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Correct Coding Initiative (CCI) Edits to Apply to ALL Therapy Providers

Key Words

CCI, Edit, Therapy, Providers, SE0545, MM3244, CR3244, MM3823, CR3823, MM3349, CR3349, MM3688, CR3688, OPT, SNF, CORF, HHA, PFS, NCCI, TOBs, 22X, 23X, 75X, 74X, 34X

Provider Types Affected

Skilled nursing facilities (SNFs), comprehensive outpatient rehabilitation facilities (CORFs), outpatient physical therapy and speech-language pathology providers (OPTs), and home health agencies (HHAs)

Key Points

- Effective January 1, 2006, the Medicare CCI edits will be applied to **ALL** outpatient services furnished by the above mentioned providers.
- Application of CCI edits under the Medicare Physician Fee Schedule (MPFS) will make uniform the manner in which all outpatient rehabilitation therapy services - including physical therapy, occupational therapy, and speech-language pathology services - are paid.
- To review the CCI edits that apply to Medicare Part B services paid by Medicare fiscal intermediaries (FIs) see <http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEHOPPS/list.asp> on the Centers for Medicare & Medicaid Services (CMS) website.
- It is important to note that the CCI edits are applied to services billed by the same provider for the same beneficiary on the same date of service.
- Medicare's National Correct Coding Initiative (NCCI) is an edit system developed to promote national correct coding methodologies and eliminate improper coding.
- Carriers currently apply the CCI edits to all practitioners filing claims for rehabilitation therapy services, including the services of physicians (and their incident-to services) and the services provided by physical therapists and occupational therapists in private practices.
- Additionally, CCI edits are applied in the outpatient hospital setting by the FIs, including rehabilitation therapy services.

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- Until now, CCI edits have not been applied to other institutional therapy providers of outpatient rehabilitation therapy services, including physical therapy (PT), occupational therapy (OT), and speech-language pathology (SLP) services. These institutional therapy providers include the following:
 - SNFs;
 - CORFs;
 - OPTs; and
 - HHAs.
- Application of the CCI edits ensures that all therapy providers are subject to the same billing and coding rules and requirements.
- It is believed that these changes will have a positive budgetary effect as it incorporates safeguards against improper coding and over-payment of therapy services.

Billing Instructions

- SNFs, CORFs, OPTs (sometimes referred to as rehabilitation agencies), and HHAs (home health services not under a home health plan of treatment) will see the CCI edits applied to the following types of bills (TOB):
 - TOB 22X – Skilled Nursing Facility Inpatient Part B
 - TOB 23X – Skilled Nursing Facility Outpatient
 - TOB 75X – Comprehensive Outpatient Rehabilitation Facilities (CORFs)
 - TOB 74X – Rehabilitation Agencies/Outpatient Physical Therapy and Speech-Language Pathology Providers (OPTs)
 - TOB 34X – Home Health Agency (HHAs) (home health services not under a home health plan of treatment)
- The CCI edits will be applied to the above bill types as of January 1, 2006.

Additional Billing Information

- A therapy billing web page that contains billing information and includes the requirements that are necessary pre-conditions to the service delivery framework that CMS assumes is in place when Part B therapy services are delivered can be accessed at <http://www.cms.hhs.gov/TherapyServices/> on the CMS website.
- This site also outlines the “assumptions” for payment of outpatient Part B PT and OT therapy services and lists some references to help underscore that all of these services are subject to the payment rules of the MPFS.
- Physical and occupational therapists (PTs and OTs) and their therapy assistants - physical therapist assistants (PTAs) and occupational therapy assistants (OTAs) - and speech-language pathologists (SLPs) must all meet Medicare personnel qualifications at 42 CFR 484.4 to provide outpatient therapy services in these therapy providers. The standards that apply to therapists are detailed in our manual at Publication 100-02, Chapter 15, Sections 220 and 230.

- Affected providers should pay special note to modifier -59 that permits a distinct procedural service to be billed for the same patient on the same day by the same provider. These distinct services are identified as independent of other services provided that day by using the modifier -59. At the http://www.cms.hhs.gov/TherapyServices/02_billing_scenarios.asp#TopOfPage website, scenario #6 (of 11 scenarios) contains the following example of the use of modifier -59:
 - Billing for both individual (one-on-one) and group services provided to the same patient in the same day is allowed, provided the CMS and coding rules for one-on-one and group therapy are both met, and that the group therapy session be clearly distinct or independent from other services and billed using a -59 modifier.
 - The group therapy CPT code (97150) and the direct one-on-one 15-minute CPT code for therapeutic exercises (97110) are a mutually exclusive CCI code pair: 97150 is the column one code, 97110 is the column two code, and the -59 modifier is permitted to be used.
 - This requires the group therapy and the one-on-one exercise therapy to occur in different sessions, separate encounters, or different timeframes – occurring sequentially, not concurrently - that are distinct or independent from each other.
 - The therapist would bill for both group therapy and therapeutic exercises, appending the -59 modifier to the column two code, 97110. Without the -59 modifier, payment would be made for the column one group therapy CPT Code, 97150. The CCI edits are based upon interpretation of coding rules.
- Review the FAQs explaining two kinds of Edits: FAQ 3373 (Column1/Column2) and FAQ 3372 (Mutually Exclusive). Click on http://questions.cms.hhs.gov/cgi-bin/cms_hhs.cfq/php/enduser/std_alp.php and enter NCCI in the search box.
- The NCCI edits are updated quarterly and the hospital version is one calendar quarter behind the carrier “physician” version. Review the background information regarding the NCCI edits for the Hospital Outpatient Prospective Payment (OPPS) at <http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEHOPPS/list.asp> on the CMS website.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0545.pdf>

There is MLN information on the web about the CCI edits. The MLN Matters article numbers are: MM3244, MM3995, MM3823, MM3349, and MM3688. They can be viewed by going to the following locations on the CMS website:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3244.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3995.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3823.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3349.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3688.pdf>

Another MLN product is the CCI Reference Guide published in 2002. This guide provides excellent background information and available at

http://www.cms.hhs.gov/NationalCorrectCodInitEd/01_overview.asp#TopOfPage on the CMS website.

Another version of this guide, focused on the viewpoint of interest to hospitals, may be found at

<http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEHOPPS/list.asp> on the CMS website.

A version of the CCI guide for physicians may be found at

<http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list.asp#TopOfPage> on the CMS website.

The following site describes eleven therapy billing scenarios and scenario number six explains CCI edits with modifier 59, an excellent reference for all types of billing:

http://www.cms.hhs.gov/TherapyServices/02_billing_scenarios.asp#TopOfPage on the CMS website.