



Part A Fall 2024 Virtual Conference:
Keeping Compliant with Medicare Starts With You
November 12th, 14th, and 19th

Let's Get Familiar with National Correct Coding Initiatives Procedure to Procedure and Medically Unlikely Edits

11/14/2024



Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the [CMS website](#).



Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

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
 - Jeanine Gombos LPN
 - Andrea Freibauer





Agenda

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

NCCI Overview

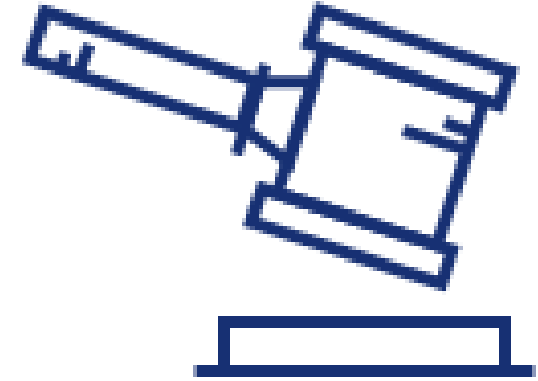
What Is Medicare NCCI?



- 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 edit doesn't exist

NCCI Edits

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

Where to Find NCCI Edits

- Medicare [National Correct Coding Initiative Edits](#)
 - Policy manual
 - MUE files
 - PTP files
- MLN[®] 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.

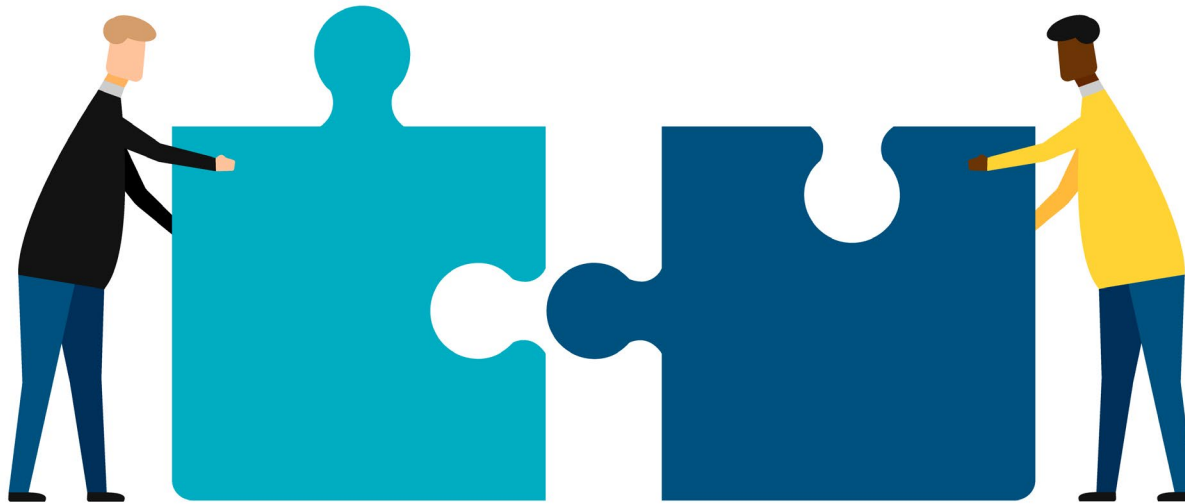
CMS develops its coding policies based on coding conventions defined in the American Medical Association's Current Procedural Terminology (CPT) Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a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

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

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[®] 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



A screenshot of a Medicare NCCI website page. On the left, a red arrow points to the 'Medicare NCCI Medically Unlikely Edits (MUEs)' link. Below it is a link for 'Medicare NCCI Procedure to Procedure (PTP) Edits'. Further down is a 'Related Links' section with text about 'Frequently Asked Questions and Answers (FAQs)' and the 'NCCI Policy Manual for Medicare Services'. The main content area on the right starts with a paragraph about 'deletions, and revisions to published MUEs for Practitioner Services, Outpatient Hospital Services, and DME Supplier Services.' Below this is a grey header for 'Related Downloads' followed by three links: 'DME Supplier Services MUE Table (ZIP)', 'Facility Outpatient Hospital Services MUE Table (ZIP)', and 'Practitioner Services MUE Table (ZIP)'. A final link points to the 'Medicare MUE Archive' for earlier tables.

