

# OUTPATIENT HOSPITAL CCI EDITING POLICY (CES)

**Policy Number:** ADMINISTRATIVE 276.1 T0

**Effective Date:** October 1, 2020

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Related Policy
None

## 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 MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines 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.

## APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

## APPLICATION

This reimbursement policy applies to services reported using the UB-04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network outpatient hospital claims.

## 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.

## REIMBURSEMENT GUIDELINES

### **Medicare NCCI Edits**

The purpose of this policy is to administer the "Column One/Column Two" National Correct Coding Initiative (NCCI) edits not otherwise addressed in Oxford's reimbursement policies to determine whether CPT and/or HCPCS codes reported together by the outpatient hospital 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 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 there is an NCCI modifier indicator of "1", UnitedHealthcare will consider both services and/or procedures for reimbursement. Refer to the [Modifiers](#) section of this policy for a complete listing of acceptable modifiers and the description of modifier indicators "0" and "1".

The edits administered by this policy may be found at: [Medicare National Correct Coding Initiative \(NCCI\) Edits](#).

**Modifiers**

Modifiers offer 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 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 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.

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

**CMS MLN Matters websites:**

[Medicare Learning Network \(MLN\) Specific Modifiers for Distinct Procedural Services: MM8863](#)

[Medicare Learning Network \(MLN\) Proper Use of Modifier 59: SE1418](#)

**CMS Medicare NCCI website:**

[Medicare National Correct Coding Initiative \(NCCI\) Edits](#)

**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:	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.
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, those modifiers should only be 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.

4	Q:	Which version of the Correct Coding Initiative (CCI) edits does Oxford apply to this policy?
	A:	In accordance with CMS, Oxford applies the hospital version of the CCI edits that are loaded in the Medicare Outpatient Code Editor (OCE).

**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. [2020R5013A]

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	Action/Description
10/01/2020	<ul style="list-style-type: none"> <li>New Reimbursement Policy</li> </ul>