



# What You Need to Know About the National Correct Coding Initiatives Procedure to Procedure and Medically Unlikely Edits

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# Objective

Provide an overview of the NCCI including PTP coding edits and MUEs

Discuss common coding errors related to NCCI and ways these errors can be avoided

# Today's Presenters

Jeanine  
Gombos LPN

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Provider Outreach and  
Education Consultant





# Agenda

[NCCI Overview](#)

[PTP Coding Edits](#)

[MUE Overview](#)

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# NCCI Overview

# What Is Medicare NCCI?

- Medicare NCCI was implemented to promote national correct coding methodologies and to control improper coding leading to inappropriate payment



# NCCI & Correct Coding

- NCCI does not include all possible combinations of correct coding edits
- Providers are obligated to code correctly even when edit does not exist



# NCCI Edits

- PTP Coding Edits
  - Physicians
  - Hospitals
- MUEs
  - Practitioner
  - DME Supplier
  - Facility Outpatient

# Where to Find NCCI Edits

- [National Correct Coding Initiative Edits](#)
- MLN<sup>®</sup> Booklet: [How to Use the Medicare National Correct Coding Initiative \(NCCI\) Tools](#)

**National Correct Coding Initiative (NCCI) edits**

- Medicare NCCI Policy Manual
- Medicare Correspondence Language Manual
- Medicare NCCI Add-on Code Edits
- Medicare NCCI FAQ Library
- Medicare NCCI Medically Unlikely Edit (MUE) Archive
- Medicare NCCI Medically Unlikely Edits (MUEs)**
- Medicare NCCI Procedure to Procedure (PTP) Edits**

## Medicare National Correct Coding Initiative (NCCI) Edits

**NCCI Implementation** | Replacement Files | Contact Information | Submitting an Appeal

CMS developed the NCCI program to promote national correct coding of Medicare Part B claims. CMS owns the NCCI program and is responsible for all decisions regarding its contents.

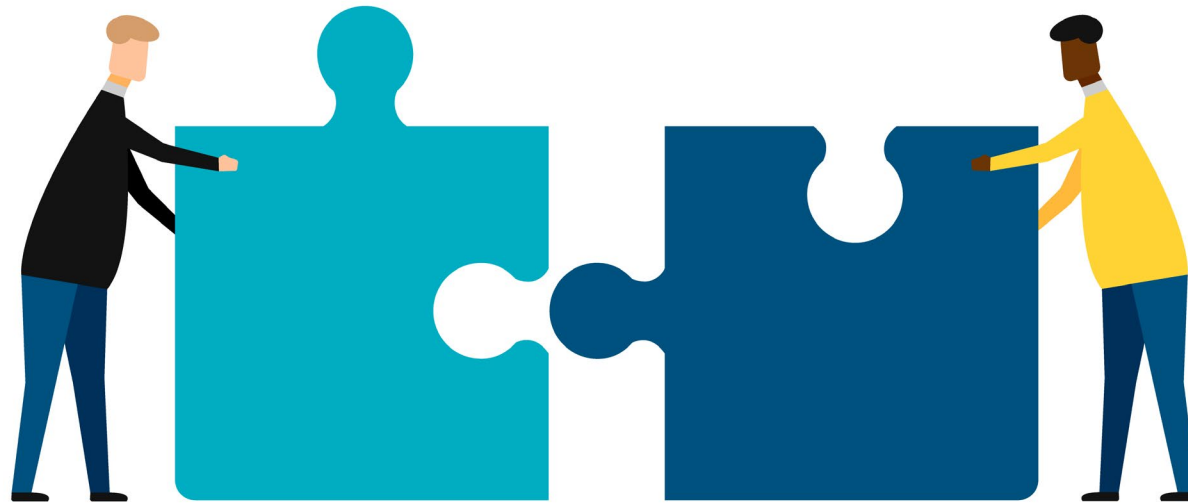
CMS develops its coding policies based on coding conventions defined in the American Medical Association's Current Procedural Terminology (CPT) Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices.

**NCCI Implementation**

# PTP Coding Edits

# PTP Coding Edits

- PTP coding edits are automated prepayment edits that prevent improper payment when certain HCPCS/CPT codes are submitted together for Part B-covered services



# PTP Coding Edit Tables



- Medicare NCCI Medically Unlikely Edits (MUEs)
- Medicare NCCI Procedure to Procedure (PTP) Edits**

**Related Links**

The [Frequently Asked Questions and Answers \(FAQs\)](#) and the [NCCI Policy Manual for Medicare Services](#) provide information about NCCI edits.

EDITOR.

