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# NCCI Edits & Claim Denials

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# Disclaimer

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# Welcome!

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**Please read the participation tips below as we are using a Webex Events platform.**

- ❖ All participants phones have been muted.
- ❖ All questions should be asked by using the Webex Chat feature.



# Agenda



- NCCI Background
- Three Types of NCCI Edits
- Modifier -59
- Claim Edits
- Claim Scenarios
- Q/A

# Overview

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National Correct Coding Initiative (NCCI)

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# NCCI Edits Objectives

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- CMS developed NCCI program to promote correct coding methods,
- To control improper coding,
- Decrease improper Medicare Part B reimbursements.

# NCCI Edits 101

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NCCI policies are based on coding conventions defined in:

- AMA Current Procedural Terminology (CPT),
- NCD & LCD Policies and Edits,
- National societies, standard medical and surgical practice, current coding practice.

# Three Types of NCCI Edits

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<b>Procedure-to-Procedure</b>	<b>PTP</b>	<b>Prevent inappropriate payment of services that should not be reported together.</b>
<b>Medically Unlikely Edits</b>	<b>MUE</b>	<b>Prevent reimbursement for an inappropriate unit of service on a single day.</b>
<b>Add-on-Code</b>	<b>AOC</b>	<b>Consist of a listing of HCPCS and CPT add-on Codes with respective primary codes.</b>



# NCCI EDITS

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## Procedure-to-Procedure (PTP)

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# Procedure-to-Procedure (PTP)

- Incorporated into OCE,
- Decrease coding errors for certain code pairs,
- Two PTP tables:
  1. Practitioner,
  2. Outpatient Hospital Services.

[Hospital PTP Edits v282r0 effective July 1, 2022 \(601,819 records\) 0001A/0591T – 27894/G0471 \(posted 6/10/2022\)](#)

[Hospital PTP Edits v282r0 effective July 1, 2022 \(528,766 records\) 28001/0213T – 49999/49570 \(posted 6/10/2022\)](#)

[Hospital PTP Edits v282r0 effective July 1, 2022 \(394,846 records\) 50010/0213T – 79999/36000 \(posted 6/10/2022\)](#)

[Hospital PTP Edits v282r0 effective July 1, 2022 \(214,327 records\) 80003/80002 – U0003/U0004 \(posted 6/10/2022\)](#)

[Practitioner PTP Edits v282r0 effective July 1, 2022 \(642,678 records\) 0001A/0591T – 25999/96523 \(posted 6/10/2022\)](#)

[Practitioner PTP Edits v282r0 effective July 1, 2022 \(611,492 records\) 26010/01810 – 36909/J2001 \(posted 6/10/2022\)](#)

[Practitioner PTP Edits v282r0 effective July 1, 2022 \(590,254 records\) 37140/0213T – 60699/96523 \(posted 6/10/2022\)](#)

[Practitioner PTP Edits v282r0 effective July 1, 2022 \(663,766 records\) 61000/0213T – U0003/U0004 \(posted 6/10/2022\)](#)

[Hospital PTP Edits v281r0 effective April 1, 2022 \(601,681 records\) 0001A/0591T – 27894/G0471 \(posted 03/01/2022\)](#)

[Hospital PTP Edits v281r0 effective April 1, 2022 \(528,766 records\) 28001/0213T – 49999/49570 \(posted 03/01/2022\)](#)

[Hospital PTP Edits v281r0 effective April 1, 2022 \(394,805 records\) 50010/0213T – 79999/36000 \(posted 03/01/2022\)](#)

[Hospital PTP Edits v281r0 effective April 1, 2022 \(213,223 records\) 80003/80002 – U0003/U0004 \(posted 03/01/2022\)](#)

[Practitioner PTP Edits v281r0 effective April 1, 2022 \(642,540 records\) 0001A/0591T – 25999/96523 \(posted 03/01/2022\)](#)

[Practitioner PTP Edits v281r0 effective April 1, 2022 \(611,492 records\) 26010/01810 – 36909/J2001 \(posted 03/01/2022\)](#)

[Practitioner PTP Edits v281r0 effective April 1, 2022 \(590,215 records\) 37140/0213T – 60699/96523 \(posted 03/01/2022\)](#)

[Practitioner PTP Edits v281r0 effective April 1, 2022 \(662,677 records\) 61000/0213T – U0003/U0004 \(posted 03/01/2022\)](#)

# Procedure-to-Procedure (PTP)

- Code pairs not usually reported together.
- Column 1 code is allowed.
- Column 2 code **may** be allowed with modifier.
  - Indicator 0 – Modifier not allowed
  - Indicator 1 – Modifier allowed
  - Indicator 9 – Modifier not applicable

The screenshot displays the CMS.gov website. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, Archive, Help, and Print. Below this is the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". A search bar is located on the right side of the header. A row of yellow buttons provides access to various sections: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area shows a breadcrumb trail: Home > Medicare > National Correct Coding Initiative Edits > PTP Coding Edits. On the left, a sidebar lists links for National Correct Coding Initiative Edits, including NCCI Policy Manual for Medicare, NCCI Policy Manual Archive, Correspondence Language Manual Archive, Medically Unlikely Edits, Quarterly PTP and MUE Version Update Changes, PTP Coding Edits (which is highlighted), Add-on Code Edits, and NCCI FAQs. The main content area is titled "PTP Coding Edits" and contains two paragraphs of text explaining the history and consolidation of PTP edit files.

