

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Sputa</i>	DATE <i>9-19-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101135</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Fock, Depo, CMS file</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



September 14, 2011

Mr. Anthony E. Keck, Director
Department of Health & Human Services
1801 Main Street,
Columbia, SC 29201

Dear Mr. Keck:

The Centers for Medicare & Medicaid Services (CMS) approves the Advanced Planning Document (APD) dated February 28, 2011 in accordance with 42 CFR Part 433.116, 45 CFR Part 92, 45 CFR Part 95, Subpart F, and the State Medicaid Manual (SMM), Part 11. We performed our review of this request in accordance with Federal regulations at Section 1903(a) (3) (A) of the Social Security Act, 42 CFR 433.112 and 42 CFR 433.15(b) (3) and the State Medicaid Manual Part 11.

This approval reflects the State's intent to deactivate National Correct Coding Initiative (NCCI) edits. Based on CMS' review of the response to the Request for Additional Information (RAI) received on April 18, 2011 and concerning the eight (8) Procedure-to-Procedure (PTP) edits for which the State is requesting deactivation, we are approving Part Two (2) and Part Three (3) of the NCCI APD as referenced in the response to the RAI.

The National Correct Coding Initiative (NCCI) is a program established by the CMS to help assure the correct billing of services. NCCI edits have been used in the Medicare program for many years. As a result of provisions in Section 6507 of the Affordable Care Act of 2010, State Medicaid programs were required to implement NCCI edits in their claims processing systems.

One type of NCCI edit is the Medically Unlikely Edit (MUE). MUEs are units-of-service (UOS) edits that specify the maximum number of UOS that are allowable under most circumstances by the same provider for the same beneficiary on the same Date of Service (DOS). MUEs are applied to individual claim lines.

Additionally, for Current Procedural Terminology (CPT) code 90472 (Immunization administration includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) has an MUE value of four (4). Code 90472 is always billed with code 90471 which is used for the first injectable vaccine administered on a given day. The MUE value for 90471 is one (1). Therefore, the MUE value for 90472 will be exceeded only if more than five (5) injectable vaccines, that are not reportable with other CPT codes, are administered on a single day.

Immunizations that are administered to patients through eighteen (18) years of age and that are provided with counseling by a physician or other qualified health care professional are billed with codes 90460 or 90461. The UOS for codes 90471 and 90472 are per injection. If multiple vaccines

are incorporated in a single formulation (e.g., measles-mumps-rubella), one (1) UOS of code 90471 or 90472 is billed.

If more than five (5) injectable vaccines billable with codes 90471 and 90472 are provided on a single DOS, they are billed on three (3) separate claim lines. For example, if six (6) injectable vaccines are administered, the billing is:

- 90471 – 1 UOS
- 90472 – 4 UOS
- 90472xx – 1 UOS (Note: For xx, each State should substitute the modifier that they determine is appropriate.)

On July 26, 2011, South Carolina Department of Health & Human Services (DHHS) staff participated in a conference call with CMS NCCI Subject Matter Experts (SMEs) to exclude certain claim types and provider types, as well as specific procedure codes which conflict with the State's administrative rules and payment policies. DHHS submitted a spreadsheet with a list of the 8 edits for which they were requesting deactivation and has withdrawn its request for deactivation of other edits listed in the February 28, 2011 deactivation request. The remaining edits for which deactivation has been requested and the disposition of the associated deactivation requests is listed as follows:

- PTP edit 90471/90473 - for the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program:
 - This edit is based on CPT Manual instruction which states: "Do not report 90473 in conjunction with 90471."
 - The Correct Coding Modifier Indicator (CCMD) is zero (0) – i.e., no exceptions. If a provider administers both an injectable vaccine and an oral or intranasal vaccine, the correct coding would be 90471 plus 90474.
 - South Carolina has indicated in its response to the RAI and during the follow up conference call on July 26, 2011, that the State allows 3 units of services (UOS) for the combination of codes 90471 and 90473 on a single day.
 - This is contrary to the CPT code description which indicates that each code can be used for only a single vaccine. If additional vaccines are administered on the same day, codes 90472 or 90474 are used. The State indicated that it has published billing instructions on the use of these codes and CMS is requesting that the State send those instructions to the Regional Office. Once this published policy is made available, CMS will then allow deactivation of the edit.
 - However, CMS believes it can be problematic that the State is not following CPT billing instructions and strongly encourages South Carolina to revise its policy.

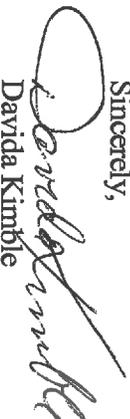
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- PTP edit 96372/ 99201- for the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program:
 - This has a CCMI of 1. The State was advised on the conference call, to educate providers to use an NCCI PTP-associated modifier when the services provided are clearly distinct. As such, CMS recommends that the edit be retained and the State has agreed to do so.
- PTP edits for 92507 or 92508 with 97110, 97150, or 97530 - for school based services:
 - CCMI is 1 for all edits. South Carolina was seeking deactivation only for school-based services. NCCI methodologies are not applicable to services provided in that setting.
 - For practitioner and outpatient hospital (OPH) services, the State has agreed that when distinct services are provided by the same provider, then an NCCI PTP-associated modifier will be used. As such, South Carolina is not requesting deactivation for these provider edits.

If there are any questions or concerns relating to this approval and guidance, please contact Enitan Oduneye at (404) 562-7424 or via E-mail at enitan.oduneye@cms.hhs.gov.

Sincerely,



Davida Kimble

Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

CC: Kevin Rogers
Rhonda Morrison
John Supra
Kimberly Whisenant