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Medicaid Alert

MA-2021-01

April 2021

TO: All providers – **For Action**
Managed Care Organizations – **For Information Only**

SUBJECT: **Reporting the National Correct Coding Initiative (NCCI) Modifier 25 on Medical Claims**

EFFECTIVE: Claims processed on or after April 20, 2021.

PURPOSE: To notify providers of a change in Medicaid/NJ FamilyCare Fee-For-Service (FFS) billing procedures for non-hospital medical claims to allow the processing of claims appended with the NCCI modifier 25.

BACKGROUND: The NCCI Modifier 25 may be appended to an Evaluation and Management (E&M) Current Procedural Terminology (CPT) code when reported with another procedure or other service, on the same date of service to indicate a "significant and separately identifiable" E&M service when appropriate.

The New Jersey Medicaid Management Information System (NJMMIS) has system limitations in place which have denied claim payments for certain CPT codes appended with the NCCI modifier 25. These claims have been denied by Error Code 1896, in some cases resulting in Fair Hearing requests being received by the Division of Medical Assistance and Health Services (DMAHS).

The Division has reviewed its policy regarding the reporting of the NCCI modifier 25 and is announcing procedural changes to be consistent with the NCCI.

ACTION: Effective for claims processed on or after April 20, 2021, the following CPT codes may be appended with modifier 25 and considered for FFS payment. This change in billing procedure does not apply to hospital claims.

EMERGENCY DEPARTMENT SERVICES

- 99281 Emergency department visit, self-limited or minor problem
- 99282 Emergency department visit, low to moderately severe problem
- 99283 Emergency department visit, moderately severe problem
- 99284 Emergency department visit, problem of high severity
- 99285 Emergency department visit, problem with significant threat to life or function

FOLLOW-UP OFFICE VISITS

99212 Established patient outpatient visit, total time 10-19 minutes
99213 Established patient outpatient visit, total time 20-29 minutes
99214 Established patient outpatient visit, total time 30-39 minutes
99215 Established patient outpatient visit, total time 40-54 minutes
G0463 Hospital outpatient clinic visit for assessment and management of a patient
G0467 FQHC visit, established patient
G0470 FQHC visit, mental health, established patient
S0612 Annual gynecological examination, established patient

INITIAL OFFICE VISITS AND NEWBORN CARE

99201 New patient office or other outpatient visit, typically 10 minutes
99202 New patient outpatient visit, total time 15-29 minutes
99203 New patient outpatient visit, total time 30-44 minutes
99204 New patient outpatient visit, total time 45-59 minutes
99205 New patient outpatient visit, total time 60-74 minutes
99461 Initial newborn infant evaluation and management per day
G0466 FQHC visit new patient
G0469 FQHC visit, mental health new patient
S0610 Annual gynecological examination, new patient
S0613 Annual gynecological examination; clinical breast examination w/out pelvic evaluation

MINIMAL FOLLOW UP OFFICE VISIT

99211 Patient outpatient visit, minimal presenting problem

OFFICE CONSULTATION

99241 Patient office consultation, typically 15 minutes
99242 Patient office consultation, typically 30 minutes
99243 Patient office consultation, typically 40 minutes
99244 Patient office consultation, typically 60 minutes
99245 Patient office consultation, typically 80 minutes

PREVENTIVE MEDICINE

99381 Initial new patient preventive medicine evaluation infant younger than 1 year
99382 Initial new patient preventive medicine evaluation; age 1 through 4 years
99383 Initial new patient preventive medicine evaluation; age 5 through 11 years
99384 Initial new patient preventive medicine evaluation; age 12 through 17 years
99385 Initial new patient preventive medicine evaluation; age 18-39 years
99386 Initial new patient preventive medicine evaluation; age 40-64years
99387 Initial new patient preventive medicine evaluation; age 65 years and older
99391 Established patient periodic preventive medicine exam infant younger than 1 year
99392 Established patient periodic preventive medicine exam age 1 through 4 years
99393 Established patient periodic preventive medicine exam age 5 through 11 years
99394 Established patient periodic preventive medicine exam; age 12 through 17 years
99395 Established patient periodic preventive medicine exam; age 18-39 years
99396 Established patient periodic preventive medicine exam; age 40-64years
99397 Established patient periodic preventive medicine exam age 65 years and older

G0402 Initial preventive physical examination

G0438 Annual wellness visit: includes a personalized prevention plan of service, initial visit

G0439 Annual wellness visit: includes a (pps) plan of service, subsequent visit

Claim Submission Information

- Medical documentation should support a provider's decision to append an E&M procedure code with the NCCI modifier 25. Claims paid with the NCCI modifier 25 may be subject to post-payment review by DMAHS.
- Providers may submit claims denied by Error Code 1896 with service dates less than twelve (12) months prior to the date the resubmitted claim is received by Gainwell Technologies. Claims exceeding the 12-month timely filing requirement will be denied payment by Error Code 0026.
- Providers may request a Fair Hearing for claims denied by Error Codes 1896 and 0026 that exceed the 12-month timely filing requirement (see the New Jersey Administrative Code (N.J.A.C.) 10:49-7.2). These claims may be submitted to:
Gainwell Technologies
Attn: Fair Hearing Unit
P.O. Box 4801
3705 Quakerbridge Road
Trenton, NJ 08619-4801

If you have any questions concerning this Alert, please contact the Gainwell Technologies Provider Services Unit at 1-800-776-6334.

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