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The purpose of editing the NCCI (PTP) procedure is to prevent incorrect payment when receiving incorrect code combinations. The NCCI contains one edit table for physicians/practitioners and one edit table for outpatient hospital services. Column 1/Column Two Correct Coding Edits and Mutual Edits are combined into one table and include pairs of codes that should not be reported for a number of reasons explained in the coding policy guide. You can find CMS NCCI Coding Edits to determine if the service provided is complete with another service. Column 1/Column Two Correct Coding Edits Column 1: Comprehensive or Main Code Column 2: Secondary or Component Code In Existence Until 1996: - That the editing was valid before 1996. Effective date; indicates the date of the removal date of the editing; indicates the date of removal of the editing, if the Modifier is applicable: Indicates if the use of the modifier is allowed 0: The codes should never be reported by the same provider to the same beneficiary on the same day of the service; If reported on the same service date, column one code is eligible for payment and column two codes denied 1: The codes can only be communicated together in certain circumstances using NCCI-related modifier 9: No exceptions for NCCI kit must be documented in the patient's medical records and presented with the appropriate modifier (s). These exception modifiers must be presented with the correct CPT or HCPCS code. Examples of modifiers used to refer to a separate procedure, different organs or anatomical clarity (not all-inclusive list): Modifier 59: Different or independent services performed on the same day RT and LT: right and left body E1-E4: Eyelid FA, F1-F9: Hand MODIFIers TA, T1-T9: Legs Modifier Note: The right and left side of the body E1-E4: Eyelid FA, F1-F9: Hand modifiers TA, T1-T9: Foot Modifier Note: Modifier 59 should not be coded to the assessment and management (E/ A modifier 25 is used to report a separate and separate E/M service with a service that is not E/M performed on the same day. PTP Edit Rationale: The reason for correct coding editing is specified. CMS provides a rationale for editing in NCCI Common Language correspondence and a section of specific examples (for NCCI Procedure Procedure (PTP) Edits and MUEs. Standard anesthesiology training/monitoring services for anesthesia require certain services to prepare the patient prior to the introduction of anesthesia and patient monitoring during the HCPCS/CPT Procedure Code definition All services described by the code HCPCS/CPT must be performed by the PPC Manual or CMS Guide to coding CMS issues and guidelines in its guidelines. Some services or procedures will not be reasonably performed at the same session by the same provider at the same Successive Procedures Less extensive procedure fails and requires the implementation of a more extensive procedure PPC Separate procedure Definition A separate procedure should not be reported in the execution along with another procedure in an anatomically related area through the same skin incision or surgical approach The more extensive procedure HCPCS /PPC codes, appropriate to more extensive procedures, always include HCPCS/CPT corresponding to less complex procedures Gender procedures Some code handles HCCPS/CPT are designed to account for male or female standards of medical/surgical practice Many procedures are usually independent HCPCS/CPT codes are prescribed to complete a more comprehensive procedure because they can be performed independently in other conditions of the Anesthesia Service included in the surgical procedure of HCPCS/CPT codes describing anesthesia services or bundle services in anesthesiological services should not be reported in addition to the surgical procedure requiring anesthesia service HCPCS/CPT codes identifying individual tests included in the lab panels should not be reported separately removed/changed changes for NCCI based on input from many sources. Some edits removed by Abuse column two code with column One code doctor or non-doctor provider must perform all services marked in the handle if the descriptor states otherwise medically unlikely to edit values set on the basis of anatomical considerations, HCPCS/CPT code descriptors, coding instructions, CMS policies, the nature of the service and clinical judgment These tables are updated on a quarterly basis. The use of the beneficiary's non-open notice (ABN) is not appropriate for NCCI situations. Concerns/Comments If the provider has concerns about specific NCCI edits, comments can be submitted in writing: The National Initiative for the Proper Coding of Capitol Bridge, LLC PO Box 907 Carmel In 46082-0907 2020 Version of the National Correct Coding Initiative Policy Guide for Medicare Services is posted on the website of the National Initiative for Correct Coding of the CMS website. Potential changes to CMS' correct coding methodology that would have been damaging to the physical therapy profession were averted in January after a concerted advocacy effort by APTA and others to persuade CMS to reverse its decision. Read on. In early April, CMS made additional changes to the edits that make reimbursement problematic, probably largely due to the burden placed on providers in connection with the COVID-19 public health emergency. On September 1, CMS updated its web page of the National Initiative for coding to indicate that from October 1st it will restore many of the changes removed in April for pairs of codes representing general and appropriate physiotherapy practices. As noted in our September 2 article, APTA and other stakeholders are challenging CMS's CMS' to restore these edits and work to ensure that these edits are permanently removed. We will keep the profession informed of our efforts. (Note: It is important to check each navigator's policy to determine if the payer accepts these changes.) The types of NCCI edits include three types of edits: NCCI procedure-to-procedure (PTP) edits, medically unlikely edits (MUEs), and edit code add-ons, PTP and MUEs edits are contained in the same table, which includes pairs of PTP codes that should not be communicated together for a number of reasons, as explained in the NCCI coding manual. NCCI PTP edit prevent improper payment of services that should not be reported together. Each editing has a column of one