



# healthlines

A newsletter for our providers

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## PNM Editorial Staff

Douglas Hauge  
Marilee J. Moritz

## Provider Assistance Center

612-676-3300 or  
1-888-531-1493 (toll free)

## UCare Minnesota

P.O. Box 52  
Minneapolis, MN  
55440-0052  
Attn: Provider Network  
Management

If you have comments and/or suggestions for future content, please email us at [healthlines@ucare.org](mailto:healthlines@ucare.org).

For more information and updates, please visit [www.ucare.org](http://www.ucare.org).

*Note: Links contained within PDF are active.*

## Laurie Dean joins UCare Minnesota as Senior Vice President of Operations

UCare Minnesota is proud to introduce Laurie Dean as the organization's Senior Vice President of Operations.

In her new position, Dean provides leadership for UCare's Claims, Customer Services, Delegated Business Services, and Provider Network Management departments. As a member of the Strategic Management Team, she will help guide the strategic direction of UCare to achieve organizational goals.

"We welcome Laurie and her extensive health care knowledge to UCare," said Nancy Feldman, UCare's President and CEO. "With almost 20 years of managed health care experience and a clear understanding of member needs, Laurie will contribute greatly to our growth and success. Laurie shares UCare's unwavering commitment to our members and our provider partners, and she understands our state and federal regulatory environment."

Before joining UCare, Dean was Senior Vice President of the M-Care/University of Michigan Health System in Ann Arbor, Mich. She was responsible for all internal health care operations at this 210,000-member managed care plan, which offers Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), Point of Service (POS), Medicaid, and Health Savings Account (HSA) products to individuals and businesses in southeastern Michigan. Prior to joining M-Care in 1998, Dean was Director of Provider Relations at SelectCare, a 325,000-member managed care plan based in Troy, Mich.

Dean graduated magna cum laude from Luther College in Decorah, Iowa, with a B.A. in Biology and Health Education.

## New CMS 1500 Claim Form and UB04 is Effective July 16, 2007; Begin Using it Now

Health care providers should begin using the revised version of the Centers for Medicare & Medicaid Services (CMS) 1500 claim form (8/05) and the new UB-04 (CMS-1450) claim form effective for claims submitted on and after July 16, 2007.

Paper claim submissions using the older version of the CMS 1500 (12/90) and UB-92 claim forms on and after July 16, 2007 will no longer be accepted and will be returned to the provider requesting resubmission on the newer claim forms.

Claim resubmissions, including Claim Status Adjustments, should be submitted on the revised forms, even though the older version was used upon initial claim submission.

For additional information about the acceptance of the new CMS-1500 claim form and UB-04, please visit us online at [www.ucare.org/providers/index.html](http://www.ucare.org/providers/index.html).



Laurie Dean

## UCare Minnesota National Provider Identifier (NPI) Contingency Plan

On April 2, 2007, CMS announced a one-year contingency plan for covered entities that were unable to comply by the May 23, 2007, deadline with the National Provider Identifier (NPI) regulations under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

The contingency plan allows covered entities that have been making a good faith effort to comply with the NPI provisions, up to 12 months (until May 23, 2008) to implement a contingency plan to ensure uninterrupted HIPAA transactions. This contingency allows for additional time to conduct testing that can eventually lead to exclusive, NPI-only provider identification.

The NPI contingency plan also recommends increased communication with health plans and others about their NPI readiness.

Here is UCare's status on this issue and action:

**UCare is currently unable to accept and pay claims submitted with only the NPI on the compliance date of May 23, 2007.** As such, UCare will continue to use the UCare Provider ID to process claims until further notice.

**CLAIMS:** UCare will accept claims with either of the following present:

- Both NPI and UCare Provider ID (dual IDs) reported on the claim.
- Single UCare Provider ID reported on the claim.

UCare is working to identify a date by which we will accept NPI-only claims. Until that date is announced, we will process dual ID claims using the NPI rather than the UCare Provider ID at that time.

For providers who are not eligible for and are not issued an NPI, UCare will continue to require the UCare Provider ID be reported on all claim transactions.

**REMITTANCE ADVICE:** On the NPI compliance date (May 23, 2007), UCare did not report NPI on the electronic or paper remittance advices.

UCare is working to identify a date on which we will report NPI-only electronic (835) and paper remittance advices. For providers who are not eligible for and are not issued an NPI, UCare will continue to report the UCare Provider ID on all remittance advices.

