CCI Editing Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and Other Qualified Health Care Professionals(QHPs), including, but not limited to, non-network authorized and percent of charge contract physicians and other QHP.

Policy

Overview

According to the Centers for Medicare and Medicaid Services (CMS), medical and surgical procedures should be reported with the CPT®/HCPCS codes that most comprehensively describe the services performed. For the purpose of this policy, the Same Individual Physician or Other QHP is the same individual rendering health care services reporting the same Federal Tax Identification number.

Reimbursement Guidelines

Medicare NCCI edits

UnitedHealthcare uses this policy to administer the "Column One/Column Two" National Correct Coding Initiative (NCCI) edits not otherwise addressed in UnitedHealthcare reimbursement policies to determine whether CPT and/or HCPCS codes reported together by the Same Individual Physician or Other QHP for the same member on the same date of service are eligible for separate reimbursement. When reported with a column one code, UnitedHealthcare will not separately reimburse a column two code unless the codes are appropriately reported with one of the NCCI designated modifiers recognized by UnitedHealthcare under this policy. When modifiers 59, XE, XP, XS or XU are appended to either the column one or column two code for a procedure or service rendered to the same patient, on the same date of service and by the Same Individual Physician or Other QHP, and there is an NCCI modifier indicator of "1", UnitedHealthcare will consider both services and/or procedures for reimbursement. Please refer to the "Modifiers"

section of this policy for a complete listing of acceptable modifiers and the description of modifier indicators of “0” and “1”.

The edits administered by this policy may be found on the following link:

Medicare National Correct Coding Initiative (NCCI) Edits

Medicaid NCCI Edits

Consistent with CMS, UnitedHealthcare utilizes the procedure-to-procedure (PTP) durable medical equipment (DME) edits developed by Medicaid in October of 2012, and will not separately reimburse PTP column two codes unless appropriately reported with one of the NCCI designated modifiers recognized by UnitedHealthcare under this policy. When one of the designated modifiers is appended to either the PTP column one or column two code rendered to the same patient, on the same date of service and by the Same Individual Physician or Other QHP, and there is an NCCI modifier indicator of “1”, UnitedHealthcare will consider both services and/or procedures for reimbursement. Please refer to the “Modifiers” section of this policy for a complete listing of acceptable modifiers.

The Medicaid PTP DME edits can be found on the following link:

Medicaid National Correct Coding Initiative (NCCI) Edit Files

Modifiers

Modifiers offer the physician or healthcare professional a way to identify that a service or procedure has been altered in some way. Under appropriate circumstances, modifiers should be used to identify unusual circumstances, staged or related procedures, distinct procedural services or separate anatomical location(s).

Each CMS NCCI edit has a modifier indicator assigned to it. A modifier indicator of "0" indicates a modifier cannot be used to bypass the edit. A modifier indicator of "1" indicates that an NCCI designated modifier can be used to allow both submitted services or procedures.

UnitedHealthcare recognizes the following NCCI designated modifiers under this reimbursement policy for Medicare NCCI and Medicaid PTP edits:
24, 25, 57, 58, 59, 78, 79, 91, E1, E2, E3, E4, LC, LD, LM, LT, RC, RI, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, XE, XP, XS and XU.

As it relates to the use of anatomical modifiers: E1, E2, E3, E4, LC, LD, LM, LT, RC, RI, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, FA, F1, F2, F3, F4, F5, F6, F7, F8, and F9, code pair edits may be bypassed only if the two procedures reported are submitted with different anatomical modifiers.

When CCI edits are applicable to codes representing paired body parts, an anatomical modifier will be required to be reported with both codes, instead of just one code. The existence of the NCCI PTP edit indicates that the two codes generally cannot be reported together unless the two corresponding procedures are performed at two separate patient encounters or two separate anatomic locations. If anatomical modifiers are reported on only one but not both of the applicable codes, UnitedHealthcare will not have enough information to recognize whether both codes are eligible to be reimbursed.

Modifiers offer specific information and should be used appropriately. For example, by definition, Modifier 91 would be used to repeat the same laboratory test on the same day for the same patient. Modifiers XE, XP, XS, and XU (referred to collectively as the –X {EPSU} modifiers) define specific subsets of modifier 59. According to the CPT book, modifier

59 should only be used when a more descriptive modifier is not available and therefore the provider should report one of these modifiers or modifier 59, but not both. Please refer to the "Codes" section for a complete listing of modifiers.

Information describing usage of modifier 59 and the -X {EPSU} modifiers can be found on the CMS Medicare NCCI, Medicaid NCCI or CMS MLN Matters websites.

