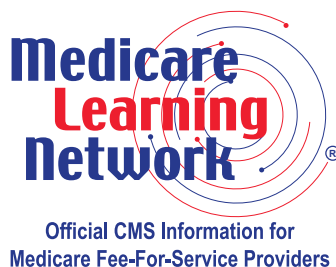
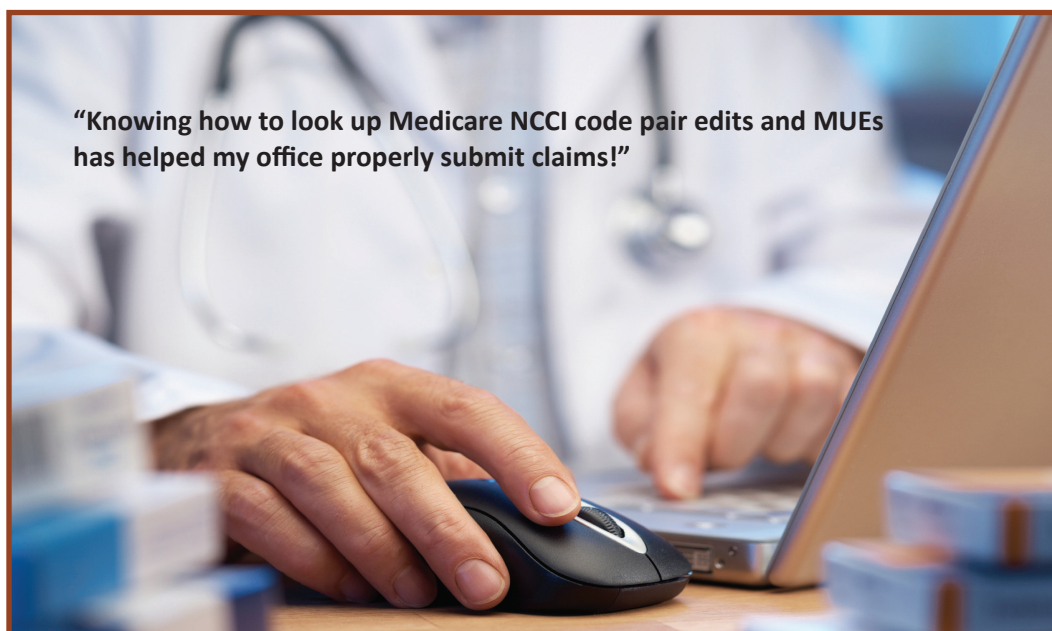


DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



How to Use The National Correct Coding Initiative (NCCI) Tools



To Learn More...

If you find this How To booklet helpful, then you may wish to review the other booklets in this series. To locate these booklets, go to the MLN Publications page at <http://www.cms.gov/MLNProducts/MPUB/list.asp> and search for items containing the words "how to."

<http://www.cms.gov/NationalCorrectCodInitEd>

Contents

INTRODUCTION	1
What is the National Correct Coding Initiative (NCCI)?	1
Why Would a Health Care Professional, Supplier, or Provider Use the NCCI Web Page, Tables, and Manual?	1
How Up-to-Date are the NCCI Tables?	1
How to Locate the NCCI Tables and Manual	1
Background: NCCI Edits	2
USING THE NCCI TOOLS	3
Looking Up Code Pair Edits	3
How to Use the Code Pair Tables	6
Looking up Medically Unlikely Edits (MUEs)	9
USING THE “NATIONAL CORRECT CODING INITIATIVE (NCCI) POLICY MANUAL FOR MEDICARE SERVICES”	11
RESOURCES	12
FILTERING THE NCCI DATA TABLES	14

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INTRODUCTION

What is the National Correct Coding Initiative (NCCI)?

The National Correct Coding Initiative (NCCI) (also known as CCI) was implemented to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. NCCI **code pair edits** are automated prepayment edits that prevent improper payment when certain codes are submitted together for Part B-covered services.

In addition to code pair edits, the NCCI includes a set of edits known as **Medically Unlikely Edits (MUEs)**. An MUE is a maximum number of Units of Service (UOS) allowable under most circumstances for a **single** Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) code billed by a provider on a date of service for a single beneficiary.

Why Would a Health Care Professional, Supplier, or Provider Use the NCCI Web Page, Tables, and Manual?

