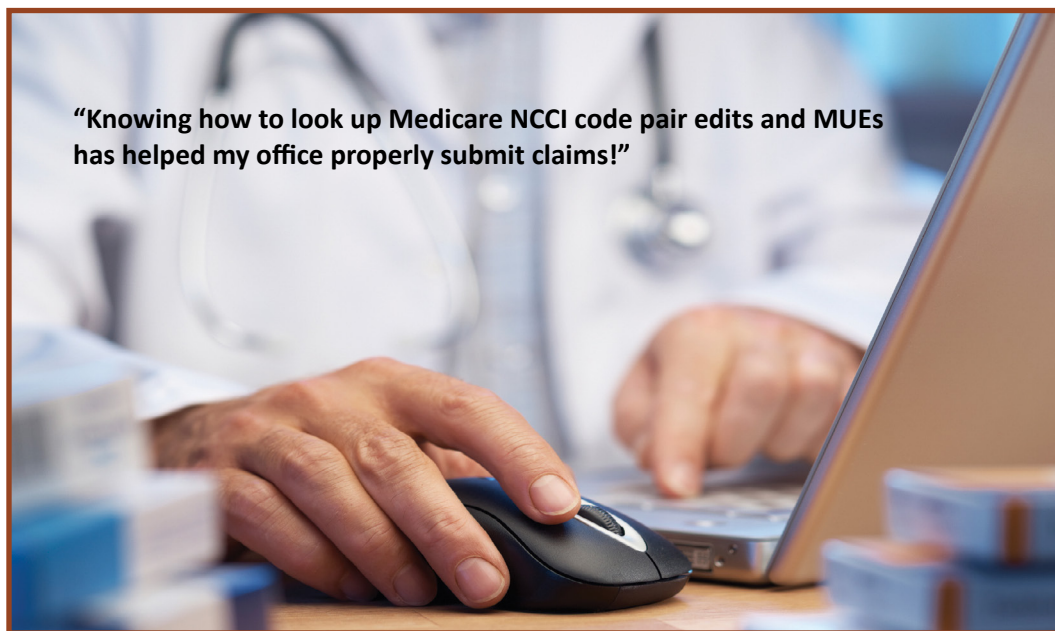


DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



How to Use the Medicare National Correct Coding Initiative (NCCI) Tools



To Learn More...

If you find this How To booklet helpful, then you may wish to review the other booklets in this series. To locate these booklets, go to the MLN Publications page at <http://go.cms.gov/MLNProducts> and search for items containing the words "how to."

<http://www.cms.gov/NationalCorrectCodInitEd>

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INTRODUCTION

What is the Medicare National Correct Coding Initiative (NCCI)?

The Medicare National Correct Coding Initiative (NCCI) (also known as CCI) was implemented to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. NCCI **code pair edits** are automated prepayment edits that prevent improper payment when certain codes are submitted together for Part B-covered services.

In addition to code pair edits, the NCCI includes a set of edits known as **Medically Unlikely Edits (MUEs)**. An MUE is a maximum number of Units of Service (UOS) allowable under most circumstances for a **single** Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) code billed by a provider on a date of service for a single beneficiary.

For information about the Medicaid NCCI program, refer to [The National Correct Coding Initiative in Medicaid](#) web page.

Why Would a Health Care Professional, Supplier, or Provider Use the NCCI Web Page, Tables, and Manual?

Accurate coding and reporting of services are critical aspects of proper billing. Service denied based on NCCI code pair edits or MUEs may not be billed to Medicare beneficiaries; a provider cannot utilize an Advance Beneficiary Notice of Noncoverage (ABN) to seek payment from a Medicare beneficiary. The NCCI tools found on the Centers for Medicare & Medicaid Services (CMS) website (including the “National Correct Coding Initiative Policy Manual for Medicare Services”) help providers avoid coding and billing errors and subsequent payment denials.

It is important to understand, however, that the NCCI does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination. Should providers determine that claims have been coded incorrectly, they are responsible to contact their Medicare Administrative Contractor (MAC) about potential payment adjustments.

How Up-to-Date are the NCCI Tables?

The tables are updated quarterly and loaded into the Medicare claims payment processing systems and onto the CMS NCCI web pages.

Click the Quarterly NCCI and MUE Version Update Changes link in the menu on the top left side of the National Correct Coding Initiative Edits web page at <http://www.cms.gov/NationalCorrectCodInitEd> to find quarterly changes to the Column 1/Column 2 and MUE tables. Additions, deletions, and revisions to the tables can be accessed under the Related Links section at the bottom of the page.

The “National Correct Coding Initiative Policy Manual for Medicare Services” is updated annually.

How to Locate the NCCI Tables and Manual

The code pair edits, MUE tables, and NCCI manual are accessed through the National Correct Coding Initiative Edits web page at <http://www.cms.gov/NationalCorrectCodInitEd> on the CMS website.

Links to the NCCI Coding Edits and Medically Unlikely Edits web pages are provided in the menu on the top left side of the National Correct Coding Initiative Edits web page. Scroll to the Downloads section at the bottom of the National Correct Coding Initiative Edits web page to find a link to the NCCI manual.

Background: NCCI Edits

The NCCI is comprised of two provider-type choices of code pair edits and three provider-type choices of MUEs:

Code Pair Edits

(1) NCCI Edits-Physicians

These code pair edits are applied to claims submitted by physicians, non-physician practitioners, and Ambulatory Surgery Centers (ASCs).

