

# The National Correct Coding Initiatives Procedure-to-Procedure and Medically Unlikely Edits

02/27/25

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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

- Provider Outreach and Education Consultants
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# Agenda

- [NCCI Overview](#)
- [PTP Coding Edits](#)
- [MUE Overview](#)
- [MUE Denials](#)
- [Resources](#)
- [Questions](#)

# NCCI Overview

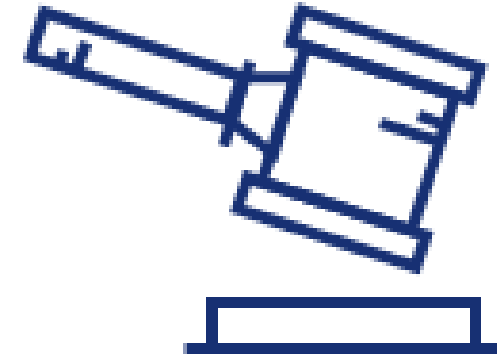
# What Is Medicare NCCI?



- Promotes national correct coding and controls improper coding/payment



- NCCI files don't include all combinations of correct coding edits



- Providers obligated to code correctly even when no edit exists

# NCCI Edits – Two Types

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



# Where to Find NCCI Edits

- CMS website - [Medicare NCCI Edits](#)
  - Policy manual
  - MUE files
  - PTP files
- 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.

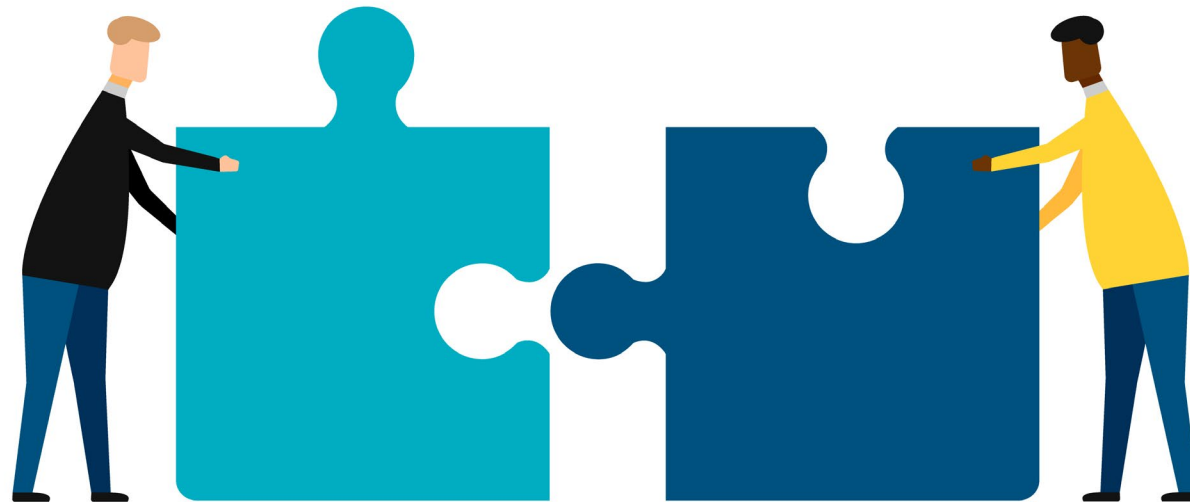
CMS develops its coding policies based on coding conventions defined in the American Medical Association's Current Procedural Terminology (CPT) Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a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

**NCCI Implementation**

# PTP Coding Edits

# PTP Coding Edits

- Automated prepayment edits to prevent improper payment when certain HCPCS/CPT codes submitted together



# 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.

## Announcements

[Hospital Outpatient PTP Quarterly Additions, Deletions, and Revisions \(ZIP\)](#) - Effective January 1, 2025 - Posted December 2, 2024

[Practitioner Services PTP](#)

## Related Downloads

### 2025 Quarter 1 Edit Files:

#### Hospital PTP Edits

[Hospital PTP Edits v310r0 \(450,012 Records\) 0001A/0591T -- 24116/G0471 \(ZIP\)](#) - Effective January 1, 2025; Posted December 2, 2024

[Hospital PTP Edits v310r0 \(450,023 Records\) 24120/0213T -- 35903/G0471 \(ZIP\)](#) - Effective January 1, 2025; Posted December 2, 2024