UCare strongly encourages covered entities to notify us of your NPI, if you haven't already done so. To learn more about the different methods available for NPI submission, please visit our NPI page online at [www.ucare.org/providers/np.html](http://www.ucare.org/providers/np.html).

## Updated: Implementing the National Provider Identifier (NPI) FAQ

Here is an updated FAQ with answers to some of the most commonly asked questions about implementing the National Provider Identifier (NPI).

### **Q: When will you begin to accept NPI in electronic claim submission transactions?**

**A:** UCare currently receives electronic claim submission transactions that contain both the six-digit UCare Provider ID and the NPI, although we only use the UCare Provider ID for claim processing. We encourage providers to submit NPI in their electronic and paper claim transactions as soon as they are able.

\*\*\* UCare also asks providers to continue to submit the UCare Provider ID on all claim submissions, as well as the NPI if it is available, until further notice. \*\*\*

### **Q: When will you require only the NPI in paper claim submission transactions?**

**A:** *For Minnesota providers, UCare will continue to accept both NPI and UCare Provider ID beyond the compliance date (May 23, 2007) and until further notice.* During this time frame, claims submitted on a CMS-1500 claim form and UB-04 without a UCare Provider ID number will be rejected as incomplete.

Once UCare begins to accept NPI-only claims, any providers defined as "health care providers" by HIPAA should submit claims containing only an NPI; claims received without an NPI will be rejected as incomplete. In either case, claims rejected as incomplete are reported on the Claims Acknowledgement Report. After the May 23 compliance date, providers not defined as "health care providers" should continue to submit their UCare Provider ID on claims.

For additional information about the NPI and for the complete list of FAQs, please visit us online at [www.ucare.org/providers/np.html](http://www.ucare.org/providers/np.html).

Questions can also be sent to [NPI@ucare.org](mailto:NPI@ucare.org).

# UCare Provider Training Update

## 2007 Regional Training Seminars

### An invitation... to grow with us!

UCare will be in **Marshall on July 11**, **Mankato on July 13**, and **Rochester on July 24**, to conduct **free, educational training opportunities** designed for providers like you.

By attending this year's informative sessions, you will enhance your ability to care for your UCare patients, work more efficiently with UCare to deliver the best care possible, and learn about the UCare departments that serve you every day. CEUs will be available for Social Workers and Nurses.

Providers can choose from four different sessions that can be mixed and matched from two topic tracks:

#### Track 1 - Improving Seniors' Health

These sessions will help clinical/county professionals, including care coordinators, case managers, and public health nurses understand UCare's quality and health matters.

#### Track 2 - Administrative Details

Practical skills and information will be presented to help intake staff, billing coders, accounts receivable personnel, and clinic managers work efficiently with UCare's processes.

Invitations with seminar and registration details were mailed to providers in the spring. You'll also find dates, locations, and registration details at [www.ucare.org/providers/index.html](http://www.ucare.org/providers/index.html).

We hope you'll take advantage of these helpful training sessions, brought to you by UCare's Provider Network Management and Clinical Services departments.

## Home Health Care and PCA Provider Training 101

In addition to our regional training efforts, UCare is offering free educational training designed specifically for health care staff and front office personnel who work with UCare members. CEUs will be available for Social Workers and Nurses.

Our Provider Network Management group and Clinical Services staff designed "Home Health Care and PCA Provider Training 101." These two convenient, half-day sessions will help improve your delivery of care and services to UCare members.

The next training will be held in Mankato on **Wednesday, July 25**. Choose one of two half-day sessions, which will address:

- UCare Minnesota today.
- UCare case management roles and responsibilities.
- Contributions of utilization review staff.
- Extended home health care services.
- Medicare homebound services.
- PCA assessments.
- Authorizations.
- Billing procedures.

Questions are encouraged! For more details and registration information, visit us online at [www.ucare.org/providers/index.html](http://www.ucare.org/providers/index.html).

We intend to continue these training efforts as our network grows. On-site guidance is available, so write us at [healthlines@ucare.org](mailto:healthlines@ucare.org) if you need training on a specific topic. Remember, UCare is committed to providing excellent service to you, our valued providers.

## Network Services Coordinator is Your Resource for Help, Training

As a valued provider within the UCare provider network, you have a dedicated Network Services Coordinator to assist you in a variety of ways. This person can:

- Provide onsite training on a variety of topics, such as new UCare products and billing.
- Serve as a resource if you have claim payment concerns that are trends, or that have had a significant impact on your accounts receivables.
- Meet with your organization every year to provide you with annual, up-to-date information relevant to your organization's operations.