## Related Downloads

### 2024 Quarter 2 Edit Files:

#### Hospital PTP Edits

- [Hospital PTP Edits v301r0 \(445,017 Records\) 0001A/0591T -- 24305/G0471 \(ZIP\)](#) - Effective Apr. 1, 2024; Posted Mar. 1, 2024
- [Hospital PTP Edits v301r0 \(445,072 Records\) 24310/0213T -- 36005/G0471 \(ZIP\)](#) - Effective Apr. 1, 2024; Posted Mar. 1, 2024
- [Hospital PTP Edits v301r0 \(445,134 Records\) 36010/0213T -- 61323/G0471 \(ZIP\)](#) - Effective Apr. 1, 2024; Posted Mar. 1, 2024
- [Hospital PTP Edits v301r0 \(439,773 Records\) 61330/0082T -- U0003/U0004 \(ZIP\)](#) - Effective Apr. 1, 2024; Posted Mar. 1, 2024

# How to Use PTP Coding Tables

Column 1	Column 2	Effective Date	Deletion Date	Modifier	PTP Edit Rationale
24320	12007	20121001	*	1	Misuse of Column 2 code with Column 1 code
24320	12011	20121001	*	1	Misuse of Column 2 code with Column 1 code
24320	12013	20121001	*	1	Misuse of Column 2 code with Column 1 code

# PTP Coding Edit Example

- If 24320 (Tenoplasty) submitted with 12007 (Simple repair of superficial wound) for same beneficiary on same DOS
  - 24320 will pay
  - 12007 will reject (unless submitted with NCCI associated modifier)

# Modifier Indicator Table

Modifier Indicator	Definition
"0" Not Allowed	No modifiers associated with NCCI allow you to use this PTP code pair. When no modifiers are allowed, only the Column 1 code will be paid for the same patient on the same day.
"1" Allowed	You can use NCCI-associated modifiers with this PTP code pair when appropriate
"9" Not Applicable	There is no active edit for this PTP code pair.



# Modifier 59

- Distinct procedural service
- Used to identify procedures/services not normally reported together
- Should not be used to bypass PTP or MUE edits unless criteria for use of modifier met
- Often used incorrectly
- MLN<sup>®</sup> Fact Sheet: [Proper Use of Modifier 59, XE,XP,XS,XU](#)

# HCPCS Modifiers

- XE – “Separate Encounter, a service that is distinct because it occurred during a separate encounter.”
  - Only use XE to describe separate encounters on the same DOS.
- XS – “Separate Structure, a service that is distinct because it was performed on a separate organ/ structure.”
- XP – “Separate Practitioner, a service that is distinct because it was performed by a different practitioner.”
- XU – “Unusual Non-Overlapping Service, the use of a service that is distinct because it does not overlap usual components of the main service.”

# MUE Overview

# What Is an MUE?

- Maximum UOS that a provider would report under most circumstances for a single beneficiary on a single DOS
  - Not all HCPCS/CPT codes have an MUE
- Developed based on code descriptors, coding instructions, anatomic considerations, CMS policy, prescribing information, nature of service/procedure

# MUE Tables



Medicare NCCI Medically Unlikely Edits (MUEs)

Medicare NCCI Procedure to Procedure (PTP) Edits

## Related Links

The [Frequently Asked Questions and Answers \(FAQs\)](#) and the [NCCI Policy Manual for Medicare Services](#) explain most aspects of the MUE program.

deletions, and revisions to published MUEs for Practitioner Services, Outpatient Hospital Services, and DME Supplier Services.

## Related Downloads

[DME Supplier Services MUE Table \(ZIP\)](#) - Effective April 1, 2024; Posted Mar 1, 2024

[Facility Outpatient Hospital Services MUE Table \(ZIP\)](#) - Effective April 1, 2024; Posted Mar 1, 2024

[Practitioner Services MUE Table \(ZIP\)](#) - Effective April 1, 2024; Posted Mar 1, 2024

Earlier MUE tables are available in the [Medicare MUE Archive](#).

# Facility Outpatient Services MUE Table

HCPCS/CPT Code	Outpatient Hospital Services MUE Values	MUE Adjudication Indicator	MUE Rationale
19001	5	3 DOS Edit: Clinical	Clinical: Data
19020	2	3 DOS Edit: Clinical	Clinical: Data
19030	1	2 DOS Edit: Policy	CMS Policy

# MUE Adjudication Indicator (MAI)

- MAI “1” – Claim line edit
- MAI “2” – Absolute DOS edit
- MAI “3” – DOS edit

# MAI “1”

- MUEs for HCPCS/CPT codes with a MAI of “1” will continue to be adjudicated as a claim line edit
- Same HCPCS/CPT code may be reported on a separate line with an appropriate modifier



# MAI “2”

- MUEs for HCPCS/CPT codes with a MAI of “2” are **absolute** DOS edits
- For example:
  - The MUE of a “per cervical vertebra” code cannot exceed seven based on anatomic considerations
  - The MUE of a “first 15 minutes” session code for a practitioner cannot exceed one since any time beyond that would require a different “subsequent” code

# MAI “2” Incorrect Coding

- CPT 11042 – Debridement, subcutaneous tissue; first 20 sq cm or less
  - 11042 – one unit
  - 11042 59 – one unit
  - 11042 59 – one unit
- MUE = 1
- MAI = 2 – Absolute DOS Edit