[Hospital PTP Edits v310r0 \(449,979 Records\) 35905/0213T -- 61501/G0471 \(ZIP\)](#) - Effective January 1, 2025; Posted December 2, 2024

[Hospital PTP Edits v310r0 \(437,236 Records\) 61510/0082T -- U0003/U0004 \(ZIP\)](#) - Effective January 1, 2025; Posted December 2, 2024

#### Practitioner PTP Edits

[Practitioner PTP Edits v310r0 \(645,134 Records\) 0001A/0591T -- 25355/G0471 \(ZIP\)](#) - Effective January 1, 2025; Posted December 2, 2024

[Practitioner PTP Edits v310r0 \(644,862 Records\) 25360/01810 -- 36909/J2001 \(ZIP\)](#) - Effective January 1, 2025; Posted December 2, 2024

[Practitioner PTP Edits v310r0 \(645,279 Records\) 37140/0213T -- 61735/G0471 \(ZIP\)](#) - Effective January 1, 2025; Posted December 2, 2024



# PTP Coding Table Example

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

# 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.

# Modifiers 59, XE, XP, XS, & XU

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

# HCPCS Modifiers



**XE**

Separate Encounter, a service that is distinct because it occurred during a separate encounter



**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 Nonoverlapping Service, use of service that is distinct because it does not overlap usual components of the main service



# PTP Coding Edit Example 1

- Billed on same claim for same beneficiary on same DOS
  - 47370 – Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency
  - 76942 – Ultrasonic guidance for needle placement
- How will claim process?
  - 47370 will pay
  - 76942 will reject (unless submitted with NCCI associated modifier)
- Correct coding tips
  - Don't report 76942 if ultrasonic guidance is for needle placement for laparoscopic liver tumor ablation
  - Only report 76942 with modifier 59, XE, XS, XP, or XU if **unrelated** to laparoscopic liver tumor ablation

# PTP Coding Edit Example 2

- Billed on same claim for same beneficiary on same DOS
  - 93453 - Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography
  - 76000 - Fluoroscopy, separate procedure
- How will claim process?
  - 93453 will pay
  - 76000 will reject (unless submitted with NCCI associated modifier)
- Correct coding tips
  - Don't report 76000 in conjunction with cardiac catheterization procedure
  - You may report 76000 with modifiers 59, XE, XS, XP, or XU if fluoroscopy performed for a procedure **unrelated** to cardiac catheterization


# MUE Overview

# What Is an MUE?

- Maximum UOS provider would report under most circumstances for single beneficiary on same 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-R1 \(ZIP\)](#) - Effective January 1, 2025; Posted Jan. 29, 2025
  - [Facility Outpatient Hospital Services MUE Table-R1 \(ZIP\)](#) - Effective January 1, 2025; Posted Jan. 29, 2025
  - [Practitioner Services MUE Table-R1 \(ZIP\)](#) - Effective January 1, 2025; Posted Jan. 29, 2025
- Earlier MUE tables are available in the [Medicare MUE Archive](#).

# Facility OP Services MUE Table Example

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 MAI of “1” adjudicated as claim line edit
- Same HCPCS/CPT code may be reported on separate line with appropriate modifier



# MAI “2”

- MUEs for HCPCS/CPT codes with MAI of “2” are **absolute** DOS edits based on policy
- For example:
  - MUE for “per cervical vertebra” code can’t exceed seven based on anatomic considerations
  - MUE for “first 15 minutes” session code for practitioner can’t exceed one because any time beyond that would require different code (subsequent or add-on code)

# MAI “2” Coding Example

HCPCS/CPT Code	MUE	MAI
CPT 11042 – Debridement, subcutaneous tissue; <b>first 20 sq cm or less</b>	1	2 DOS Edit: Policy



Incorrect

- 11042 = one unit
- 11042 59 = one unit
- 11042 59 = one unit



Correct

- 11042 = one unit
- 11045 (add-on code for each additional 20 sq cm) = two units

# MAI “3”

- MUEs for HCPCS/CPT codes with 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” Coding Examples

HCPCS/CPT Code	MUE	MAI
27403 - Arthrotomy with meniscus repair, knee	1	3 DOS Edit: Clinical