Accurate coding and reporting of services are critical aspects of proper billing. Service denied based on NCCI code pair edits or MUEs may not be billed to Medicare beneficiaries; a provider cannot utilize an Advance Beneficiary Notice of Noncoverage (ABN) to seek payment from a Medicare beneficiary. The NCCI tools found on the Centers for Medicare & Medicaid Services (CMS) website (including the “National Correct Coding Initiative Policy Manual for Medicare Services”) help providers avoid coding and billing errors and subsequent payment denials.

It is important to understand, however, that the NCCI does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination. Should providers determine that claims have been coded incorrectly, they are responsible to contact their Medicare Carrier, Fiscal Intermediary (FI), or Medicare Administrative Contractor (MAC) about potential payment adjustments.

How Up-to-Date are the NCCI Tables?

The tables are updated quarterly and loaded into the Medicare claims payment processing systems and onto the CMS NCCI web pages. The NCCI edits in the Outpatient Code Editor (OCE) are always one quarter behind the physician edits.

The “National Correct Coding Initiative Policy Manual for Medicare Services” is updated annually in October.

How to Locate the NCCI Tables and Manual

The code pair edits, MUE tables, and NCCI manual are accessed at <http://www.cms.gov/NationalCorrectCodInitEd> on the CMS website.

Background: NCCI Edits

The NCCI is comprised of two provider-type choices of code pair edits and three provider-type choices of MUEs:

Code Pair Edits

(1) NCCI Edits-Physicians

These code pair edits are applied to claims submitted by physicians, non-physician practitioners, and Ambulatory Surgery Centers (ASCs)(provided the code is listed as one of the Medicare-approved ASC procedures).

(2) NCCI Edits-Hospital Outpatient Prospective Payment System (PPS)

This set of code pair edits is applied to the following Types of Bills (TOBs) subject to the Outpatient Code Editor (OCE): Hospitals (TOB 12X and 13X), Skilled Nursing Facilities (SNFs) (TOB 22X and 23X), Home Health Agencies (HHAs) Part B (TOB 34X), Outpatient Physical Therapy and Speech-Language Pathology Providers (OPTs) (74X), and Comprehensive Outpatient Rehabilitation Facilities (CORFs) (TOB 75X).

MUEs

(1) Practitioner MUEs

All physician and other practitioner claims are subject to these edits.

(2) Durable Medical Equipment (DME) Supplier MUEs

These edits are applied to claims submitted to DME MACs. (At this time, this file includes HCPCS A-B, D-H, K-V codes in addition to HCPCS codes under the DME MAC jurisdiction.)

(3) Facility Outpatient MUEs

Claims for TOB 13X, 14X, and Critical Access Hospitals (85X) are subject to these edits.

Coding decisions for edits are based on conventions defined in the American Medical Association's (AMA's) "CPT Manual," national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices. Prior to the implementation of MUEs, the proposed edits are released for review and comment to the AMA, national medical/surgical societies, and other national health care organizations, including non-physician professional societies, hospital organizations, laboratory organizations, and durable medical equipment organizations. Similarly, proposed NCCI edits are released to various national health care organizations for review and comment prior to implementation.

USING THE NCCI TOOLS

Looking Up Code Pair Edits

The first step in looking up an edit is to click on either NCCI Edits-Physicians or NCCI Edits-Hospital Outpatient PPS.

Figure 1 shows the screen after selecting NCCI Edits-Physicians.

The screenshot shows the CMS.gov website with the following content:

- Header: CMS.gov, Centers for Medicare & Medicaid Services, Home | About CMS | Careers | Newsroom | FAQ | Archive | Share | Help | Email | Print
- Navigation: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Insurance Oversight, Innovation Center, Regulations, Guidance & Standards, Research, Statistics, Data & Systems, Outreach & Education
- Breadcrumbs: CMS Home > Medicare > National Correct Coding Initiatives Edits > NCCI Edits - Physicians
- Left Sidebar: National Correct Coding Initiatives Edits
 - » Overview
 - » Medically Unlikely Edits
 - » Quarterly NCCI and MUE Version Update Changes
 - » **NCCI Edits - Physicians**
 - » NCCI Edits - Hospital Outpatient PPS
 - » NCCI Transmittals
- Main Content: **NCCI Edits - Physicians**
 - Text: The list below shows National Correct Coding Initiative Edits for Physicians. To view codes for a particular service type, click the appropriate link in the list.
 - Section: **Select From The Following Options:**
 - Show all items
 - Show only (select one or more options):
 - Show only items whose last modified date is within the past [dropdown]
 - Show only items whose Code Range is [dropdown]
 - Show only items containing the following word [input]
 - Button: Show Items
 - Text: There are 13 items in this list.
 - Sort by: [Service Type Ascending] [Go] [View Results in Excel]
 - Table:

Service Type ▲▼	Code Range ▲▼
Anesthesia Services	01000-09999
Anesthesia Services	00100-00999
Category III Codes	0001T-9999T
Medicine Evaluation and Management Services	90000-99999
Pathology and Laboratory Services	80000-89999

Figure 1: Results from Selecting NCCI Edits-Physicians

The list of NCCI edits for physicians may be viewed by using the:

- 1 Show Only option, or the
- 2 Service Type/Code Range option.

