



# Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

<b>Payment Policy POL-PP-226</b>	
<b>Subject: National Correct Coding Initiative (NCCI)</b>	
Effective Date: 2/15/2022	Committee Approval Obtained: 2/7/2022 Last Review: 2/1/2025 Next Review: 2/01/2026
<p>The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <a href="https://providers.bluekc.com/ContactUs/PaymentPolicies">https://providers.bluekc.com/ContactUs/PaymentPolicies</a></p>	
<p><b>Provider Payment policies</b> are written to provide an overview of coding and payment guidelines as they pertain to claims submitted to Blue KC. These guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers.</p> <p><b>Covered services and payment</b> are based on the member’s benefit plan and provider agreement. Providers and their office staff may use our online tools to verify effective dates and member copayments before providing services. Visit our providers page for information on member eligibility and benefits. Member liability may include, but is not limited to, co-payments, deductibles, and co-insurance. Members’ costs depend on member benefits.</p> <p>Certain services require prior authorization or referral.</p> <p><b>Blue KC reimburses</b> health care providers based on your contracted rates and member benefits. Claims are subject to payment edits, which Blue KC updates regularly.</p>	
<b>Policy</b>	<p>This policy applies to all lines of business, including, but not limited to, Commercial, Medicare Advantage, Federal Employee Program, and ACA.</p> <p>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.</p> <p>The National Correct Coding Initiative (NCCI) was developed to promote national correct coding methodologies and to control improper coding leading to inappropriate payment of services that should not be reported together.</p> <p>The coding Policies contained in the NCCI are based on coding conventions defined in the American Medical Association’s Current Procedural Terminology (CPT) manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices. NCCI edits are a recognized industry source for relationships between codes.</p> <p>Per the Provider Reference Guide, Blue KC follows correct coding guidelines and will apply NCCI edits to both medical and facility claims when applicable. This</p>

policy is supplemental to the Provider Reference Guide to provide clarification regarding Blue KC expectations for application of NCCI edits.

**NCCI Edit Types**

NCCI includes three types of edits:

- Procedure-to-procedure edits (PTP) edits - prevents inappropriate payment of services that should not be reported together.
- Medically unlikely edits (MUE) - prevents payment for an inappropriate number/quantity of the same service on a single day.
- Add on code edits - consist of a listing of HCPCS and CPT add-on codes with their respective primary codes. An add-on code is eligible for payment only if one of its primary codes is also eligible for payment.

**Procedure to Procedure (PTP)**

PTP NCCI edits are in a table format with 3 columns. Columns 1 and 2 contain the codes where edits will apply. Column 3 indicates if a modifier is allowed to bypass the edit.

A modifier indicator of "0" indicates a modifier cannot be used. A modifier indicator of "1" indicates that an NCCI designated modifier can be used (if appropriate) to allow both submitted services or procedures.

Column 1	Column 2	Modifier Indicator 0 = not allowed 1 = allowed 9 = not applicable
91302	91303	0
91303	0021A	0
M0243	M0245	1
M0243	Q0243	1

**Modifier Indicator 1**

There are several modifiers that are allowed to override an NCCI edit.

- Anatomic modifiers: E1-E4, FA, F1-F9, TA, T1-T9, LT, RT, LC, LD, RC, LM, RI.
- Global surgery modifiers: 24, 25, 57, 58, 78, 79.
- Other modifiers: 27, 59, 91, XE, XS, XP, XU.

According to the CPT, modifier 59 should only be used when a more descriptive modifier is not available

Modifiers 59, XE, XP, XS or XU can be appended to either column one or column two 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. Blue KC will consider both services and/or procedures for reimbursement.

Modifiers XE, XP, XS, and XU (referred to collectively as the -X {EPSU} modifiers) define specific subsets of modifier 59.

Modifier	Description
59	Modifier 59 is used to identify procedures/services, other than E/M services, which are not normally reported together, but are appropriate under the circumstances.

	Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual.
XE	Separate encounter, a service that is distinct because it occurred during a separate encounter.
XP	Separate practitioner, a service that is distinct because a different practitioner performed it.
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.

Do not use modifiers 59, -X{EPSU} and other NCCI procedure to procedure (PTP) associated modifiers to bypass an NCCI PTP edit unless the proper criteria for its use have been met. Medical documentation must satisfy the required criteria.

[Proper Use of Modifiers 59 & -X {EPSU}](#)

**Medically Unlikely Edits (MUE)**

The MUE NCCI table has 4 columns.

Column 1 lists the CPT/HCPCS code.

Column 2 lists the MUE value allowed.

Column 3 lists the MUE adjudication indicator (MAI). The adjudication indicator indicates the type of MUE and its basis.