Incorrect

- 27403 = two units



Correct

- 27403 with modifier 50 = one unit

# Reminder! MAI “2” or “3”



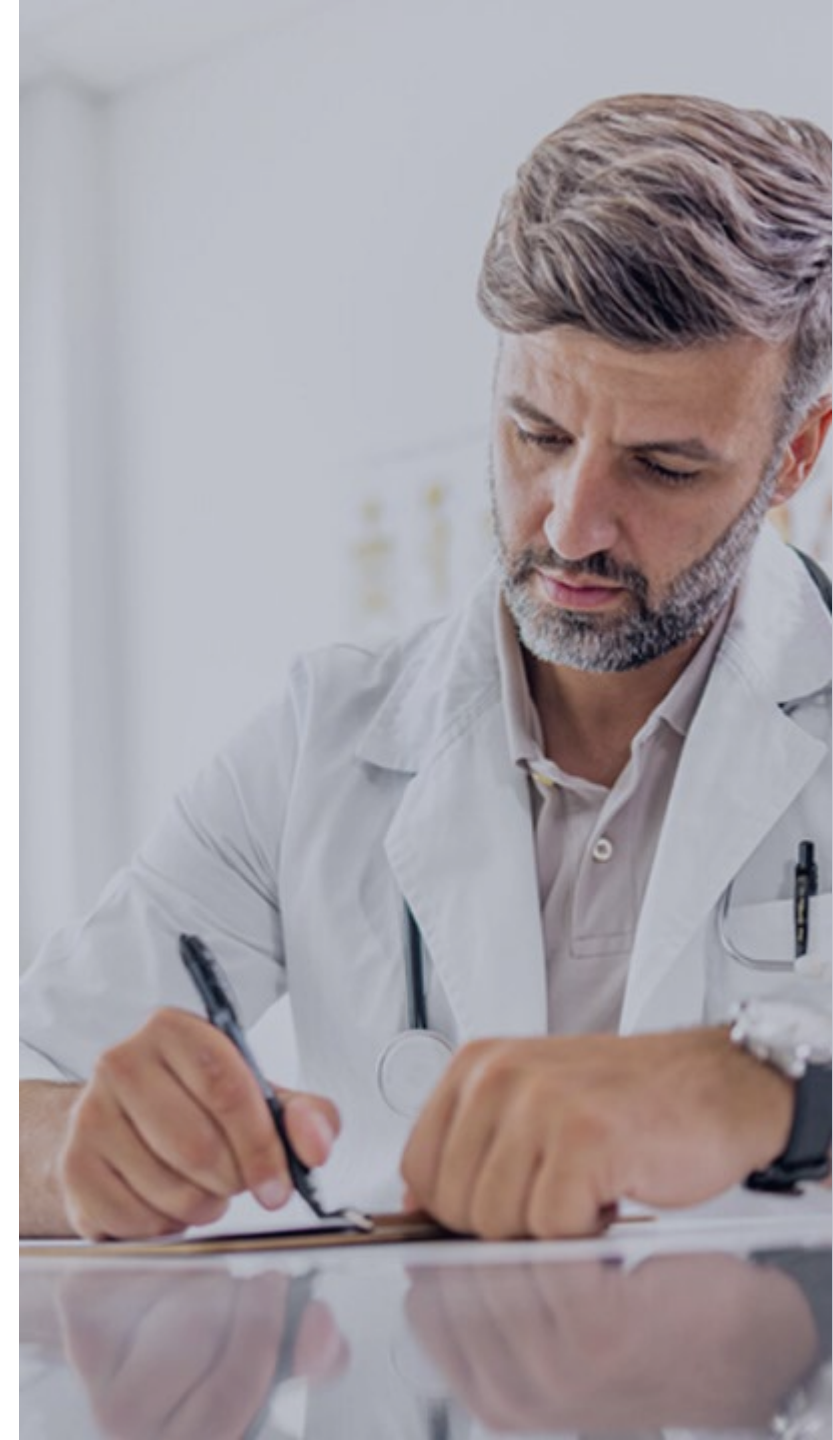
All UOS on each claim line for same DOS and for same HCPCS/CPT code summed



Sum compared to MUE value



If summed UOS exceed MUE value, all lines for HCPCS/CPT code and DOS for that claim denied



# MUEs & Bilateral Procedures

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



# MUE Denials

# MUE Denials

- Coding denials, not medical necessity denials
- ABN presence doesn't 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 supported by documentation