It is recommended that you use the Service Type/Code Range option by selecting to sort the Service Type or Code Range in either ascending or descending order from the Sort by drop down menu or by clicking on the triangles.

Figure 2 shows the screen that appears when the Medicine Evaluation and Management Services Service Type (Code Range 90000 - 99999) is selected.

For each Service Type or Code Range, there are two tables of edit pairs which appear as compressed zipped files:

- 1 Column 1/Column 2 Edits, and
- 2 Mutually Exclusive Code (MEC) Edits.

The screenshot displays the 'NCCI Edits - Physicians' page. On the left is a navigation menu with 'NCCI Edits - Physicians' selected. The main content area shows details for 'Medicine Evaluation and Management Services' with fields for Service Type, Code Range (90000-99999), Effective Date (01/01/2012-03/31/2012), and Version Number (18.0). Below this is a 'Downloads' section with two links: 'CPT Codes 90000-99999 Column1/Column2 [ZIP, 1.5MB]' and 'CPT Codes 90000-99999 Mutually Exclusive [ZIP, 110KB]'. The first link is circled in red and labeled with a '1' in a brown circle, and the second link is labeled with a '2' in a brown circle. A 'Return to List' button is also visible.

Figure 2: Edit Tables Available for Download

Click on the name of the table you wish to view or save.

Both the Column 1/Column 2 and MEC Code Pair Edit tables operate the same way. To continue to the table selected, the terms and conditions of the AMA copyright must be accepted. Click Accept to indicate you have read and agree to the AMA terms and conditions.

Helpful Hint: The files are zipped due to their size, which allows for faster download. If the files do not automatically unzip, you may need the appropriate software to unzip these files. If you scroll to the bottom of the web page and click on File Formats and Plug-Ins, you can download free software. Remember that NCCI tables are updated quarterly and saved tables must be replaced in order to have the most current information.

The tables can be opened in Microsoft Excel (the file ending in .xlsx) or text file format.

Medicare claims processing is the same for Column 1/Column 2 Edits and MEC Edits. Even though only one of the code pair tables is officially called Column 1/Column 2, both of these tables are comprised of code pairs named as Column 1 and 2. If a provider submits the two codes of an edit pair, the Column 1 code is eligible for payment and the Column 2 code is denied. However, if both codes are clinically appropriate and an appropriate NCCI-associated modifier is used, the codes in both columns are eligible for payment. Supporting documentation must be in the beneficiary's medical record.

Column 1/Column 2 Code Pair Tables

Although the Column 2 code is often a component of a more comprehensive Column 1 code, this relationship is not true for many edits. In the latter type of edit the code pair edit simply represents two codes that should not be reported together, unless an appropriate modifier is used.

For example, a provider should not report a vaginal hysterectomy code and total abdominal hysterectomy code together.

Mutually Exclusive Code (MEC) Code Pair Tables

Many procedure codes should not be reported together because they are mutually exclusive of each other. Mutually exclusive procedures cannot reasonably be performed at the same anatomic site or same beneficiary encounter.

An example of a mutually exclusive situation is the repair of an organ that can be performed by two different methods. Only one method can be chosen to repair the organ. A second example is a service that can be reported as an initial service or a subsequent service. With the exception of drug administration services, the initial service and subsequent service cannot be reported at the same beneficiary encounter.

In addition, the descriptor of some HCPCS/CPT codes includes a gender-specific restriction on the use of the code. HCPCS/CPT codes specific for one gender should not be reported with HCPCS/CPT codes for the opposite gender.

How to Use the Code Pair Tables

We will now demonstrate how to use the code pair tables with code 99215 as our example. Our example will show:

How to use the Column 1/Column 2 and MEC tables to determine:

- When is a code the reimbursable code of a NCCI code pair?
- How do you identify all code pairs when a code is not reimbursable or when it is only reimbursable if an appropriate modifier is used?
- How do you know when an appropriate modifier may be used?