A Network Services Coordinator is assigned to each health system and/or geographical area. If you want the name of your UCare Network Services Coordinator, please contact Provider Network Management at 612-676-3260.



Grow with us!

## News and Notes

### 2007 Prior Authorization and Notification Requirement Reminder

UCare strives to minimize the administrative requirements of members and providers so that our members can easily obtain needed care. However, there are a few services and procedures for which UCare requires oversight through prior authorizations, referrals, or notifications.

In general, oversight is used for:

- Services for which lower-cost tests or treatments with comparable safety and effectiveness exist.
- Services or procedures that have accepted indications for limited use.
- Services that may be overused or inappropriately used.
- Services or procedures that are listed as “not covered” in the Evidence of Coverage, but for which there are unique situations where the provider considers the service medically necessary.

UCare uses grids to detail the services that require prior authorizations, referrals, or notification. The grids indicate the “Approving Authority” that receives and makes determinations about prior authorizations, referrals, or notifications. If the service is not listed on the grid, then you do not need to submit forms to the “Approving Authority.”

Here are a couple of reminders to consider upon seeking a prior authorization:

- Information submitted for review must be relevant and directly support medical necessity.
- Information should be objective regarding the patient’s status and specifically support the medical benefit of the proposed test or treatment. The physician’s order alone does not support medical necessity.
- Secure a prior authorization when a patient’s condition requires long-term care therapy (> 30 dates per therapy type) involving physical, occupational, and/or speech therapies. The documentation should include objective information to support continued professional therapy services; (initial assessment/testing, current plan of care, benefits, and expected outcomes). “Objective Information” shows a measurable outcome that requires the services of a licensed therapist and assures that reasonable progress is occurring such as increased distance walked, improved ADL scores, or improved performance on standard tests.

You can access the Prior Authorization and Notification Grid online in *Chapter 5* of our Provider Manual at [www.ucare.org/providers/provmanual.html](http://www.ucare.org/providers/provmanual.html).

### Pay for Performance (P4P) Action Lists Online

We are excited and pleased to continue to extend the opportunity for our providers to participate in our Pay for Performance (P4P) program for 2007. The P4P program provides financial recognition to clinics and clinic systems that exhibit superior or improved performance.

UCare can provide your clinic with an “Action List” (based on claims information) containing the names of patients who are assigned to your clinic and who have not yet received services outlined in the P4P provided to you earlier this year. Action Lists will be provided to you every other month.

If you would like to receive an Action List, simply fax the Action List Request Form to 612-884-2121. There is no need to submit a request if you already receive or have requested Action Lists this year. You can obtain an Action List Request Form online at [www.ucare.org/repository/public/provpage/pdf/2007\\_P4P\\_specs\\_letter\\_approved.pdf](http://www.ucare.org/repository/public/provpage/pdf/2007_P4P_specs_letter_approved.pdf).

### WebEx TeleConference Presentations

UCare Minnesota is now offering special WebEx TeleConference presentations, which combine Web-based Internet technology and teleconference. There is no fee, and no travel is required.

Participants are given a log-in meeting number and code. At the time of the presentation, participants log into *AT&T TeleConference Services* to view the presentation, and then call into the teleconference number provided to listen to it.

Upcoming presentations include:

*UCare Product Overview (Aug. 2, 2007)*  
*Access UCare (Aug. 2, 2007)*

Past presentations include:

*Medicare Denials for SNFs*  
*Medicare Advantage Product Overview*

For more information and to register for one of these special presentations please visit us online at [www.ucare.org/providers/index.html](http://www.ucare.org/providers/index.html).

## News and Notes

## Heart Failure Disease Management Program

UCare, in partnership with Cardiocom®, is pleased to offer an innovative remote telemonitoring program for our members with heart failure. The program is based on the Institute for Clinical Systems Improvement (ICSI) HF guidelines. It is elective and provided by UCare at no cost to the member.

### Program Basics

Each morning, patients use their Cardiocom® Telescale™ at home to weigh themselves and answer a series of questions about their current symptoms. The information is then transmitted over a standard telephone line to the desktop of the Cardiocom registered nurse. For members whose biometric data falls outside of established parameters, the Cardiocom nurse will call the patient, verify the reported symptoms, gather additional relevant information, and fax an Exception Report to the member's primary care doctor. Patients with Exception Reports that indicate a serious concern will receive a follow-up call from the Cardiocom nurse to verify that physician intervention has occurred.