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](#).

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

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; first 20 sq cm or less	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”



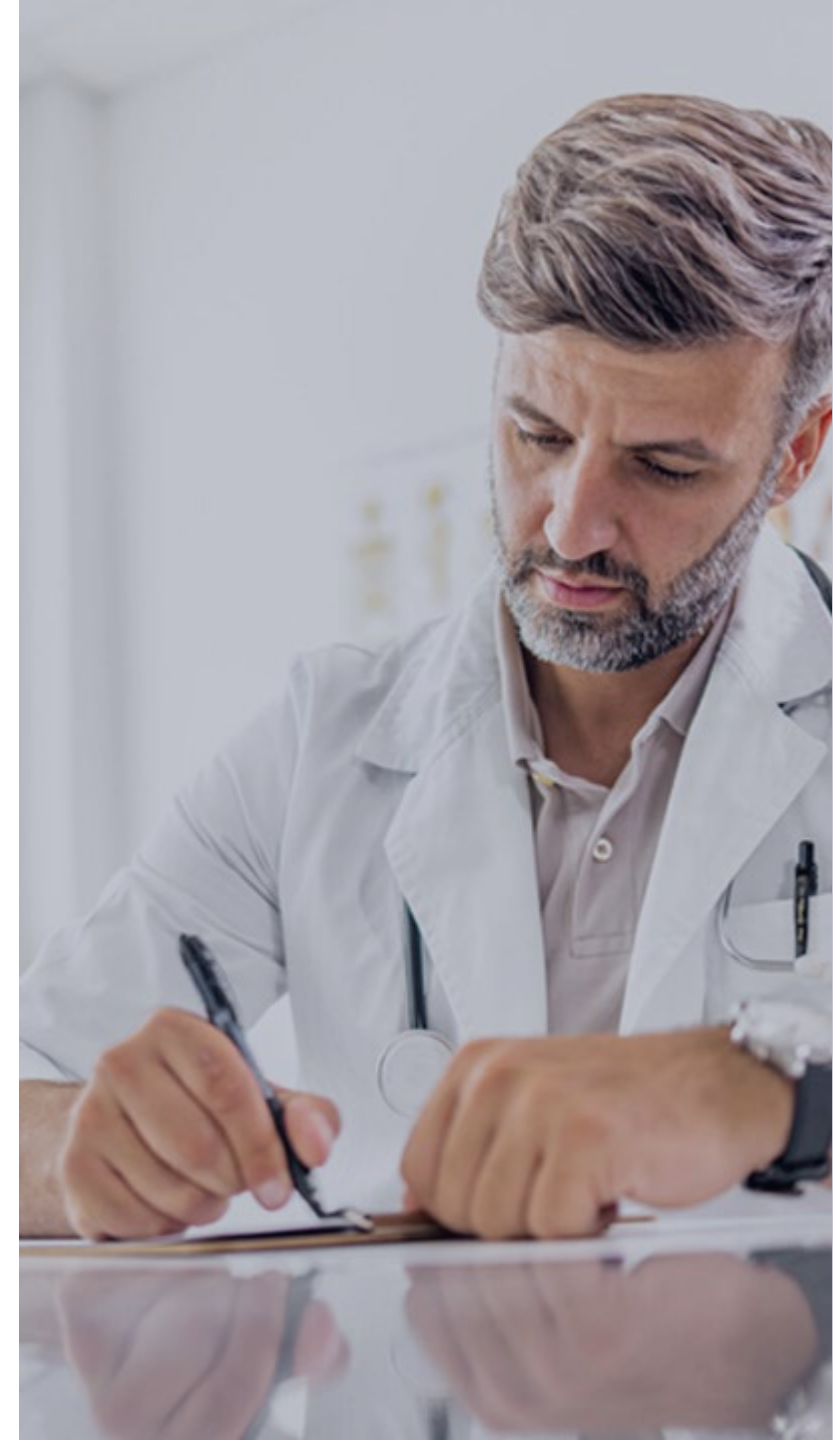
All UOS on each claim line for same DOS and for same HCPCS/CPT code summed



