

**Section: National Correct Coding Initiative (NCCI)**

## National Correct Coding Initiative (NCCI)

CMS developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to eliminate improper coding. The Affordable Care Act of 2010 required state Medicaid programs to incorporate compatible NCCI methodologies in their systems for processing Medicaid claims.

NCCI associated modifiers may be appended if and only if appropriate, based on clinical circumstances, and in accordance with the NCCI policies and HCPCS/CPT Manual instructions/definitions for the modifier/procedure code combination.

You may find the CMS National Correct Coding Initiative in Medicaid webpage at <https://www.medicaid.gov/medicaid/program-integrity/ncci/reference-documents/index.html>. The Medicaid NCCI Policy Manual should be reviewed for more on the appropriate use of modifiers.

### Global Surgical Package Edit

The global surgical package, also referred to as global surgery, includes necessary services and products normally furnished by the “same physician” during the pre-operative, intra-operative, and post-operative periods. It also includes evaluation and management (E&M) visits related to a procedure based on an assigned post-op period by the Centers for Medicare and Medicaid (CMS). The “same physician” is defined as physicians and/or other qualified health care professionals of the same group, the same specialty, reporting the same federal tax identification number, and reimbursed on a fee-for-service basis.

### Mississippi Medicaid Global Periods

MS Global Package Value	Value Description
000	The zero (0) day global period is assigned to endoscopic and minor procedures and includes the Evaluation and Management (E&M) services on the day of the procedure.
010	The ten (10) day global period is assigned to minor procedures and includes the Evaluation and Management (E&M) services on the day of the procedure and during the ten (10) day post-operative period following the day of the procedure. It also includes any procedure(s) assigned a zero (0), ten (10), or ninety (90) day global period performed during the ten (10) day post-operative period.

MS Global Package Value	Value Description
045	The forty-five (45) day global period for maternity services includes the Evaluation and Management (E&M) services on the day of the delivery and forty-five (45) days after the day of delivery. It also includes any procedure(s) assigned a zero (0), ten (10), or ninety (90) day global period performed during the forty-five (45) day post-delivery period.
090	The ninety (90) day global period assigned to major procedures includes the Evaluation and Management (E&M) services on the day prior to or the day of the procedure during the ninety (90) day post-operative period following the day of the procedure. It also includes any procedure(s) assigned a zero (0), ten (10), or ninety (90) day global period performed during the ninety (90) day post-operative period.
999	The global concept does not apply to this code.

To identify the assigned value for each code, see the Mississippi Medicaid Global Surgical Period code list located at [www.medicaid.ms.gov](http://www.medicaid.ms.gov). You can verify the coverage of the CPT/HCPCS codes at [www.ms-medicaid.com](http://www.ms-medicaid.com).

## Global Surgical Modifiers

Evaluation and Management Modifiers	Description
24	Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period. Append only to evaluation and management codes.
25	Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service. Append only to evaluation and management codes.
57	An evaluation and management service that resulted in the initial decision for surgery. Append only to evaluation and management codes on claims with 90 day major surgery codes.

Procedure or Service Modifiers	Description
58	Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period. Append only to procedure or service codes.
78	Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period. Append only to procedure or service codes.
79	Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period. Append only to procedure or service codes.

The forty-five (45) day global period for uncomplicated maternity services includes the Evaluation and Management (E&M) services on the day of the delivery and forty-five (45) days after the day of delivery.

Medical complications of pregnancy including, but not limited to, cardiovascular problems, neurological complications, pulmonary complications, gastrointestinal complications, complications related to diabetes, thromboembolic phenomena and/or hypertension, including preeclampsia, toxemia or eclampsia, may be reported separately and must be billed with an appropriate modifier.

Surgical complications post-delivery, including, but not limited to, post-partum hemorrhage, management of a post-partum hematoma, management of episiotomy or wound breakdown and/or genitourinary fistulae may be reported separately and must be billed with an appropriate modifier.

*Example: Modifier 24*

Patient has treatment for a heel fracture. This surgical procedure has 90 global days. The patient sees the same physician 30 days later with a sprained ankle; usage of the 24 modifier on the visit would be appropriate since the sprained ankle is not related to the heel fracture.

*Example: Modifier 25*

Patient's office visit is for sore throat. During the examination, the patient complains of shoulder pain. Due to severe arthritis, the physician injects the joint (minor procedure); the 25 modifier could be added to the visit.

*Example: Modifier 57 - Major surgery = 90-day global.*

Patient presents with severe lower leg pain. It is decided during the examination the patient needs immediate major surgery today to remove arterial blood clot. The physician can bill for an E&M service and the major surgery.

*Example: Modifier 58*

Patient presents with large sacral ulcer. Debridement of the ulcer is performed. At the time of the debridement the surgeon plans to treat the ulcer with a skin graft at a later date. During the post-operative period, the surgeon performs a graft procedure to treat the ulcer site. This would be an appropriate use of modifier 58.

*Example: Modifier 78*

Patient has open-heart surgery. Two days later, patient returns to the operating room due to complications. This would be an appropriate use of modifier 78.

*Example: Modifier 79*

Patient has vaginal delivery of infant. The same or next day the delivering physician performs a tubal ligation. This would be an appropriate use of modifier 58 for same day surgery or modifier 79 for surgery any day during the post-delivery period.

## **Split Global Surgical Package Edit**

A split global surgical package period is when the surgical care and the post-operative management are performed by different physicians and/or qualified health care professionals through an agreement

The agreement for the transfer of care must be in the form of a letter, discharge summary, chart notation or other written documentation and retained in each physician's beneficiary medical record. Each portion of the Global Package must be appropriately designated on the claim as follows:

*Modifier 54 - The surgical care portion of the Global Surgical Package is calculated at eighty-five percent (85%) of the Medicaid allowable. No separate benefits are allowed for pre-operative management as it is inclusive in the allowance for the surgical care.*

*Modifier 55 – The post-operative management portion of the Global Surgical Package is calculated at fifteen percent (15%) of the Medicaid allowable.*