and a column of two HCPCS/CPT code called steam. If the vendor reports two editing pairs to the same beneficiary on the same day of the service, column One is eligible for payment, but column 2 code will not be denied if the clinically appropriate modifier associated with the NCCI is not allowed and reported. NCCI PTP edits are divided into two types of provider: PTP edits - Practitioners apply to claims submitted by physiotherapists in private practice, as well as other non-fisophic practitioners and physicians, as well as outpatient surgery centers. PTP edits - The hospital applies to claims filed for services that are paid for under the outpatient prospective payment system; for example, outpatient hospital services, Part B qualified medical facilities, integrated outpatient rehabilitation facilities, outpatient physical therapy and speech pathology providers, as well as some claims for home health care billing facilities according to claims identified as 22X, 23X, 75X, 74X, and 34X. Medically unlikely edits (MUEs) prevent incorrect payment for improper amounts/quantity of the same service per day. MUE for HCPCS/CPT code is the maximum number of service units in most cases that can be reported by the same provider to the same beneficiary on the same service date. MUEs are divided into three types of suppliers: MUEs practitioner applies to all claims submitted by physiotherapists, doctors and other practitioners. DME Supplier MUEs apply to claims submitted by DME MACs. The facility's outpatient MUPs apply to all claims by account types identified as 13X, 14X and 85X (critically available hospitals). Additional code changes consist of listing additional HCPCS and CPT codes with their respective primary codes. The supplement code is only eligible for payment if one of its main codes is also eligible for payment. CPT codes are suffed out with superscript numbers representing the CCI modifier indicator. modifier are presented (0), (1) and (9) and displayed after the code number in the NCCI editing tables. Here's what the numbers are: 0 - indicates that there are no circumstances in the the modifier would be appropriate. Services submitted by a combination of code will not be paid for separately. 1 - Indicates that the modifier is allowed to distinguish between the services provided. Assuming that the modifier is used correctly and appropriately, this specificity provides a framework on which a separate payment for billed services can be considered justified. 9 - Indicator 9 is used for all code pairs whose removal date is the same as the date of their effect. In other words, these edits are no longer active, so code combinations are possible to suck out accounts, and a modifier is required. Using APTA 59 or X Modifiers for Code Pairs Solution Tree can help you determine whether to use modifier 59 to require a certain pair of CPT codes on the same day for the same patient. X modifiers (XE, XS, XP, XU) should be used instead of the 59 modifier if one of the X modifiers more specifically describes the reason for paying for both codes. Additional general information on NCCI PTP and MUEs editing is contained in Chapter I of the NCCI coding policy guide. The full NCCI edits the NCCI coding policy guide, which contains a list of CCI edits, is available through the CMS website. Chapters are usually organized by PPC coding for medical procedures and services (except chapter I, which contains general coding policies, and Chapter XII, which considers CMS Grade II codes that are covered by the jurisdiction of Part B carriers). Each chapter includes mutually exclusive codes as well as editing of a pair of Column One/Column Two codes. The chapter of greatest interest to physiotherapists is Chapter XI - Medical, Evaluation and Management Services, which covers PPC codes 90,000-99999. The NCCI is an evolving policy and may be changing. The codes continue to be modified, added and removed. CMS publishes quarterly updates to edit NCCI PTP and MUE. CMS Resources How to Use Medicare NCCI Tools (.pdf) This CMS As a booklet discusses the Medicare National Correct Coding Initiative (also called NCCI or CCI), which has been implemented to promote proper coding of methodologies and control inappropriate coding, leading to improper payment. NCCI Procedure to procedure a pair code editing automated prepayment edits that prevent incorrect payment when certain codes are presented together for part of the B-covered service. The NCCI Policy Guide Archive These archives contain past versions of the National Guide to correct coding policy. Correct Use of Modifier 59 (.pdf) This CMS MLN Matters article is a resource for physicians, providers and providers who claim Medicare's administrative contractors and durable MACs for services provided to Medicare beneficiaries. The article discusses how ISPs can continue to use the modifier -59 after January 1, 2015, in any case in which it was January 1, 2015. CMS MLN Issues: Continued use of Modifier 59 After January 1, 2015 (.pdf) This CMS MLN article matters is a resource for physicians, providers and providers representing claims to Medicare administrative contractors and durable MACs medical equipment for services provided by medicare beneficiaries. The article discusses how ISPs can continue to use the -59 modifier after January 1, 2015, in any case, in which it was correctly used until January 1, 2015. CMS MLN Issues: Specific Modifiers for Various Procedural Services (.pdf) This CMS Special Edition MLN Issues article has been published to make sure that institutional therapy providers know that CCI edits apply to all therapy providers. CCI edits apply to services provided by the same provider to the same beneficiary on the same day of service. Questions? CMS instructs those who have NCCI requests other than those associated with three types of NCCI edits (PTP, MUE, and Add-On) to contact them NCCIPPTMUE@cms.hhs.gov. General Pair Therapy Code with PTP Edits Column 1 Column II 95992 Canalth Repositioning Procedure 97140 (1) Manual Therapy 97530 (1) Therapeutic Activity 97140 Manual Therapy 97018 (1) Paraffin Bath 97530 (1) Therapeutic activity 97150 Group Therapy 97113 (1) Water Therapy 97140 (1) Manual Therapy 97530 Therapeutic Activity 97113 (1) Water Therapy 97533 (1) Sensory Integrative Technique 97597, 97598 Removal of detritized tissue 97022 (1) Whirlpool

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