# Claim Denial Reason Code 52MUE

- All line items on claim have units of service in excess of medically reasonable daily allowable frequency
- Excess charges due to UOS greater than maximum allowable can't be billed to beneficiary

# Avoiding Claim Denial 52MUE

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

# Did You Know...

- Top claim submission errors can be found on our [website](#) > Claims & Appeals > Top Claim Errors
  - Make sure to login under correct LOB for your facility
    - Part A
    - FQHC-RHC
    - HHH



# 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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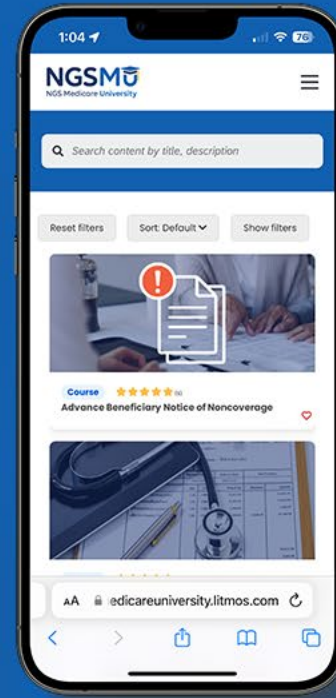
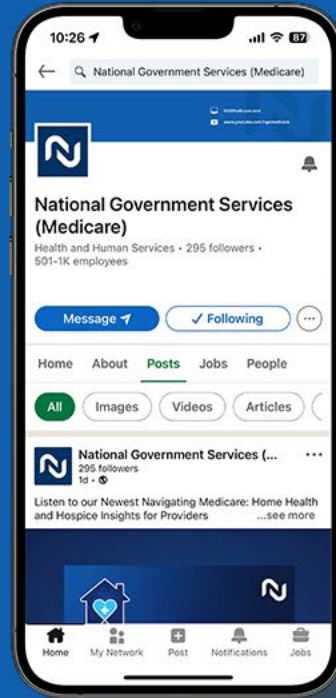
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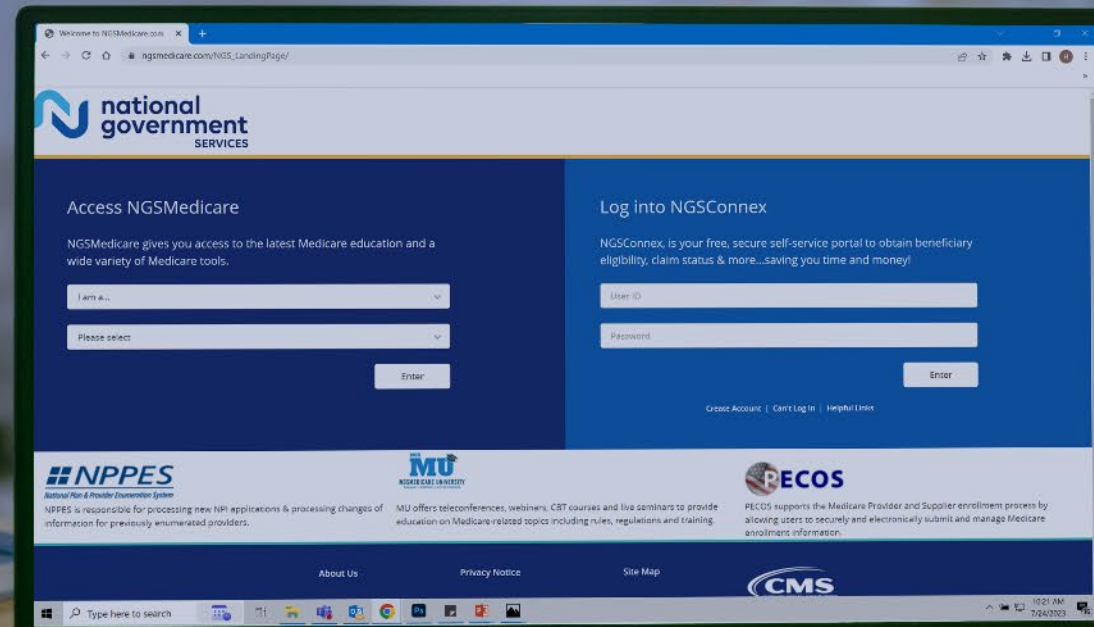


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# Questions?

Thank you!