When is a code the reimbursable code of a NCCI code pair?

Because the Column 1 code of a NCCI code pair is the reimbursable code, you should search Column 1 of the code range that includes this code. In our example, 99215 is in the code range 90000-99999; search Column 1 for this code range in both the Column1/Column 2 and the MEC tables.

Figure 3 shows part of the Column 1/Column 2 table for the Medicine Evaluation and Management Services Service Type with our example code 99215 in Column 1.

A	B	C	D	E	F
Column1/Column 2 Edits					
1 Column 1	2 Column 2	3 * = In existence prior to 1996	4 Effective Date	5 Deletion Date * = no data	6 Modifier 0=not allowed 1=allowed 9=not applicable
99215	G0101		19980401	19980401	9
99215	G0102		20000605	*	0
99215	G0104		19980401	19980401	9
99215	G0105		19980401	19980401	9
99215	G0106		19980401	19980401	9
99215	G0107		19980401	19980401	9
99215	G0117		20020101	*	0
99215	G0118		20020101	*	0
99215	G0120		19980401	19980401	9
99215	G0245		20020701	*	0
99215	G0246		20020701	*	0
99215	G0248		20021001	*	1
99215	G0250		20021001	*	1

Figure 3: Column 1/Column 2 table with 99215 in Column 1

- 1 Column 1 indicates the payable code.
- 2 Column 2 contains the code that is not payable with this particular Column 1 code unless a modifier is permitted and submitted.
- 3 This third column indicates if the edit was in existence prior to 1996.
- 4 The fourth column indicates the effective date of the edit (year, month, date).
- 5 The fifth column indicates the deletion date of the edit (year, month, date).
- 6 The sixth column indicates if use of a modifier is permitted. This number is the modifier indicator for the edit. (The Modifier Indicator Table, shown on page 8 of this booklet, provides further explanation.)

Our search shows a portion of all Column1/Column 2 code pairs where 99215 is the payable code and every code that is not separately payable when billed with 99215 (unless a modifier is allowed) as a result of the Column 1/Column 2 policies.

Figure 3 shows, for example, that a physician will not be reimbursed for HCPCS code G0102 (Prostate cancer screening; digital rectal examination) together with 99215 (Office or other outpatient visit).

How do you identify all code pairs when a code is not reimbursable or when it is only reimbursable if an appropriate modifier is used?

In other words, you will also wish to know when a code appears as a Column 2 code.

1. For example, locate 99215 in Column 2 in the Medicine Evaluation and Management Services table of both the Column1/Column 2 and MEC tables.
 - o Use the Resource Tool at the end of this booklet to filter Column 2 so that all instances of 99215 are displayed together.
 - o Note, for example, 99215 will not be reimbursed with 99221, Initial hospital care, unless an appropriate modifier is used.
2. In addition, you must also look for 99215 in Column 2 of all the other Service Type tables for codes you commonly bill.
 - o For example, if you destroy a common wart (e.g., 17110) in conjunction with the beneficiary's 99215 visit, you would look for 99215 in the second column of the Surgery: Integumentary System Table (Code Range 10000-19999).

How do you know when an appropriate modifier may be used?

Modifiers may be appended to HCPCS/CPT codes only if the clinical circumstances justify the use of the modifier. A modifier should not be appended to a HCPCS/CPT code solely to bypass an NCCI edit if the clinical circumstances do not justify its use. If the Medicare Program imposes restrictions on the use of a modifier, the modifier may only be used to bypass an NCCI edit if the Medicare restrictions are fulfilled.

In the modifier indicator column, the indicator 0, 1, or 9 shows whether an NCCI-associated modifier allows the code pair to bypass the edit. The following Modifier Identifier Table provides a definition of each of these indicators.

Modifier Indicator Table

MODIFIER INDICATOR	DEFINITION
0 (Not Allowed)	There are no modifiers associated with NCCI that are allowed to be used with this code pair; there are no circumstances in which both procedures of the code pair should be paid for the same beneficiary on the same day by the same provider.
1 (Allowed)	The modifiers associated with NCCI are allowed with this code pair when appropriate.
9 (Not Applicable)	This indicator means that an NCCI edit does not apply to this code pair. The edit for this code pair was deleted retroactively.

NCCI - Hospital Outpatient PPS: These code pair tables operate the same as the physician code pair tables; however, modifiers and coding pairs may differ from the physician code pair tables because of differences between facility and professional services. In addition, NCCI edits incorporated into Outpatient Code Editor (OCE) appear in OCE one calendar quarter after they appear in the NCCI.

