coding Initiative in Medicaid website:
<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html>

More information regarding edits, including possible causes and solutions, can be found at the Edit / Error Knowledge Base Search Tool:

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https://www.emedny.org/HIPAA/5010/edit_error/index.aspx

For billing questions, call CSC at 1-800-343-9000.

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