

Health risk assessment modifier

Summary of change: Recently it was discovered that procedure codes 96160 and 96161 could not be billed with certain procedure codes such as the vaccine administration codes (90460, 90471-90474) due to NCCI PTP edits. Therefore, DCH has updated its billing guidance to allow the modifier 59 in order to bypass the NCCI PTP edit.

What is the impact of the change?

Caregiver-Focused Health Risk Assessments: Providers may report caregiver-focused health risk assessments (i.e., maternal depression screening) with procedure code 96161, the EP modifier, POS 99 and the appropriate ICD-10 diagnosis code in order to receive reimbursement. Code the caregiver-focused health risk assessment (96161) with the EP, 59 modifiers when reporting the health risk assessment and vaccine administration codes (90460, 90471-90474) for the same visit.

Procedure Code 96161:

- is reimbursed at the current default rate (\$3.95).
- should be listed only once per claim for multiple units.
- units submitted should not exceed acceptable medically unlikely edit (MUE) maximum established by CMS.

NCCI MUE: Providers are reminded to bill in compliance with the National Correct Coding Initiative (NCCI) – Medically Unlikely Edits (MUE) limit for procedure codes 96160 and 96161 and to check the MUE file, at minimum, on a quarterly basis for updates.

Procedure codes submitted with frequencies greater than the allowed MUE will be denied according to the NCCI MUE regulations set by the Centers for Medicare and Medicaid Services (CMS). Currently, the MUE maximum quantity for procedure code 96160 is three (3) units of service and the MUE maximum quantity for procedure code 96161 is one (1) unit.

NCCI PTP: Providers are reminded to bill in compliance with the National Correct Coding Initiative (NCCI) – Procedure-To-Procedure (PTP) Edits for procedure codes 96160 and 96161. The NCCI PTP edits define pairs of Healthcare Common Procedure Coding System (HCPCS)/ Current Procedural Terminology (CPT) codes that should not be reported together. The purpose of the PTP edits is to prevent improper payments when incorrect code combinations are reported. Procedure codes that should not be reported together will be denied according to the NCCI PTP edits defined by CMS.

Providers who encountered claim denials related to the NCCI PTP Edits are encouraged to resubmit / adjust the impacted claims per the updated guidance. Please refer to the October 2018 EPSDT Health Check Manual for complete guidance and policies.

What if I need help?

If you have questions about this communication, received this fax in error or need help with any else, contact your local Provider Relations representative or call our Provider Services team: Medicaid providers call 1-800-454-3730.

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This communication is on behalf of the Georgia Department of Community Health.