Now that you've learned how to use the code pair tables, let's learn how to search for MUEs.

Looking Up Medically Unlikely Edits (MUEs)

An MUE for a HCPCS/CPT code is the maximum Units of Service (UOS) that a provider would report under most circumstances for a single beneficiary on a single date of service.

Not all HCPCS/CPT codes have an MUE. MUEs are developed based on HCPCS/CPT code descriptors, CPT coding instructions, anatomic considerations, established CMS policies, nature of service/procedure, nature of analyte, nature of equipment, prescribing information, and clinical judgment.

Helpful Hint: Most MUEs are visible to providers on the website. However, some MUEs are considered confidential by CMS and are not released.

Claims processing contractors may have UOS edits that are more restrictive than MUEs. In such cases, the more restrictive claims processing contractor edit would be applied to the claim. Similarly, if the MUE is more restrictive than a claims processing contractor edit, the more restrictive MUE would apply.

MUE values are not utilization guidelines and do NOT represent UOS that may be reported without concern about medical review. Providers should continue to only report services that are medically reasonable and necessary. Providers may be subject to medical review of their claims even if they report UOS less than or equal to the MUE value for a code.

To view the tables of MUEs, select Medically Unlikely Edits from the left side of the NCCI web page. Scroll to the bottom of the page. The tables appear under the Downloads section.

Figure 4 shows the MUE includes tables for Practitioner Services, Facility Outpatient Services, and DME Supplier Services in the Downloads section.

National Correct Coding Initiatives Edits

- » Overview
- » **Medically Unlikely Edits**
- » Quarterly NCCI and MUE Version Update Changes
- » NCCI Edits - Physicians
- » NCCI Edits - Hospital Outpatient PPS
- » NCCI Transmittals

Medically Unlikely Edits

The CMS developed Medically Unlikely Edits (MUEs) to reduce the for a HCPCS/CPT code is the maximum units of service that a provi single beneficiary on a single date of service. All HCPCS/CPT code

MUE was implemented January 1, 2007 and is utilized to adjudicate DME MACs.

This webpage has links to the MUE Frequently Asked Questions ar Announcement Letter which explain most aspects of the MUE progr

Although CMS publishes most MUE values on its website, other ML CMS Contractors' use only. The latter group of MUE values should

Downloads

- [Practitioner Services MUE Table \[ZIPPED Excel, 98KB\] - Updated 1/1/12](#)
- [Facility Outpatient Services MUE Table \[ZIPPED Excel, 85KB\] - Updated 1/1/12](#)
- [DME Supplier Services MUE Table \(Note: This file will include HCPCS A-B, D-H, K-V codes at this time and will not just include HCPCS codes under DME MAC jurisdiction\) \[ZIP, 25KB\] - Updated 1/1/12](#)

Figure 4: Selecting MUE Provider Type

Helpful Hint: Remember that MUE tables are updated quarterly and saved tables must be replaced in order to have the most current information.

Click Accept to agree to the AMA terms and conditions. The MUE tables are in compressed zipped files. You must choose whether to open and view the file or to save the file for future reference. The tables can be opened/viewed as either a plain text file, or a Microsoft Excel spreadsheet.

Figure 5 shows a section of the Practitioner Services MUE table after selecting the Microsoft Excel format.

	A	B
	Current Procedural Terminology © 2011 American Medical Association. All Rights Reserved.	
	Current Procedural Terminology (CPT) is copyright 2011 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.	
	CPT® is a trademark of the American Medical Association.	
1		
2	1 HCPCS/CPT Code	2 Practitioner Services MUE Values
3	0019T	1
4	0030T	2
5	0042T	1
6	0048T	1
7	0050T	1
8	0051T	1
9	0052T	1
10	0053T	1
11	0054T	2
12	0055T	2
13	0071T	1
14	0072T	1

Figure 5: Practitioner Services MUE Table

- 1 The first column entitled HCPCS/CPT Code contains codes with an MUE value.
- 2 The second column entitled Practitioner Services MUE Values represents the maximum UOS that a provider would report under most circumstances for a single beneficiary on a single date of service.

Helpful Hint: Unlike the code pair tables, the MUE tables do not have a column that addresses modifiers. Review Chapter 1 of the “National Correct Coding Initiative Policy Manual for Medicare Services” for information about modifiers and MUEs.

