CCI Editing Policy

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 Community Plan reimbursement policies uses 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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 Community Plan Medicaid.
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, including, but not limited to, non-network authorized and percent of charge contract 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 Health Care Professional is the same individual rendering health care services reporting the same Federal Tax Identification number.

Reimbursement Guidelines

UnitedHealthcare Community Plan uses this policy to administer the "Column One/Column Two" National Correct Coding Initiative (NCCI) edits not otherwise addressed in UnitedHealthcare Community Plan reimbursement policies to determine whether CPT and/or HCPCS codes reported together by the Same Individual Physician or Other 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 Community Plan will not separately reimburse a column two code unless the codes are appropriately reported with one of the NCCI designated modifiers recognized by UnitedHealthcare Community Plan 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 Health Care Professional, and there is an NCCI modifier indicator of "1", UnitedHealthcare Community Plan 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 Community Plan 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 Community Plan 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 Health Care Professional, and there is an NCCI modifier indicator of "1", UnitedHealthcare Community Plan 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 Community Plan 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 and their descriptions.

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 website:

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 (this includes all Medicare and DSNP products)

CMS Medicaid NCCI website:

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

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

State Exceptions	
Florida	CCI edits do not apply when 59430 is billed with 59410 in place of service 12 for a Certified Midwife
Iowa	Per Iowa Medicaid, CCI edits do not apply to the following code pairs: S9122/T1004, S9123/T1002, S9124/T1003, T1005/S5150, T1030/T1002, T1031/T1003, T4525/T4530, T4525/T4533, T4525/T4529, T4526/T4530, T4526/T4533, T4526/T4529, T4527/T4530, T4527/T4533, T4527/T4529, T4528/T4530, T4528/T4533, T4528/T4529, T4534/T4530, T4534/T4529
Kansas	Rural Health Centers, Federally Qualified Health Centers, and Indian Health Centers are exempt from CCI edits
Maryland	CCI edits do not apply to rate regulated/HSCRC facilities
Michigan	CCI edits do not apply E1028 is billed with E0950 and E1020
Mississippi	CCI edits do not apply to place of service 50 or 72
Tennessee	CCI edits do not apply to place of service 53 CCI edits do not apply to the following CPT codes combinations: 90792/90832, 90792/90846, 90834/90839, 90837/90832, 90840/90889, 90846/90837, 90846/90847, 90847/99212, 90853/90832, 90853/90846, 90853/99212
Virginia	CCI edits do not apply when 99211 is billed with 96372, 96373, 96374 and 96377

Questions and Answers	
1	**Q:** Will UnitedHealthcare Community Plan allow both codes of a CCI edit to be reimbursed? **A:** Yes, UnitedHealthcare Community Plan 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 Community Plan 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:** 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.

4	**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	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
57	Decision for Surgery
58	Staged or Related Procedure or Service by the Same Physician During the Postoperative Period
59	Distinct Procedural Service
78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
91	Repeat Clinical Diagnostic Laboratory Test
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right, eyelid
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
LC	Left circumflex coronary artery

LD	Left anterior descending coronary artery
LM	Left main coronary artery
LT	Left side
RC	Right coronary artery
RI	Ramus intermedius
RT	Right side
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
XE	Separate Encounter, A Service That Is Distinct Because It Occurred During A Separate Encounter
XP	Separate Practitioner, A Service That Is Distinct Because It Was Performed By A Different Practitioner
XS	Separate Structure, A Service That Is Distinct Because It Was Performed On A Separate Organ/Structure
XU	Unusual Non-Overlapping Service, The Use Of A Service That Is Distinct Because It Does Not Overlap Usual Components Of The Main Service

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

History

2/24/2019	State Exceptions updated: Iowa
1/13/2019	State Exceptions updated: Iowa
1/1/2019	Annual Policy Version Change
11/14/2018	Annual Approval Date Change
6/10/2018	State Exception section updated: Iowa
4/13/2018	State Exceptions Section: Added update for Kansas
1/1/2018	Annual Policy Version Change State Exceptions section: Updated Michigan History Section: Entries prior to 1/1/2016 archived

11/12/2017	State Exception section updated: add Virginia state exception
9/3/2017	State Exception section updated: removed Texas state exceptions
5/21/2017	State Exception section updated: TX
3/5/2017	State Exception section updated: FL
2/12/2017	State Exception section updated: IA
1/1/2017	Annual Policy Version Change History/Updates section - Entries prior to 1/1/2015 archived
8/20/2016	Policy Verbiage Change Question & Answer added
2/14/2016	State Exception section updated: Added exceptions for Mississippi and Tennessee
1/01/2016	Annual Policy Version Change Policy Change: Codes Section Updated; Modifiers Section Updated History/Updates section - Entries prior to 1/1/2014 archived
1/1/2015	Annual Policy Version Change Annual Approval Date Change Approved By section updated: National Reimbursement Forum and United HealthCare Community & State Payment Policy Committee changed to Payment Policy Oversight Committee Policy Change: Codes Section Updated; Modifiers Section Updated History/Updates section - Entries prior to 1/1/2013 archived
12/10/2007	Policy Implemented by UnitedHealthcare Community & State