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Home > Medicare > National Correct Coding Initiative Edits > PTP Coding Edits

**National Correct Coding Initiative Edits**

- [NCCI Policy Manual for Medicare](#)
- [NCCI Policy Manual Archive](#)
- [Correspondence Language Manual Archive](#)
- [Medically Unlikely Edits](#)
- [Quarterly PTP and MUE Version Update Changes](#)
- PTP Coding Edits**
- [Add-on Code Edits](#)
- [NCCI FAQs](#)

**PTP Coding Edits**

Since 1996 the Medicare NCCI procedure to procedure (PTP) edits have been assigned to either the Column One/Column Two Correct Coding edit file or the Mutually Exclusive edit file based on the criterion for each edit. The Mutually Exclusive edit file included edits where two procedures could not be performed at the same patient encounter because the two procedures were mutually exclusive based on anatomic, temporal, or gender considerations. All other edits were assigned to the Column One/Column Two Correct Coding edit file. There are important changes to these files described below.

In order to simplify the use of PTP edit files, CMS consolidated the two edit files into the Column One/Column Two Correct Coding edit file. Separate consolidations occurred for the two practitioner PTP edit files and the two PTP edit files used for OCE. This change occurred for PTP edits in NCCI version 18.1 scheduled for April 1, 2012. After this date, it will only be necessary to search the Column One/Column Two Correct Coding edit file for active or previously deleted edits. Effective April 1, 2012, CMS will no longer publish a Mutually Exclusive edit file on its website for either practitioner or outpatient hospital services since all active and deleted edits will appear in the single Column One/Column Two Correct Coding edit file on each website. The edits previously contained in the Mutually Exclusive edit file were NOT deleted but were moved to the Column One/Column Two Correct Coding edit file.

Column1/Column2 Edits						
Column 1	Column 2	*=in existence prior to 1996	Effective Date	Deletion Date	Modifier	PTP Edit Rationale
				*=no data	0=not allowed	
					1=allowed	
					9=not applicable	
37140	0213T		20100701	*	0	Misuse of column two code with column one code
37140	0216T		20100701	*	0	Misuse of column two code with column one code
37140	0228T		20101001	20201231	0	Standards of medical / surgical practice
37140	0230T		20101001	20201231	0	Standards of medical / surgical practice
37140	0596T		20210101	*	1	Standards of medical / surgical practice
37140	0597T		20210101	*	1	Standards of medical / surgical practice
37140	0708T		20220101	*	1	Standards of medical / surgical practice
37140	0709T		20220101	*	1	Standards of medical / surgical practice
37140	12001		20121001	*	1	Misuse of column two code with column one code
37140	12002		20121001	*	1	Misuse of column two code with column one code
37140	12004		20121001	*	1	Misuse of column two code with column one code
37140	12005		20121001	*	1	Misuse of column two code with column one code
37140	12006		20121001	*	1	Misuse of column two code with column one code
37140	12007		20121001	*	1	Misuse of column two code with column one code
37140	64550		20090401	20090401	9	Standards of medical / surgical practice
37140	69990		20000605	*	0	Misuse of column two code with column one code
37140	90760		20060101	20081231	1	Standards of medical / surgical practice
37140	90765		20060101	20081231	1	Standards of medical / surgical practice
37140	90772		20060101	20081231	1	Standards of medical / surgical practice
37140	90774		20060101	20081231	1	Standards of medical / surgical practice
37140	90775		20060101	20081231	1	Standards of medical / surgical practice

# Procedure-to-Procedure (PTP)

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Edits triggers when a coding pair is reported by:

- Same Provider,
- Same Patient,
- Same Date of Service,
- Single claim.

# NCCI EDITS

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## Medically Unlikely Edits (MUE)

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# Medically Unlikely Edits (MUE)

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- NCCI developed to reduce paid claims error rate
- Maximum units of service edit
- Updated quarterly
- Pre-Pay edits automatically medically denies the line or claim

# Medically Unlikely Edits (MUE)

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- Not all HCPCS/CPT codes have MUE values
- Majority are located on CMS website for public access



# MUE Adjudication Indicators (MAI)

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**MAI 1 = Claim Line MUE**

- May be used to report same HCPCS/CPT code on separate line

Modifiers	Descriptions
-76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
-77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional
-LT, -RT; FA, F1-F9; TA, T1-T9	Anatomic Modifiers
-91	Repeat Clinical Diagnostic Laboratory Test
-59	Distinct Procedure

# MUE Adjudication Indicators (MAI)

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**MAI 2** = Policy edit date of service MUE

- Claim Processing Restriction:
  - Denial not allowed:
    - Cannot over-ride on initial claim submission
    - To reopened claim
    - To redetermined

**Example:** 94002 – Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing, hospital inpatient/observation, **initial day**.