USING THE “NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL FOR MEDICARE SERVICES”

The “National Correct Coding Initiative Policy Manual for Medicare Services” is available as a reference tool for correct coding and to explain the rationale for NCCI edits. Each chapter corresponds to a separate section of the “CPT Manual” except Chapter 1 which contains general correct coding policies, Chapter 12 which addresses HCPCS Level 2 codes, and Chapter 13 which addresses Category III CPT codes. Each chapter is subdivided by subject to allow easier access to a particular code or group of codes.

Neither the introduction nor the narrative portion of any chapter is intended to supersede any current Medicare policy.

The Introduction and Chapter 1 of the manual are excellent resources for basic information about proper coding practices and how coding edit decisions are made. Chapter 1, which is entitled “General Correct Coding Policies,” addresses general coding principles, issues, and policies. Many of these principles, issues, and policies are addressed further in subsequent chapters dealing with specific groups of HCPCS/CPT codes. Examples are often utilized to clarify principles, issues, or policies. The examples do not represent the only codes to which the principles, issues, or policies apply.

It is also highly recommended that you carefully review the chapters of the manual that pertain to the code ranges you most often bill. These chapters include detailed information about correct coding and use of NCCI-associated modifiers for separately reportable services, and much more.

The NCCI manual can be obtained in two ways:

1. The manual is available as a compressed (zipped) set of PDF documents on the NCCI Overview page on the CMS website. To download or access the manual:

Go to <http://www.cms.gov/NationalCorrectCodInitEd> on the CMS website. Scroll down to the Downloads section of the page and click on the “NCCI Policy Manual for Medicare Services” PDF/ZIP file.

A file download pop-up box will appear. Click on Open to simply view the file. Click on Save to save the manual for future use.

The manual will open or save as multiple PDF files, one for each chapter of the manual.

2. National Technical Information Service (NTIS) is the official distributor of the NCCI edits. The “NCCI Policy Manual” or sections of the manual can be ordered from NTIS on their website at <http://www.ntis.gov/products/cci.aspx> or by calling 1-800-363-2068.

RESOURCES

CMS HCPCS Web Page

<http://www.cms.gov/MedHCPCSGenInfo>

This web page provides background information, coding updates and transmittals, and coding process and criteria information for the Healthcare Common Procedure Coding System (HCPCS) code set.

CMS Help with File Formats and Plug-Ins

http://www.cms.gov/AboutWebsite/11_Help.asp

Where possible, CMS posts information in open-standard, accessible formats (e.g., HTML). However, there are some areas of the website where specialized media must be used and plug-ins or special viewers may be needed to access the content. This web page provides a list of file types that are used on the website as well as further information on getting the plug-ins.

CMS Outpatient Code Editor (OCE) Web Page

http://www.cms.gov/OutpatientCodeEdit/01_Overview.asp

This web page provides an overview of the OCE, as well as information on the OCE versions and updates.

CMS Quarterly Provider Updates Electronic Mailing List

<http://www.cms.gov/AboutWebsite/EmailUpdates>

CMS offers a free e-mail subscription service, which provides notifications electronically when new information is available. The Quarterly Provider Updates electronic mailing list notifies subscribers via e-mail immediately of any regulations or program instructions released during the quarter that affect Medicare providers, including transmittals of the quarterly updates to the NCCI.

“CPT Manual”

https://catalog.ama-assn.org/Catalog/cpt/cpt_home.jsp

CPT codes are defined in the American Medical Association’s (AMA’s) “CPT Manual” which is updated and published annually. Use this web page to purchase hard copy or electronic versions of the “CPT Manual.”

Internet-Only Manual (IOM) Pub 100-04

“Medicare Claims Processing Manual”

<http://www.cms.gov/manuals/downloads/clm104c23.pdf>

Chapter 23 is entitled “Fee Schedule Administration and Coding Requirements.” Section 20.9, “Correct Coding Initiative (CCI),” provides instructions regarding implementation of NCCI edits and MUEs including information on modifiers.

MLN Matters® Articles

<http://www.cms.gov/MLNMattersArticles>

Quarterly updates (and corresponding information) to the NCCI are published as Medicare Learning Network® (MLN) Matters® articles. Select the year and search for the word initiative to return all quarterly updates.

Modifier -59 Article

<http://www.cms.gov/NationalCorrectCodInitEd/Downloads/modifier59.pdf>

This article provides information about CPT Modifier -59, an important NCCI-associated modifier that is often used incorrectly.

