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Behavioral Health Provider Communication – All OP Provider Types

Peach State Health Plan adheres to CMS National Correct Coding Initiative (NCCI) in an effort to promote national correct coding methodologies and reduce improper coding which may result in inappropriate payments of claims. This letter serves as a notice that NCCI edits are in place.

What are NCCI Edits?

NCCI edits are defined as edits applied to services performed by the same provider for the same member on the same date of service. They consist of two types of edits:

- 1) NCCI edits, or procedure-to-procedure edits that define pairs of HCPCS/Current Procedural Terminology (CPT) codes that should not be reported together for a variety of reasons; and
- 2) Medically Unlikely Edits (MUEs), or units-of-service edits that define for each HCPCS/CPT code the number of units of service beyond which the reported number of units of service is unlikely to be correct.

How do NCCI Edits Effect Behavioral Health Services?

Behavioral Health providers must adhere to NCCI proper billing standards as promoted by CMS and the State. A behavioral health provider rendering services performed by the same provider for the same member on the same date of services is required to bill the appropriate modifier to indicate the services rendered were distinct or independent from another service rendered on the same day.

NCCI edits are applicable to both medical and behavioral health services. Example of behavioral health services where NCCI edits are applicable include but are not limited to:

Individual Therapy and Psychiatric Treatment (90832-90837 and 99201-99215)
Family Therapy and Psychiatric Treatment (90846/90847 and 99201-99205); and
Group Therapy and Psychiatric Treatment (90853 and (99201-99205).

What is needed to meet correct coding and billing standards?

Peach State Health Plan adheres to correct coding standards to prevent improper coding that can lead to inappropriate payments.

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“Distinct Procedural Service: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure, or separate service not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.

Modifier 25 is applicable to Physician E/M service with a non-E/M service performed on the same day.

Note: The use of Modifier 25 and 59 is not a guarantee that an NCCI edit will be overridden. There are defined coding combinations where using these modifiers is appropriate. These modifiers should not be used unless the proper criteria is met and documentation in the medical record satisfies the criteria for the NCCI modifier used. Providers are encouraged to review Current Procedure Terminology, CMS correct coding standards and State billing guidelines. More information can be obtained at

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/modifier59.pdf>

NCCI exception for behavioral health services

In an effort to offer appropriate services to our members, Peach State Health Plan has relaxed certain Procedure to Procedure (PTP) NCCI edits for behavioral health services combinations. The service combination below will not require to be billed with a 25 or 59 modifier when offered by the same provider to the same member on the same day.

Procedure Code 1	Procedure Code 2
90791	90839
90791	90840
90791	96150
90791	96151
90791	99201
90791	99202
90791	99203
90791	99204
90791	99205
90791	99211
90791	99212
90791	99213
90791	99214
90791	99215
90792	90839
90792	90840
90792	96150
90792	96151
90792	99201
90792	99202
90792	99203
90792	99215
90832	90839
90832	90840
90832	96150
90832	96151
90832	99201
90832	99211
90832	99212
90834	90839
90834	90840
90834	96150
90834	96151
90834	99201
90834	99202
90834	99211
90834	99212
90834	99213

Procedure Code 1	Procedure Code 2
90837	99201
90837	99202
90837	99203
90837	99211
90837	99212
90837	99213
90837	99214
90839	90785
90839	90846
90839	90847
90839	90853
90839	96150
90839	96151
90840	90785
90840	90846
90840	90847
90840	90853
90840	96150
90840	96151
90846	96150
90846	96151
90792	99204
90792	99205
90792	99211
90792	99212
90792	99213
90792	99214
90837	90839
90837	90840
90837	96150
90837	96151
90847	96150
90847	96151
90853	96150
90853	96151
96150	96151