CCI Editing Policy, Professional and Facility

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 Value & Balance Exchange 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 Value & Balance Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Value & Balance Exchange 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 Value & Balance Exchange 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 Value & Balance Exchange due to programming or other constraints; however, UnitedHealthcare Value & Balance Exchange strives to minimize these variations.

UnitedHealthcare Value & Balance Exchange 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 UnitedHealthcare Value & Balance Exchange products.

This reimbursement policy applies to services reported using the UB-04 Form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or their electronic equivalents or their successor forms. This policy applies to all products, all network and non-network providers, including, but not limited to, non-network authorized and percent of charge contract hospitals, ambulatory surgical centers, physicians and other qualified health care professionals.

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 Qualified Health Care Professional is the same individual rendering health care services reporting the same Federal Tax Identification number.

Reimbursement Guidelines

UnitedHealthcare Value & Balance Exchange uses this policy to administer the "Column One/Column Two" National Correct Coding Initiative (NCCI) edits not otherwise addressed in UnitedHealthcare Value & Balance Exchange reimbursement policies to determine whether CPT and/or HCPCS codes reported together by the Same Individual Physician or Other Qualified Health Care Professional for the same member on the same date of service are eligible for separate reimbursement. When reported with a column one code, UnitedHealthcare Value & Balance Exchange will not separately reimburse a column two code unless the codes are appropriately reported with one of the NCCI designated

modifiers recognized by UnitedHealthcare Value & Balance Exchange under this policy. When one of the designated modifiers is appended to the column one or column two edit 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 Qualified Health Care Professional, and there is an NCCI modifier indicator of "1", UnitedHealthcare Value & Balance Exchange 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".

Consistent with CMS, UnitedHealthcare Value & Balance Exchange 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 Value & Balance Exchange under this policy. When one of the designated modifiers is appended to the PTP column one or column two edit code rendered to the same patient, on the same date of service and by the Same Individual Physician or Other Qualified Health Care Professional, and there is an NCCI modifier indicator of "1", UnitedHealthcare Value & Balance Exchange 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 edits administered by this policy may be found on the following link:

Medicaid National Correct Coding Initiative (NCCI) Edits (this includes all Medicaid products)

Medicare National Correct Coding Initiative (NCCI) Edits (this includes all Medicare and DSNP products)

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 Value & Balance Exchange recognizes the following NCCI designated modifiers under this reimbursement policy for NCCI 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 with different anatomical modifiers.

Modifiers offer specific information and should be used appropriately. For example, by definition, Modifier 91 (Repeat Clinical Diagnostic Laboratory Test) 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 newly created -X {EPSU} modifiers can be found on the CMS Medicare NCCI, Medicaid NCCI or CMS MLN Matters websites.

CMS MLN Matters websites:

Medicare Learning Network (MLN) Specific Modifiers for Distinct Procedural Services

Medicare Learning Network (MLN) Proper Use of Modifier 59

CMS Medicare NCCI website:

Medicare National Correct Coding Initiative (NCCI) Edits

Definitions	
Same Individual Physician or Other Qualified Health Care Professional	The same individual rendering health care services reporting the same Federal Tax Identification number.

Questions and Answers	
1	**Q:** Will UnitedHealthcare Value & Balance Exchange allow both codes of a CCI edit to be reimbursed? **A:** Yes, UnitedHealthcare Value & Balance Exchange will allow each code of a CCI edit pair to be separately reimbursed if any one of the above listed modifiers is 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 (i.e., 28296 with modifier LT) was being performed 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.
2	**Q:** Why does UnitedHealthcare Value & Balance Exchange 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.
3	**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 that 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, *Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)* and is performed at the same encounter as procedure 29823 with modifier LT, *Arthroscopy, shoulder surgical: debridement, extensive.* 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.

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

Resources

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

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

Centers for Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

01/01/2021	Policy implemented by UnitedHealthcare Value & Balance Exchange