# MAI “2” Correct Coding

- CPT 11042 – Debridement, subcutaneous tissue; **first 20 sq cm or less**
- CPT +11045 – each additional 20 sq cm (list separately in addition to code for primary procedure)
  - 11042 – one unit
  - 11045 (add-on code) – two units

# MAI “3”

- MUEs for HCPCS/CPT codes with a MAI of “3” are DOS edits
- Exceptions could occur, but are rare
- If appealed, UOS in excess of MUE **may** be paid
  - Ensure documentation supports medical necessity of correctly reported UOS

# MAI “3” Incorrect Coding Example

- 27403 (Arthrotomy with meniscus repair, knee)
  - 27403 – two units
- MUE = 1
- MAI = 3 – DOS Edit

# MAI “3” Correct Coding Example

- 27403 (Arthrotomy with meniscus repair, knee)
  - 27403 50 – one unit



# MAI 2 & 3 Reminder...

- If MUE is adjudicated as DOS MUE (MAI 2 or 3), all UOS on each claim line for same DOS and for same HCPCS/CPT code are summed and sum is compared to MUE value
- If summed UOS exceed MUE value, all lines for HCPCS/CPT code and DOS for that current claim are denied

# MUEs & Bilateral Procedures

- Bilateral procedures could be coded many ways, but different methods are only correct in specific situations
- Most common methods involve reporting
  - **A single UOS on one line using the 50 modifier**
  - One UOS on each of two lines using modifiers RT and LT
  - Two UOS on a single line with no modifier



# MUE Denials

# MUE Denials

- MUE denials are coding denials, not medical necessity denials
- ABN presence does not shift liability to beneficiary for UOS denied based on MUE

# Appealing MUE Denials

- MUEs are auto-deny edits
  - May be appealed
- HCPCS/CPT with MAI of “1” or “3” and UOS in excess of MUE value, if appealed, **may** be payable if medically necessary and documentation supports

# 52MUE

- All line items on claim have units of service in excess of medically reasonable daily allowable frequency
- Excess charges due to units of service greater than maximum allowable may not be billed to the beneficiary

# Avoiding Claim Denial 52MUE

- Review information on [CMS website](#) for MUEs prior to claim submission
- If units rendered are in excess of allowed units for service, consider whether excess units were actually rendered and billed correctly

# Did You Know...

- A list of top claim submission errors can be found on our [website](#) > Claims & Appeals > Top Claim Errors



# Avoiding Administrative Burden

- YouTube Video: [2021 Holistic Approach to Reducing Inquiries](#)
  - 7 steps to take before submitting your claim or inquiry



# Resources



# CMS Resources

- [CMS FFS Appeals Flow Chart](#)
- [Original Medicare \(Fee-for-service\) Appeals](#)
- [CMS Internet-Only Manuals](#)
- [Medicare National Correct Coding Initiative \(NCCI\) Edits](#)
  - [Medicare NCCI Medically Unlikely Edits](#)
  - [Medicare NCCI Procedure to Procedure \(PTP\) Edits](#)
- [Medicare Coverage Database](#)
  - MLN<sup>®</sup> Educational Tool: [How to Use the Medicare Coverage Database](#)

# NGS Resources

- [NGS website](#)
  - [Medical Policies/LCDs](#)
  - [About Appeals](#)
  - [Top Claim Errors](#)
  - [Acronym Search](#)

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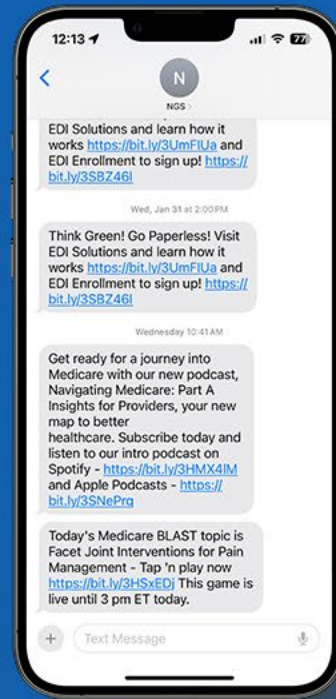
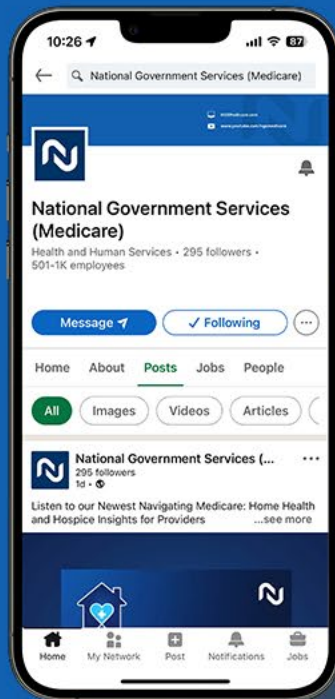
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# Questions?

Thank you!