

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

UnitedHealthcare Individual 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.

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### Application

**This reimbursement policy applies to UnitedHealthcare Individual 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.

#### **Applicable States:**

This reimbursement policy applies to Individual Exchange benefit plans in all states except for Massachusetts, Nevada, and New York.

### 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 Individual Exchange uses this policy to administer the "Column One/Column Two" National Correct

Coding Initiative (NCCI) edits not otherwise addressed in UnitedHealthcare Individual 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 Individual 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 Individual 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 Individual 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 Individual 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 Individual 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 Individual 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 Individual Exchange recognizes the following NCCI designated modifiers under this reimbursement policy for NCCI PTP edits: 24, 25, 27, 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.

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](#)

CMS Medicaid NCCI website:

[Medicaid National Correct Coding Initiative \(NCCI\) Edits](#) (this includes all Medicaid products)

**Definitions**

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| <b>Same Individual Physician or Other Qualified Health Care Professional</b> | The same individual rendering health care services reporting the same Federal Tax Identification number. |
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**Questions and Answers**

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| 1 | <p><b>Q:</b> Will UnitedHealthcare Individual Exchange allow both codes of a CCI edit to be reimbursed?</p> <p><b>A:</b> Yes, UnitedHealthcare Individual Exchange will allow each code of a CCI edit pair to be separately reimbursed if any one of the above listed <a href="#">modifiers</a> 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.</p>   |
| 2 | <p><b>Q:</b> Why does UnitedHealthcare Individual Exchange not reimburse a NCCI Column Two (deny) code when it is reported with a NCCI designated modifier included in this policy?</p> <p><b>A:</b> 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.</p>   |
| 3 | <p><b>Q:</b> What is the difference between Medicare NCCI edits and Medicaid NCCI Edits?</p> <p><b>A:</b> 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.</p>   |
| 4 | <p><b>Q:</b> Since the CCI Editing policy recognizes many modifiers, do all modifiers bypass bundling edits in every situation?</p> <p><b>A:</b> 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 edits 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, <i>Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)</i> and is performed at the same encounter as procedure 29823 with modifier LT, <i>Arthroscopy, shoulder surgical: debridement, extensive</i>. Since both services were performed on the same (left) shoulder, only one procedure would be allowed.</p> |

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|   | 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.  |
| 5 | <p><b>Q:</b> Should providers report wound repair codes 12001-13153 for closure of surgical incisions?</p> <p><b>A:</b> No. Closure/repair of a surgical incision is included in the global surgical package and wound repair CPT codes 12001-13153 should not be reported separately to describe closure of surgical incisions for procedures with global surgery indicators of 000, 010, 090, or MMM. UnitedHealthcare Individual Exchange 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.</p> |

### 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

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| <b>3/26/2023</b> | Policy Version Change<br>Modifier section updated: Added Modifier 27<br>Codes section removed  |
| <b>1/1/2023</b>  | Policy Version Change<br>Update policy template  |
| <b>1/1/2022</b>  | Policy Version Change<br>Update policy template  |
| <b>11/1/2021</b> | Policy Version Change<br>Modifier section: Updated link for MLN Proper Use of Modifier 59<br>Question & Answer section: Added Q&A #5 |
| <b>10/1/2021</b> | Annual Anniversary Date and Version Change   |
| <b>1/1/2021</b>  | Policy implemented by UnitedHealthcare Value & Balance Exchange  |