What’s National Correct Coding Initiative (NCCI)?

- NCCI is used to eliminate improper coding. Edit methodology is in place to determine code pairs (CPT or HCPCS Level II) that are not separately payable, except at times, may be payable under certain circumstances.

- These edits and their concepts are applied to services billed by the same provider for the same beneficiary on the same date of service.

- NCCI edits are automated prepayment edits. This means that when a submitted claim is processed by the Medicare processing system – the claim is analyzed to determine if the procedures comply with the NCCI edit policy.

### NCCI Edits Database

| Column 1 | Column 2 | * = In existence prior to 1996 | Effective Date | Deletion Date | Modifier
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20100101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20000101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20100101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20000101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20100101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20000101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20100101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20000101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20100101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20000101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20100101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20000101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20100101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20000101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20100101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20000101</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11321</td>
<td>11321</td>
<td></td>
<td>20100101</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

The underlying principle is that the second code defines a subset of the work of the first code.

**DISCLAIMER** - The information in these publications are provided "as is" without any expressed or implied warranty. While all information in these documents are believed to be correct at the time of writing, these documents are for educational purposes only and do not purport to provide legal or medical advice. It is the provider’s responsibility to stay current with CMS and the Medicare Administrative Contractor’s (MAC) guidelines.

CPT codes, descriptors, and other data only are copyright 2013 American Medical Association. All rights reserved, Applicable FARS/DFARS apply.
**Indicators**

0 – There are no modifiers associated with NCCI that are allowed to be used with this code pair; there are no circumstances in which both procedures of the code pair should be paid.

Bottom line: Appending modifiers to the Column 2 code when a “0” indicator is present will not bypass NCCI.

1 – The modifiers associated with NCCI are allowed with this code pair when appropriate.

9 – This indicator means that NCCI edits do not apply to this code pair. The edits have been deleted for this code pair.

**NCCI Modifiers**

When applicable and supported by medical documentation, the following modifiers should be appended to the Column 2 code to allow payment consideration when the code pair has a “1” indicator:

**Modifier 59  Distinct procedural service**

- Applies to services performed:
  - By the same provider.
  - For the same patient.
  - On the same day of service.

Providers can use the -59 modifier to indicate that a code represents a service that is separate and distinct from another service with which it would usually be considered to be bundled.

The -59 modifier is the most widely used HCPCS modifier. Modifier -59 can be broadly applied. Some providers incorrectly consider it to be the “modifier to use to bypass (NCCI).” This modifier is associated with considerable abuse and high levels of manual audit activity; leading to reviews, appeals and even civil fraud and abuse cases.

CMS issued change request 8863 on August 15, 2014 establishing the following four new HCPCS modifiers (referred to collectively as -X{EPSU} modifiers) to define specific subsets of the -59 modifier:
XE – Separate patient encounter.

XS – Separate organ/structure.

XP – Separate practitioner.

XU – Unusual non-overlapping service.

These modifiers become effective January 1, 2015. Modifier 59 should not be used when one of the -X{EPSU} modifiers describes the reason for the distinct procedural service.

It is not appropriate to bill both modifier 59 and a -X{EPSU} modifier on the same detail line.

**Modifier Examples**

**XE** – Separate patient encounter:

Patient had single view chest x-ray (71010©) in the morning, and double view chest x-ray (71020©) in the afternoon.

**XS** - Separate organ/structure:

Repair of 2.5 cm wound on neck (12041©) and repair of 2.5 cm wound on face (12051©).

**XP** - Separate Practitioner:

It’s unclear, but probable use is in a scenario like this: The patient is seen by one provider who in the course of treating a patient encounters a problem outside his scope of ability so calls in another doctor to perform the service.

**XU** - Unusual, non-overlapping service:

It’s unclear, but probable use is in a scenario like this: Excision of two non-contiguous lesions on the same structure or body area that might typically be bundled together can be separated by this modifier.

CMS will update the NCCI manual for CY 2015. This manual will explain the new modifiers and provide further examples of how to use the modifiers. The NCCI manual is located in the **Download** section of the CMS National Correct Coding Initiative webpage:

When another already established modifier is appropriate, it should be used in lieu of modifier 59. Modifier 59 should only be used when it best explains the scenario because there is no better modifier to describe the procedure or service provided.

While CMS will continue to recognize the -59 modifier in many instances, it may selectively require a more specific - X{EPSU} modifier for billing certain codes at high risk for incorrect billing.

**Denial Reason, Reason/Remark Code(s)**

M-80: Not covered when performed during the same session/date as a previously processed service for the patient

CO-B15: Payment adjusted because this procedure/service requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.

**Recap**

- Effective January 1, 2015, 4 new NCCI modifiers will become effective.
- The 59 modifier should only be used when no other modifier describes the procedure or service provided.
- Continue to refer to the NCCI edits.
- Refer to the CMS NCCI manual for updates and examples of the new modifiers.