Policy: NCCI Shoulder Reimbursement

Purpose
The purpose of this Policy is to document payment policy for covered medical and surgical services and supplies. Health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. The billing office is expected to submit claims for services rendered using valid codes. Claims should be coded appropriately according to industry standard coding guidelines (including, but not limited to, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS’ National Correct Coding Initiative (NCCI) Policy Manual, CCI table edits, and other CMS guidelines).

Fee determinations will be based on the applicable provider contract language and WPS/Arise reimbursement policy. To the extent there are any conflicts between Reimbursement Policy and the provider contract language, the reimbursement policy language will prevail.

Overview
This reimbursement policy applies to services reported using both the UB-04 and the CMS 1500 or its electronic equivalent. This policy applies to all products and all network and non-network physicians and other qualified health care professionals.

1. WPS/Arise/Aspirus Arise follows National Correct Coding Initiative (NCCI) which states the shoulder is a single anatomical structure. With three exceptions an NCCI procedure to procedure edit code pair consisting of two codes describing two shoulder arthroscopy procedures should not be bypassed with an NCCI associated modifier when the procedures are performed on an ipsilateral shoulder. This edit may be bypassed with an NCCI associated modifier only when the two procedures are performed on the contralateral shoulder.

2. With the exception of the knee and shoulder arthroscopic debridement shall not be reported separately with a surgical arthroscopy procedure when performed on the same joint, on the same encounter.

3. Shoulder arthroscopies include limited debridement even if the debridement is performed on a different location on the same shoulder. Extensive debridement shall not be reported separately when the debridement is done in the same incision or done in order to access the site of repair on the ipsilateral shoulder.

For additional questions refer to: NCCI Manual CH.4