“Medicare Claim Review Programs: MR, NCCI Edits, MUEs, CERT, and RAC”

http://www.cms.gov/MLNProducts/downloads/MCRP_Booklet.pdf

This Medicare Learning Network® (MLN) booklet provides an overview of the Medical Review (MR), NCCI, MUE, Comprehensive Error Rate Testing (CERT), and Recover Audit Contractor (RAC) programs.

RESOURCES

MUE Frequently Asked Questions (FAQs)

http://www.cms.gov/NationalCorrectCodInitEd/08_MUE.asp

Further information about MUEs may be viewed in the FAQ link from the CMS MUE web page.

“National Correct Coding Initiative Policy Manual for Medicare Services”

<http://www.cms.gov/NationalCorrectCodInitEd>

The manual is available to providers as a reference tool for correct coding and to explain the rationale for NCCI edits.

NCCI FAQs

<http://www.cms.gov/NationalCorrectCodInitEd>

A searchable list of commonly-asked questions about the NCCI may be viewed in the FAQ link from the CMS NCCI Overview web page.

NCCI Transmittals

<http://www.cms.gov/NationalCorrectCodInitEd/NCCITrans/list.asp>

This list shows the transmittals that are directed to the National Correct Coding Initiatives edits, but the list may not include all instructions for National Correct Coding Initiatives edits. This web page does not include OCE release information. For a list of all instructions, view the Transmittals web page under Regulations and Guidance.

FILTERING THE NCCI DATA TABLES

The fastest and most accurate way to search any of the edit tables for a particular value is by using the Excel Filter feature.

Note: The instructions about how to use the Filter tool were written for Excel 2007. If you have an earlier version of Excel or another spreadsheet program, the Filter function works differently. Please use the Help feature of your program if you need assistance.

In the figures below, our example uses the Filter to search for instances of CPT code 99215 in Column 2 of the Column 1/Column 2 table for Surgery: Integumentary System (Code Range 10000-19999).

Open the file in Excel format (.xlsx).

Figure 6 shows how to begin filtering by clicking on the column heading entitled Column 2 and then choosing Data and Filter.