**RATIONALE:** 2 DATE OF SERVICE EDIT: POLICY| CODE DESCRIPTOR / CPT INSTRUCTION

# MUE Adjudication Indicators (MAI)

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**MAI 3** = Clinical benchmark edit date of service MUE

- During claim processing
  - Denial override allowed on initial claim submission;
  - Reopen a claim, and
  - Redetermination of a claim.

Only if the contractor has evidence of medical necessity.

# MUE Adjudication Indicators (MAI)

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## **MAI 2 & MAI 3 Date of Service**

1. Will automatically deny even with modifier
2. Must be appeal for review

# MUE Adjudication Indicators (MAI)

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## Appeals

- Providers can submit appeals through the standard process outlined in the Highmark Wholecare Provider Manual.

LOB	Submission
Medicare	180 Days from date of RA
Medicaid	

- Denied claims can be appealed with the supporting documentation and/or clinical notes in order to determine if an overturn is warranted.

# NCCI EDITS

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## Add-on-Code (AOC)

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# Add-on-Code Edits (AOC)

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Add-on codes may be identified in three ways:

- Type I, Type II, or Type III.
- On the Medicare Physician Fee Schedule Database an add-on code generally has a global surgery period of "ZZZ".
- In the *CPT Manual* an add-on code is designated by the symbol "+".

# Add-on-Code Edits (AOC)

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- AOCs permit the reporting of significant supplemental services commonly performed in addition to the primary procedure.
- Include edits for some AOCs when coding edits related to the primary procedures must be supplemented.



# NCCI EDITS

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## Modifier -59

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# Modifier -59

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- 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.
- Always use another established and appropriate modifier when another one is available that is more descriptive.

# Modifier -59

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1. Different encounter ?
2. Different procedure-service ?
3. Different site or organ system ?
4. Separate incision/excision ?
5. Separate lesion ?
6. Separate injury ?

# Modifier -59

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- Never append -59 to an Evaluation & Management (E/M) service.
- Append modifier-25 to an E/M service with a non-E/M service performed on the same date of service.

# Modifier -59

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## Coding Example #1- Separate Injury

On January 1 , 2022 a patient undergoes pterygium surgery in the left eye. The patient is injured in their right eye on February 2, 2022 while playing basketball resulting in a traumatic cataract and vitreous hemorrhage. Immediate surgery is scheduled.

**Correct Coding:** 67036-79-LT, 66984-59-79-LT

***Hint:*** Know which procedure to list first\*

# NCCI Edits

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## Top 5 Denial Adjustment Codes

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# Top 5 Denial Adjustment Codes

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Denial Adjustment Code
I174
I176
I121
I22
I35

# NCCI EDITS

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## Coding Examples

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# NCCI Edit Examples

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Denial Adjustment Code	HCPCS/CPT Code(s)	Description
I22	99218, 99219	Units exceeded the amount allowed

Denial Adjustment Code	HCPCS/CPT Code(s)	Description
I22	88305	Units exceeded the amount allowed

# NCCI Edit Examples

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Denial Adjustment Code	HCPCS/CPT Code(s)	Description
<b>I35</b>	<b>36556, 99254</b>	The billed procedure, 36556, was denied because it is a Column one procedure to the previously paid Column two procedure, 99254.

Denial Adjustment Code	HCPCS/CPT Code(s)	Description
<b>I35</b>	<b>99222,99220</b>	Code 99220 is a column 2 code for 99222. You may not override the edit.

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# NCCI Edit Examples

Denial Adjustment Code	HCPCS/CPT Code(s)	Description
<b>I176</b>	<b>64445, 20553</b>	The billed procedure, 64445, was denied because it is a Column two procedure to the Column one procedure, 20553 and use of a modifier is not supported.

Denial Adjustment Code	HCPCS/CPT Code(s)	Description
<b>I176</b>	<b>99214-25, 20553</b>	The billed procedure, 99214, was denied because it is a Column two procedure to the Column one procedure, 20553 and use of a modifier is not supported.

# NCCI Edit Examples

Denial Adjustment Code	HCPCS/CPT Code(s)	Description
<b>I174</b>	<b>11721, 11057</b>	The billed procedure, 11721, was denied because it is mutually exclusive of the allowed procedure 11057, and use of a modifier is not supported.

Denial Adjustment Code	HCPCS/CPT Code(s)	Description
<b>I174</b>	<b>93926, 93925</b>	The billed procedure, 93926, was denied because it is a Column two procedure to the Column one procedure, 93925 and use of a modifier is not supported.

# Recommendations

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- Use modifier -59 appropriately.
- Perform claim review before submitting to payer.
- Know which code is first.
- Identify the type of NCCI Edit denial(s) and create appropriate corrective action workflows.

# Recommendations

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- Educate and train all staff.
- Quickly process denials.
- Conduct a monthly detail claim data review of all denials.



# Questions & Answers

# Sources

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- Highmark Wholecare Denials Data – NCCI Edits
- *CMS.gov*. (2022, June 10). Retrieved from National Correct Coding Initiative Edits  
<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/PTP-Coding-Edits>



Thank  
you !