

# CCI Editing Policy (CES)

Policy Number: ADMINISTRATIVE 290.1 TO  
Effective Date: August 1, 2021

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Applicable Lines of Business/Products</a> .....	1
<a href="#">Application</a> .....	1
<a href="#">Overview</a> .....	1
<a href="#">Reimbursement Guidelines</a> .....	1
<a href="#">Definitions</a> .....	3
<a href="#">Applicable Codes</a> .....	3
<a href="#">Questions and Answers</a> .....	3
<a href="#">References</a> .....	4
<a href="#">Policy History/Revision Information</a> .....	4
<a href="#">Instructions for Use</a> .....	4

Related Policies
None

## Applicable Lines of Business/Products

This policy applies to Oxford Commercial plan membership.

## 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, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

## 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

### Medicare NCCI edits

Oxford 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 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, Oxford will not separately reimburse a column two code unless the codes are appropriately reported with one of the NCCI designated modifiers recognized by Oxford 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 Health Care

Professional, and there is an NCCI modifier indicator of “1”, Oxford 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, Oxford utilizes the procedure-to-procedure (PTP) durable medical equipment (DME) edits developed by Medicaid in October 2012 and will not separately reimburse PTP column two codes unless appropriately reported with one of the NCCI designated modifiers recognized by Oxford 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 Health Care Professional, and there is an NCCI modifier indicator of “1”, Oxford 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.

Oxford 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.

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 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 \(NCCI\) 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 Health Care Professional:** The same individual rendering health care services reporting the same Federal Tax Identification number.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

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	

## Questions and Answers

1	Q:	Why does this Oxford reimbursement policy not contain all CCI edits?
	A:	CCI edits may be addressed within other Oxford reimbursement policies and therefore, are not included in this policy.
2	Q:	Will Oxford allow both codes of a CCI edit to be reimbursed?
	A:	Yes, Oxford 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 Oxford 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.

## References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed, and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2020R0105B]

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

## Policy History/Revision Information

Date	Summary of Changes
08/01/2021	<ul style="list-style-type: none"> <li>New Clinical Policy</li> </ul>

## Instructions for Use

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The InterQual® criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.