



TO: Medical Equipment Devices and Supplies (MEDS) Providers  
RE: National Correct Coding Initiative (NCCI) New Medicaid-Only Procedure to Procedure (PTP) edits relating to wheelchairs.

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This bulletin is to notify MEDS providers that the Department of Social Services (DSS) is implementing Medicaid-Only Procedure to Procedure (PTP) edits related to wheelchairs. The edits are necessary to remain consistent with National Correct Coding Initiative (NCCI) updates received from the Centers for Medicare and Medicaid Services (CMS). For background information concerning NCCI edits please review PB 2011-12 and PB 2011-41. The purpose of the NCCI edits is to promote correct coding and to control improper coding that could lead to inappropriate payments. Please visit the CMS Web site at [www.cms.gov/NationalCorrectCodInitEd/](http://www.cms.gov/NationalCorrectCodInitEd/) for additional details and listing of the edit pairs. These PTP edits will be effective October 1, 2012 and will appear on the CMS Web site on this date.

### Summary of CMS Guidance

In order to prevent improper payment when incorrect code combinations are reported, the wheelchair PTP edits address three main categories of HCPCS codes for wheelchair-related items – wheelchair bases, wheelchair options and accessories, and wheelchair seating. The wheelchair edits are divided into five major groups:

- Group 1 – Wheelchair Bases with other Wheelchair Bases (WCB/WCB)
- Group 2 – Wheelchair Bases with Wheelchair Options and Accessories
- Group 3 – Wheelchair Bases with Wheelchair Seating
- Group 4 – Wheelchair Options and Accessories with other Wheelchair Options and Accessories
- Group 5 – Wheelchair Seating with other Wheelchair Seating.

In Group 1, the principle behind the wheelchair bases with other wheelchair base edits is that

Medicaid would not pay for two different wheelchairs for the same beneficiary on the same date of service. The NCCI rationale for the edits is that the two items are mutually exclusive.

CMS has formatted the wheelchair codes into two columns in order to set up the edits. As part of the procedures to set the current Correct Coding Initiative (CCI) in place, each of the wheelchair base codes will be paired with each of the other codes, resulting in thousands of unique code pairs/ PTP edits.

The methodology assigns codes based on the technical complexity of the item. For example, power wheelchairs were ranked higher than power operated vehicles (POVs) (scooters) which were ranked higher than manual wheelchairs. Each code will be paired with all the codes of a lower rank, with the higher rank code in column 1 and the lower rank code in column 2 – e.g., 1/2, 1/3, 1/4, 1/5, ..., 1/130, 1/131, 2/3, 2/4, ..., 130/131.

The same concept will be applied to wheelchair bases, wheelchair options and accessories, and wheelchair seating in groups 2 through 5. These wheelchair codes will be paired with each of the other codes, resulting in thousands of unique code pairs/ PTP edits. These codes will be designated into two columns in order to set up the audits in the claim system.

This in turn will prevent a particular accessory to be used with a specific type of wheelchair – e.g., a battery is not used with a manual wheelchair. The NCCI rationale for these edits is misuse of column 2 code with column 1 code. Another example is an accessory repair part that could not be billed at the time of initial issue of the wheelchair – e.g., a replacement motor is not payable with a power wheelchair base code. The NCCI rationale for these edits is misuse of column 2 code with column 1 code.



When any incorrect code combination is submitted on a claim, the claim will deny and one of the following edit(s) will appear on the explanation of benefits:

5924 – Claim denied, CCI greater and lesser procedures are not covered on same date of service.

5925 – CCI column 1 code or mutually exclusive code was billed on the same date as previous column 2 code.

5926 – CCI column 2 code was billed on the same date as previous column 1 or mutually exclusive code.

The HP Provider Assistance Center will be available for any questions related to the implementation of the Medicaid-Only Procedure to Procedure (PTP) edits related to wheelchairs.

**Billing Questions:**

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Web site, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. toll free at 1-800-842-8440.