For additional information about the program, eligibility requirements, and referral process, go to [www.ucare.org/repository/public/provforms/pdf/UCare\\_Minnesota\\_Heart\\_Failure\\_Management\\_Program\\_-\\_PROVIDER\\_GUIDE.pdf](http://www.ucare.org/repository/public/provforms/pdf/UCare_Minnesota_Heart_Failure_Management_Program_-_PROVIDER_GUIDE.pdf).

### OR

Call UCare's Zoraida Krusina, R.N., Disease Management Program Coordinator, at 612-676-3418.

## Provider Manual Updates

The following chapters have recently been updated:

- Chapter 10: Hospital Services (revised May 2007)
- Chapter 7: Skilled Nursing Facility (revised April 2007)
- Chapter 9: Public Health Services (revised April 2007)
- Chapter 13: Provider Resources for Child & Teen Checkups (C&TC) & Blood Lead Testing (revised April 2007)
- Chapter 17: Credentialing (revised April 2007)

Note: Our Provider Manual is updated periodically to reflect current information. You can access our Provider Manual online at [www.ucare.org/providers/provmanual.html](http://www.ucare.org/providers/provmanual.html).

## Fluoride Varnish Reimbursement

Did you know that medical healthcare professionals can be reimbursed by many health plans and by the Minnesota Department of Human Services for applying fluoride varnish to pediatric patients to prevent caries? After completing a short online tutorial (~one hour) at [www.meded.umn.edu/apps/pediatrics/FluorideVarnish/index.cfm](http://www.meded.umn.edu/apps/pediatrics/FluorideVarnish/index.cfm) anyone at your clinic can apply the varnish (e.g., medical assistants, office support staff, community health workers, etc.). No special health training is necessary.

Dental caries is the most prevalent chronic disease of children in the nation. It is caused by an overgrowth of acid produced by microorganisms in the mouth. Although it is largely preventable, dental caries continues to be a significant problem for many children in Minnesota. Children from low-income families and those without dental insurance or access to care are at high risk for dental caries. Almost 70% of all dental caries are found in 20% of children in the United States.

Primary care providers often have early access to high-risk children; therefore, opportunities exist for providers to prevent dental caries in the primary care setting. Prevention of dental caries should start with pregnant women. Education and preventive dental care should continue with both the mother and the child once the child is six months old. Fluoride varnish application is an easy, safe and effective way for primary care providers to prevent dental caries. Studies have proved that the use of fluoride varnish in combination with caregiver counseling reduces early childhood caries incidence.

Fluoride varnish application is a covered service for children enrolled in Minnesota Health Care Programs (MHCP). *Note: Effective Oct. 1, 2006, when the fluoride varnish application procedure is done at a C&TC screening, UCare will reimburse the provider as an add-on to the C&TC rate. Fluoride varnish application should be billed on the same claim as the other C&TC screening services and may be billed electronically or the CMS-1500 claim form. For dates of service prior to Jan. 1, 2007, providers must bill using code D1203. For dates of service on or after Jan. 1, 2007, providers must use code D1206 when billing for fluoride varnish application.*

## Call it Quits

Call it Quits is a collaboration among Minnesota's health plans and Clearway Minnesota. Working together, this group focuses on supporting you as you help and encourage patients to quit tobacco. Watch the mail for more information on how to register your clinic for a program to help stop tobacco use. For more information, call 651-662-4054.

## Information about UCare's Quality Projects

UCare has developed project "One Pagers" which contain information about specific UCare Quality Initiative Projects, including:

- MSHO Pneumococcal (PPV).
- Mammography Project.
- Blood Lead Testing.
- MSHO Depression Project.
- Child & Teen Checkups (C&TCs).
- Chlamydia Screening Project (PIP and incentive).
- Cervical Cancer Screening Project.
- Colorectal Cancer Screening (CCS).
- Calcium Plus Vitamin D.

You can access these informative "One Pagers" online at [www.ucare.org/providers/qualityinitiatives.html](http://www.ucare.org/providers/qualityinitiatives.html).

## CMS Issues Revised Hospital Discharge Appeal Notices

On Nov. 27, 2006, CMS published a final rule in the *Federal Register* entitled "Notification of Hospital Discharge Appeal Rights." This rule revises the process for how hospitals and Medicare health plans must notify Medicare beneficiaries who are hospital inpatients about their discharge rights, as well as the process for adjudicating appeals based on those rights.

