

Title 23: Division of Medicaid

Part 200: General Provider Information

Part 200 Chapter 1: General Administrative Rules for Providers

Rule 1.12: National Correct Coding Initiative (NCCI) Edits

- A. The Division of Medicaid defines National Correct Coding Initiative (NCCI) edits as edits implemented in the Medicaid Management Information System (MMIS) to control improper coding leading to inappropriate payments which includes:
1. NCCI procedure to procedure (PTP) edits defined as pairs of Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes that cannot be billed together, and
 2. NCCI medically unlikely edits (MUEs) defined for each HCPCS/CPT code utilizing the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service.
- B. The Division of Medicaid requires providers to follow the Medicaid National Correct Coding Initiative (NCCI) policies and edits:
1. Medicaid NCCI and medically unlikely edit (MUE) values are reviewed with the quarterly file updates, and
 2. Located at <https://www.medicaid.gov/medicaid/program-integrity/national-correct-coding-initiative/medicaid-ncci-edit-files/index.html>
- C. Providers must append NCCI associated modifiers only when appropriate clinical circumstances are documented in accordance with the NCCI policies and the HCPCS/CPT Manual instructions/definitions for the modifier/procedure code combination. A modifier cannot be appended to a HCPCS/CPT code solely to bypass an NCCI PTP edit if the clinical circumstances do not justify its use.
- D. Providers are required to bill for services according to Medicaid NCCI coding policies, the Fee Schedules on the Division of Medicaid's website and/or Administrative Code.

Source: 42 U.S.C. § 1396b; Miss. Code Ann. §§ 43-13-117, 43-17-121.

History: New Rule eff. 12/01/2020.