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



Avoiding Administrative Burden

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



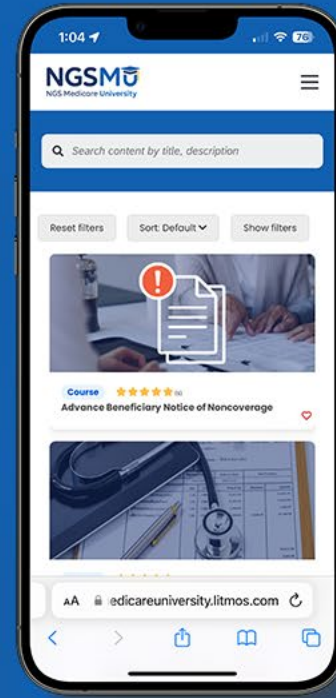
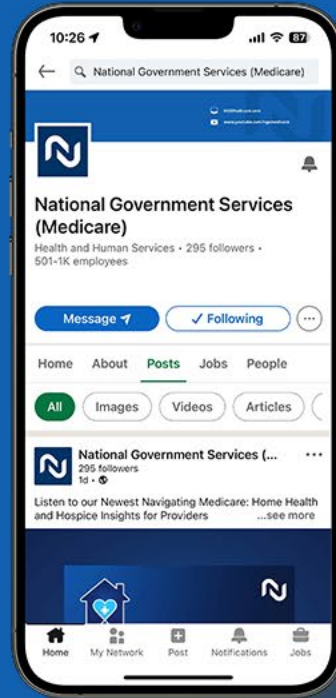
Resources

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[®] Educational Tool: [How to Use the Medicare Coverage Database](#)

NGS Resources

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



Connect with us on social media



[YouTube Channel](#)
Educational Videos

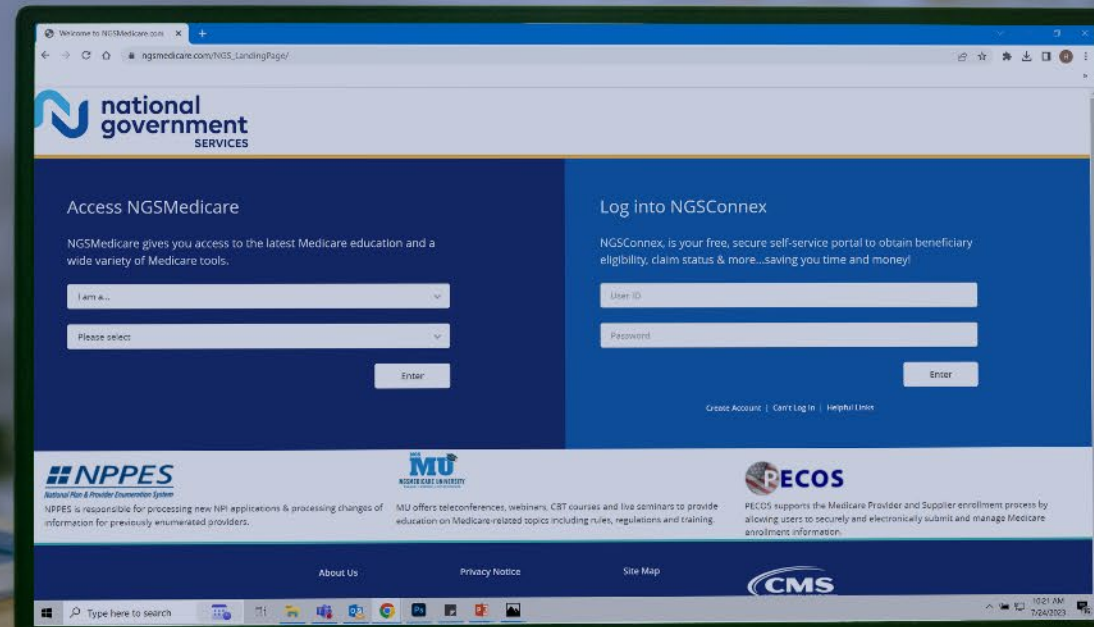


[Medicare University](#)
Self-paced online learning



[LinkedIn](#)
Educational Content

Find us online



www.NGS Medicare.com

Online resources, event calendar, LCD/NCD, and tools



[IVR System](#)

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



[Sign up for Email Updates](#)

Subscribe for Email updates at the top of any NGS Medicare.com webpage to stay informed of news



Questions?

Thank you!