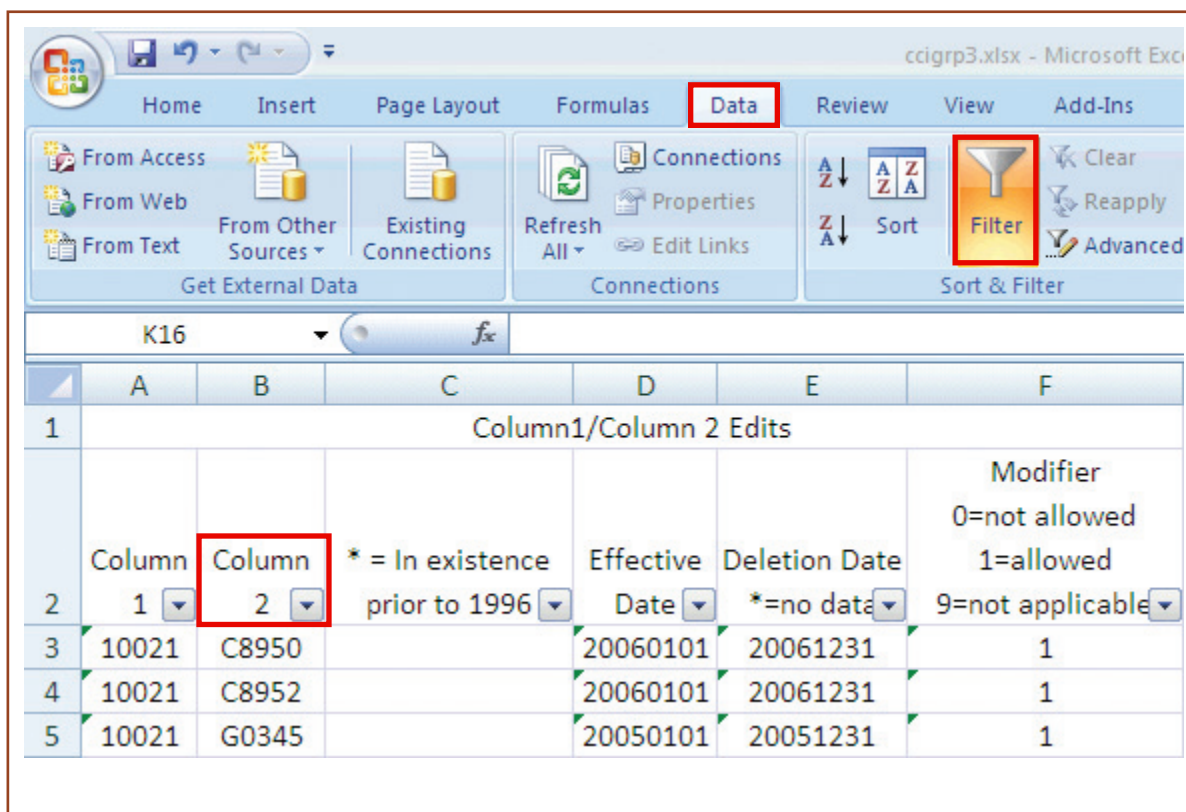


Figure 6: Filter feature selected

Excel displays a drop down arrow on each column header.

Click on the drop down arrow in Column 2. Excel will automatically select all values in the column. Click on the check box next to Select All to remove this default. Scroll down to the desired value.

Figure 7 shows Column 2 selected and a sort for 99215 chosen by clicking on the box beside this code. Next, click on OK.

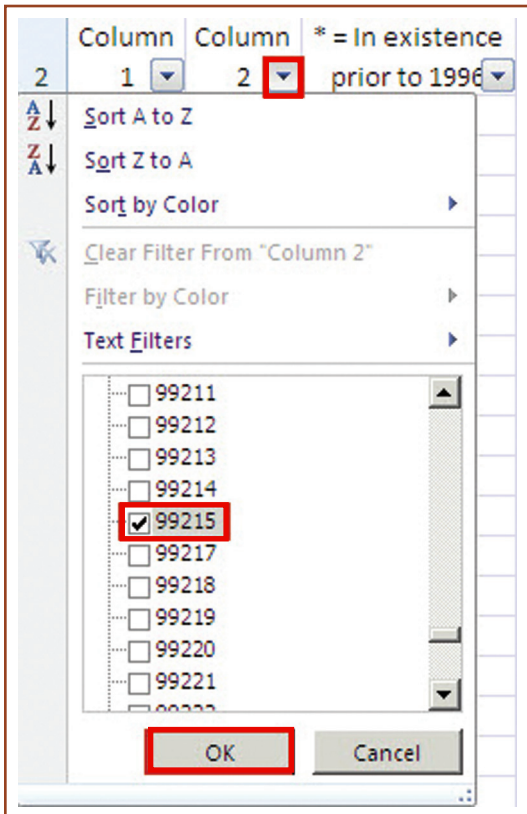


Figure 7: Removing "Select All" default setting

Column1/Column 2 Edits				
Column 1	Column 2	* = In existence prior to 1996	Effective Date	Deletion Date
11720	99215		19990101	*
11721	99215		19990101	*
11976	99215		20001030	20001030
15824	99215		20001030	20001030
15825	99215		20001030	20001030
15826	99215		20001030	20001030
15828	99215		20001030	20001030
15829	99215		20001030	20001030
15876	99215		20001030	20001030
15877	99215		20001030	20001030
15878	99215		20001030	20001030
15879	99215		20001030	20001030
17380	99215		20001030	20001030

Figure 8: Results of filter for CPT code 99215

Figure 8 shows all occurrences of 99215 in the Column 2 for the Surgery: Integumentary System.

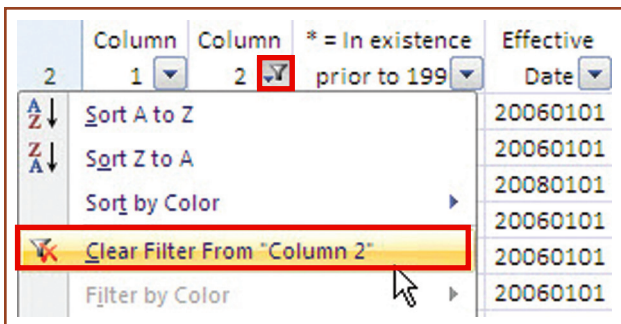


Figure 9: Removing the filter

When you are done looking at the records filtered by the desired value, click on the filter symbol in the column you filtered, and select Clear Filter from Column 2 as shown in Figure 9. You must return to viewing ALL records before you can filter for a different value. When you are done looking for records, you can remove the Filter by clicking Data and Filter.

Helpful Hint: When Excel prepares the list of values in each column, Excel automatically lists the values in ascending alpha-numeric order. Therefore, when you scroll through the list, if the value you are looking for doesn't appear in the position on the list where it should fall alpha-numerically, the value is NOT on the file.



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