CMS MLN Matters website:

Medicare Learning Network (MLN) Proper Use of Modifier 59

CMS Medicare NCCI website:

Medicare National Correct Coding Initiative (NCCI) Edits

CMS Medicaid NCCI website:

Medicaid National Correct Coding Initiative (NCCI) Edit Files

Definitions	
Claims Estimator	Real-time online tool that allows the user to determine how UnitedHealthcare rebundling edits would apply to any combination of codes prior to claim submission.
Same Individual Physician or Other QHP	The same individual rendering health care services reporting the same Federal Tax Identification number.

Questions and Answers	
1	**Q:** Why does this UnitedHealthcare reimbursement policy not contain all CCI edits? **A:** CCI edits may be addressed within other UnitedHealthcare reimbursement policies and therefore, are not included in this policy. Please refer to the Claims Estimator (available via UnitedHealthcareonline.com) to review appropriate bundling under all UnitedHealthcare policies.
2	**Q:** Will UnitedHealthcare allow both codes of a CCI edit to be reimbursed? **A:** Yes, UnitedHealthcare will allow each code of a CCI edit pair to be separately reimbursed if the above listed modifiers are appropriately used. The separately reimbursed procedure and/or service must meet the criteria per the modifier definition. For example, modifier T1 is used to identify a procedure or service that is performed on the second digit of the left foot. Therefore, modifier T1 could be appended to code 28285 indicating a hammertoe procedure was performed on the second digit of the left foot at the same time as a bunionectomy procedure was performed on a separate anatomical site (i.e., 28296 with modifier LT) and both procedures would be allowed. The NCCI PTP edit indicates that the two codes generally should not be reported together unless the two corresponding procedures are performed at two separate patient encounters or two separate anatomic sites.
3	**Q:** Why does UnitedHealthcare not reimburse a NCCI Column Two (deny) code when it is reported with a NCCI designated modifier included in this policy? **A:** NCCI edit has a modifier indicator assignment which specifies whether a modifier will bypass the edit. A modifier assignment of "0" does not allow a modifier to bypass the edit.
4	**Q:** What is the difference between Medicare NCCI edits and Medicaid NCCI Edits? **A:** CMS administers Medicare NCCI edits on a national level whereas Medicaid NCCI edits are administered at a state level. The Medicaid NCCI program is derived from the Medicare NCCI program with modifications relevant to the Medicaid program. CMS has worked with states to develop specific PTP edits for each state because of differences in state Medicaid programs and laws and regulations. In order to avoid confusion between the two programs, the Medicaid NCCI program uses the term NCCI PTP to identify its NCCI column one/column two edits.

5	**Q:** Since the CCI Editing policy recognizes many modifiers, do all modifiers bypass bundling edits in every situation? **A:** No. There are many coding guidelines provided within credible third-party sources including, but not limited to, the CPT and HCPCS books, and CMS NCCI Policy Manual which address situations in which a modifier applies. While the CCI Editing policy recognizes many modifiers, modifiers only apply when they are used according to correct coding guidelines. For example, CMS considers the shoulder to be a single anatomic structure. An NCCI procedure to procedure edit code pair consisting of two codes describing two shoulder procedures should never be bypassed with an NCCI-associated modifier when performed on the ipsilateral (same side) shoulder. In this case, procedure 23700 is billed with modifier LT and is performed at the same encounter as procedure 29823 with modifier LT. Since both services were performed on the same (left) shoulder, only one procedure would be allowed. If the two procedures are performed on contralateral (opposite) shoulders (23700 with modifier LT and 29823 with modifier RT) then the CCI edit would not apply.
6	**Q:** Should providers report wound repair codes 12001-13153 for closure of surgical incisions? **A:** No. Closure/repair of a surgical incision is included in the global surgical package and wound repair CPT codes 12001-13153 shall not be reported separately to describe closure of surgical incisions for procedures with global surgery indicators of 000, 010, 090, or MMM. UnitedHealthcare aligns with CMS and will only consider reimbursement for closure/repair if it is separate from the primary procedure. Reporting one of the -X {EPSU} modifiers on the wound repair code would be beneficial to indicate why it is separate from the primary procedure.

Codes

Modifiers

24	79	F1	F7	LM	T2	T8	XU
25	91	F2	F8	LT	T3	T9	
57	E1	F3	F9	RC	T4	TA	
58	E2	F4	FA	RI	T5	XE	
59	E3	F5	LC	RT	T6	XP	
78	E4	F6	LD	T1	T7	XS	

Resources

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

History

1/1/2024	Policy Version Change Logo Updated History Section: Entries prior to 1/1/2022 archived
1/1/2022	Policy Version Change Modifier section: Updated anatomical modifier requirements History Section: Entries prior to 1/1/2020 archived
12/9/07	Policy implemented by UnitedHealthcare Employer & Individual