- An MAI of 1 indicates that the edit is applied at line level (claim line) - Appropriate use of modifiers to report the same code on separate lines of a claim will enable the reporting of medically necessary units of service in excess of MUE
  - Modifier Examples: 76, 77, 91, RT, LT, F1, F2
- An MAI of 2 indicates absolute criteria (date of service) -There is no instance in which a higher value is payable
- An MAI of 3 indicates date of service edit: Value highly unlikely to appear on correctly coded claim – Exceptions rare.

Column 4 lists the rationale for the MUE edit.

HCPCS/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
21125	2	2 Date of Service Edit: Policy	Anatomic Consideration
21127	2	3 Date of Service Edit: Clinical	Clinical: Data

21137	1	2 Date of Service Edit: Policy	Anatomic Consideration
21138	1	2 Date of Service Edit: Policy	Anatomic Consideration

For more information on Medically Unlikely Edits, please see [Blue KC Payment Policy POL-PP-246 Medically Unlikely Edit's \(MUE's\)](#)

**Add-On Code Edits**

There are 3 types of NCCI Add-On code edits. Type I, II, and III. Blue KC enforces Type I; however, Blue KC does not currently enforce type II or III add-on code requirements.

- Type I - CPT MANUAL, HCPCS MANUAL, AND/OR CMS POLICY DEFINES ALL ACCEPTABLE PRIMARY CODES

The NCCI add-on code table consists of 4 columns.

Column 1 lists the add on code.

Column 2 lists the Primary code to the add-on code.

Column 3 lists the effective date.

Column 4 lists the instructions given in the CPT manual.

ADD-ON CODE	PRIMARY CODE(S)	EFFECTIVE DATE	CPT INSTRUCTION
0649T	70540, 70542, 70543, 70551, 70552, 70553, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 75557, 75559, 75561, 75563, 76498, 77046, 77047, 77048, 77049, 0398T	7/1/2021	►(Use 0649T in conjunction with <u>70540, 70542, 70543, 70551, 70552, 70553, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 75557, 75559, 75561, 75563, 76498, 77046, 77047, 77048, 77049, 0398T</u> , when also evaluating same organ, gland, tissue, or target structure)◄
0663T	96409, 96411, 96413, 96415, 96416, 96417	7/1/2021	► (Use 0663T in conjunction with <u>96409, 96411, 96413, 96415, 96416, 96417</u> ) ◄

G2212	99205, 99215	10/1/2021	► (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) ◀
U0005	U0003, U0004	10/1/2021	► (List separately in addition to either HCPCS code U0003 or U0004) ◀

With few exceptions, primary and add-on codes must be billed on the same day, by the same provider.

An exception would be when only one initial drug administration service is allowed/reported per vascular access site per encounter. This includes an encounter where observation services span more than one calendar day. The add-on code may be billed on a different date of service to avoid billing the initial drug administration service twice during the same stay.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1702CP.PDF>

For further information on NCCI tables please go to [How to Use the NCCI Tools](#)

#### **NCCI Edit Rationale**

Below are examples of rationale used for NCCI PTP edits. For more examples and other NCCI information go to [National Correct Coding Initiative General Correspondence Language Manual](#)

- **HCPCS/CPT Procedure code definition**
  - All services described by the HCPCS/CPT code must be performed
- **CPT Manual or CMS Manual Coding Instruction**
  - CMS issues coding instructions and guidelines in its manuals, program memoranda and other publications
- **Mutually Exclusive Procedures**
  - Certain services or procedures would not reasonably be performed at the same session by the same provider on the same beneficiary.
- **CPT Separate procedure definition**
  - “Separate procedure” should not be reported when performed along with another procedure in an anatomically related region through same skin incision or surgical approach.
- **More extensive procedures**
  - HCPCS/CPT codes corresponding to more extensive procedures always include HCPCS/CPT corresponding to less complex procedures
- **Standards of Medical/Surgical Practice**
  - Many procedures typically necessary to complete more comprehensive procedure are assigned independently.

#### **History**

Approval Date: 2/15/2022  
Effective Date: 2/15/2022

<b>Review</b>	<p>2/1/2023 Annual review, there were no updates.</p> <p>10/4/2023 -Added under add-on code edits, Blue KC enforces Type I; however, Blue KC does not currently enforce type II or III add-on code requirements.</p> <p>11/29/2023: update, added for codes with MAI indicator of 3 Blue KC may pay units of service in excess of the MUE value if documentation of medical necessity is submitted.</p> <p>5/28/2024: Added link to new MUE policy</p> <p>2/1/2025 Annual review – Added primary and add-on codes must be billed on the same day, by the same provider. Example of exception - only one initial drug administration service is allowed/reported per vascular access site per encounter, for observation stay an add on code for additional drug administration may be billed on different date of service. Added additional anatomical and global modifiers that may override a NCCI conflict if appropriate</p>
<b>References and Research Materials</b>	<p>CMS NCCI Policy Manual</p>
<b>Related Policies</b>	<p>N/A</p>

**This document is for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical Technology is constantly changing, and Blue KC reserves the right to review and update policies as needed.**