**The new requirements take effect July 2, 2007**, and are set forth in revised 42 CFR 422.620 and 422.622. For further details regarding this change, please visit [www.cms.hhs.gov/BNI/12\\_HospitalDischargeAppealNotices.asp](http://www.cms.hhs.gov/BNI/12_HospitalDischargeAppealNotices.asp) on the CMS website. The revised forms are available online at [www.ucare.org/providers/provforms.html](http://www.ucare.org/providers/provforms.html).

## Fax Number in Place for Use by Critical Access Hospitals (CAHs)

If your facility is designated as a Critical Access Hospital (CAH), you receive letters from CMS that assign your Medicare service rates. However, CMS does not send a copy of these service rate letters to payers. Each CAH is responsible for sharing this information with their payers to ensure the correct and prompt payment of claims.

To streamline this process for UCare providers, please fax your hospital's CAH rates to this dedicated UCare phone line each time they are changed by CMS: **612-884-2232**.

We strive to provide a very high level of service to you and other CAH facilities. By using this new fax number to communicate your current CAH rates to us, we will improve our service to you, your patients, and, ultimately, our members.

UCare health lines

## Adult Rehabilitative Mental Health Services (ARMHS) Effective July 1, 2007

Effective July 1, 2007, any Adult Rehabilitative Mental Health Services (ARMHS) that you provide to UCare Minnesota members *should be billed directly to UCare*.

DHS is transferring responsibility for ARMHS received by UCare's Medical Assistance enrollees directly to us, the health plan. From July 1, 2007, forward, UCare will be responsible for ARMHS coverage and coordination for our members.

When you provide ARMHS to a UCare member, your claims should be submitted using your UCare facility number, and sent to UCare for payment to the address listed below:

**UCare Minnesota  
PO Box 52  
Minneapolis MN 55440-0052**

If you are an approved ARMHS provider through DHS, *it will not be necessary to have a contract with UCare* to provide these services to UCare state program members.

*Prior authorization will not be necessary unless you reach the thresholds* for these services which are:

- 300 hours per calendar year for Basic Living and Social Skills.
- 72 hours per calendar year for Community Intervention.
- 26 hours per calendar year for Medication Education.

If you reach these thresholds, you will need to contact the appropriate UCare mental health delegate for the authorization.

Please call our Provider Assistance Center at 612-676-3300 or 888-531-1493 (toll free) if you have Claims questions. For other questions related to ARMHS, call UCare's Lunda Thomas, Behavioral Coordinator, at 612-676-3462.

## Updated: Physician Certification Quantity Limit Exception Request Form

The **Physician Certification Quantity Limit Exception Request Form** has been updated. You can access the form online under Formularies at [www.ucare.org/providers/formularies.html](http://www.ucare.org/providers/formularies.html).

News and Notes

## UCare Fund Grantees Use Funds for Health Programs

The UCare Fund was created in 1998 as a community-directed initiative of UCare. The UCare Fund supports projects that advance UCare's mission to improve the health of our members through innovative services and partnerships across communities.

Last fall, this fund made financial grants to six Twin Cities community and health care organizations working to improve the health and overall well-being of the individuals and communities they serve.

Here is the list of grantees:

- **American Lung Association of Minnesota**, to make home environmental improvements for children with moderate and severe, persistent or poorly controlled asthma.
- **Catholic Charities-Seton Services Prenatal Program**, to help improve birth outcomes, and access to quality, consistent medical care for high-risk, low-income women and teens.
- **Center for Victims of Torture**, to contribute to programs, inter-agency linkages, and long-term intervention efforts that help support recovery by victims of torture.
- **Centro de Salud Community Health Clinic**, to support the hiring of a pediatrician, nurse practitioner, and medical assistant for three years to help Centro Cultural Chicano provide health care to thousands of Latinos in Minneapolis.
- **Comunidades Latinas Unidas En Servicio (CLUES)**, to help underwrite a bilingual Community Health Insurance Educator for this Latino social and behavioral health services provider in the Twin Cities.
- **South Lake Pediatrics**, to support the hiring of a Community Health Insurance Educator who will address health disparities among low-income families served at the six South Lake Pediatrics clinics in the metro area.

## Coding Zone

*Note: Correct coding is of utmost importance. The use of correct and up-to-date coding will expedite payment and ensure correct reimbursement. To promote consistent and accurate claim payment, UCare will assist providers with interpretation and the use of coding systems and guidelines.*

### Modifier 24 – 25

Modifiers can play an important role in determining the payment or denial of a procedure or service. To ensure correct payment, it is important providers understand their intent and impact. Here are some common modifiers that are missed that can cause denials or a reduction in payment.

#### Modifier 24

The Current Procedural Terminology (CPT) definition of modifier 24 is “Unrelated evaluation and management service by the same physician during a postoperative period.” The physician may need to indicate that an evaluation and management (E&M) service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E&M service. This modifier is only valid for use on an E&M service. The use of this modifier on any other type of service will cause a claim to deny.

The documentation must support the use of this modifier. Modifier 24 should be applied to an unrelated E&M service during the post-operative period beginning the day after a procedure, when the E&M is performed by the same provider and the procedure code has a 10- or 90-day global period.

Do not use this modifier when the E&M is not within a post-operative period. UCare uses the global days as assigned by CMS in the Medicare Physician Fee Schedule Database (MPFSDB). You can locate this database on the web at [www.cms.hhs.gov/PhysicianFeeSched/PFSRVF/list.asp#TopOfPage](http://www.cms.hhs.gov/PhysicianFeeSched/PFSRVF/list.asp#TopOfPage).

# News and Notes

## Modifier 25

The Current Procedural Terminology (CPT) definition of modifier 25 is “significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service.” The physician may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient’s condition required a significant, separately identifiable E&M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. This circumstance may be reported by adding modifier 25 to the appropriate level of E&M service.

Modifier 25 should only be used on E&M services and only when the service is provided by the same physician to the same patient on the same day as another procedure or service. Different diagnoses are not required for reporting the E&M service on the same date as the procedure or other service. Different diagnoses alone do not justify the use of modifier 25. Both the medically necessary E&M service and the procedure must be appropriately and sufficiently documented by the provider to support the need for modifier 25 on the claim.

The situation may occur where both the 24 and 25 modifiers are reported on an E&M code. When a significant, separately identifiable E&M visit on the day of a procedure falls within the post-operative period of another unrelated procedure, both modifiers 24 and 25 would be necessary on the E&M code.

## National Correct Coding Initiative (NCCI) Edits

For our *UCare for Seniors* Medicare Advantage product, UCare follows the National Correct Coding Initiative (NCCI) edits. The National Correct Coding manual helps promote national correct coding methodologies, and helps physicians code services correctly. The coding policies are based on coding conventions as defined by 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 practice.

NCCI edits are pairs of CPT or HCPCS codes that are not separately payable, except under certain circumstances. Claims for services billed by the same provider for the same member on the same date of service will process against NCCI edits. These edits are organized in two tables: Column 1/Column 2 Correct Coding Edits, and Mutually Exclusive Code (MEC) edits.

If clinical circumstances justify appending an NCCI-associated modifier to the column 2 code of a code pair edit, payment of both codes may be allowed. Indicators on the edit table will identify when to appropriately append a modifier to the column 2 code.

CMS has a web site that offers free listings of NCCI edits, and additional information to help you use NCCI edits. You also can read the full CCI policy manual on this web site. These edits are updated quarterly (in January, April, July, and October). To view and/or download CCI information visit [www.cms.hhs.gov/NationalCorrectCodInitEd/](http://www.cms.hhs.gov/NationalCorrectCodInitEd/).

## Reminders

- UCare's Coding Consultant Service is available to providers for coding and billing issues. Coding questions should be sent via e-mail to [codingconsultant@ucare.org](mailto:codingconsultant@ucare.org). *Note: There is a four-day turnaround time on these requests.*
- Don't forget to subscribe to our E-mail List Server to receive provider news and updates, including *health lines*, via e-mail. To subscribe, visit us online at [www.ucare.org/providers/index.html](http://www.ucare.org/providers/index.html).
- Did you know that UCare offers providers access to member information through our secure web site? Access UCare offers you several features that help streamline business operations and provide quick access to valuable information. For example, you can use Access UCare to verify member eligibility, or check the status of a claim and/or a referral/authorization. For more information and to register for Access UCare visit us online at [www.ucare.org/providers/index.html](http://www.ucare.org/providers/index.html).

If you have comments and/or suggestions for future content, please e-mail us at [healthlines@ucare.org](mailto:healthlines@ucare.org).

### Provider Assistance Center

612-676-3300 or  
1-888-531-1493 (toll free)