(2) NCCI Edits-Hospital

This set of code pair edits is applied to the following Types of Bills (TOBs) subject to the Outpatient Code Editor (OCE): Hospitals (TOB 12X and 13X), Skilled Nursing Facilities (SNFs) (TOB 22X and 23X), Home Health Agencies (HHAs) Part B (TOB 34X), Outpatient Physical Therapy and Speech-Language Pathology Providers (OPTs) (74X), and Comprehensive Outpatient Rehabilitation Facilities (CORFs) (TOB 75X).

MUEs

(1) Practitioner MUEs

All physician and other practitioner claims are subject to these edits.

(2) Durable Medical Equipment (DME) Supplier MUEs

These edits are applied to claims submitted to DME MACs. (At this time, this file includes HCPCS A-B, D-H, K-V codes in addition to HCPCS codes under the DME MAC jurisdiction.)

(3) Facility Outpatient MUEs

Claims for TOB 13X, 14X, and Critical Access Hospitals (85X) are subject to these edits.

Coding decisions for edits are based on conventions defined in the American Medical Association's (AMA's) "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. Prior to the implementation of MUEs, the proposed edits are released for review and comment to the AMA, national medical/surgical societies, and other national health care organizations, including non-physician professional societies, hospital organizations, laboratory organizations, and durable medical equipment organizations. Similarly, proposed NCCI edits are released to various national health care organizations for review and comment prior to implementation.

USING THE NCCI TOOLS

Looking Up Code Pair Edits

The first step in looking up an edit is to click the NCCI Coding Edits link in the menu on the left side of the National Correct Coding Initiative Edits web page on the CMS website.

Figure 1 shows the screen after selecting NCCI Coding Edits. Scroll to the Related Links section at the bottom of the page to find links to two Hospital CCI Edits tables and two Physician CCI Edits tables. We will refer to the tables as Hospital CCI Edits Table 1, Hospital CCI Edits Table 2, Physician CCI Edits Table 1, and Physician CCI Edits Table 2 in this booklet.

Home > Medicare > National Correct Coding Initiative Edits > NCCI Coding Edits

National Correct Coding Initiative Edits

- Medically Unlikely Edits
- Quarterly NCCI and MUE Version Update Changes
- NCCI Coding Edits**
- NCCI Transmittals

NCCI Coding Edits

Since 1996 the Medicare NCCI procedure to procedure edits have been assigned to either the Column One/Column Two Correct Coding edit file or the Mutually Exclusive edit file based on the criterion for each edit. The Mutually Exclusive edit file included edits where two procedures could not be performed at the same patient encounter because the two procedures were mutually exclusive based on anatomic, temporal, or gender considerations. All other edits were assigned to the Column One/Column Two Correct Coding edit file. There are important upcoming changes to these files described below.

In order to simplify the use of NCCI edit files, CMS will consolidate the two edit files into the Column One/Column Two Correct Coding edit file. Separate consolidations will occur for the two practitioner NCCI edit files and the two NCCI edit files used for OCE. This change will occur for practitioner NCCI edits in NCCI version 18.1 scheduled for April 1, 2012. After these changes occur, it will only be necessary to search the Column One/Column Two Correct Coding edit file for active or previously deleted edits. Effective April 1, 2012, CMS will no longer publish a Mutually Exclusive edit file on its website for either practitioner or outpatient hospital services since all active and deleted edits will appear in the single Column One/Column Two Correct Coding edit file on each website. **The edits previously contained in the Mutually Exclusive edit file are NOT being deleted but are being moved to the Column One/Column Two Correct Coding edit file.**

Related Links

- [Hospital CCI Edits v18.3 effective October 1, 2012 \(569,258 records\). The last row contains edit column 1 = 39599 and column 2 = 49570](#)
- [Hospital CCI Edits v18.3 effective October 1, 2012 \(471,406 records\). The first row contains edit column 1 = 40490 and column 2 = 0213T](#)
- [Physician CCI Edits v18.3 effective October 1, 2012 \(624,063 records\). The last row contains edit column 1 = 39599 and column 2 = 49570](#)
- [Physician CCI Edits v18.3 effective October 1, 2012 \(573,503 records\). The first row contains edit column 1 = 40490 and column 2 = 00170](#)

Figure 1: Results from Selecting NCCI Coding Edits

Both the Hospital CCI Edits and the Physician CCI Edits tables are arranged in ascending numeric order based on Column 1 codes, and the table names indicate the codes listed in the table. The name of the first Hospital CCI Edits or Physician CCI Edits table indicates the Column 1 and 2 codes in the last row of the table; the name of the second table indicates the Column 1 and 2 codes in the first row of the table. Column 1 HCPCS Level II codes, which begin with letters, are listed at the end of the second table for both Hospital CCI Edits and Physician CCI Edits.

Code Ranges

The following HCPCS/CPT code ranges can be found in the tables:

- 00000-09999: Anesthesia Services
- 10000-19999: Surgery (Integumentary System)
- 20000-29999: Surgery (Musculoskeletal System)
- 30000-39999: Surgery (Respiratory, Cardiovascular, Hemic and Lymphatic Systems)
- 40000-49999: Surgery (Digestive System)
- 50000-59999: Surgery (Urinary, Male Genital, Female Genital, Maternity Care and Delivery Systems)
- 60000-69999: Surgery (Endocrine, Nervous, Eye and Ocular Adnexa, and Auditory Systems)
- 70000-79999: Radiology Services
- 80000-89999: Pathology/Laboratory Services
- 90000-99999: Medicine, Evaluation and Management Services
- A0000-V9999: Supplemental Services
- 0001T-0999T: Category III Codes

Click on the Hospital CCI Edits or Physician CCI Edits table you wish to view or save.

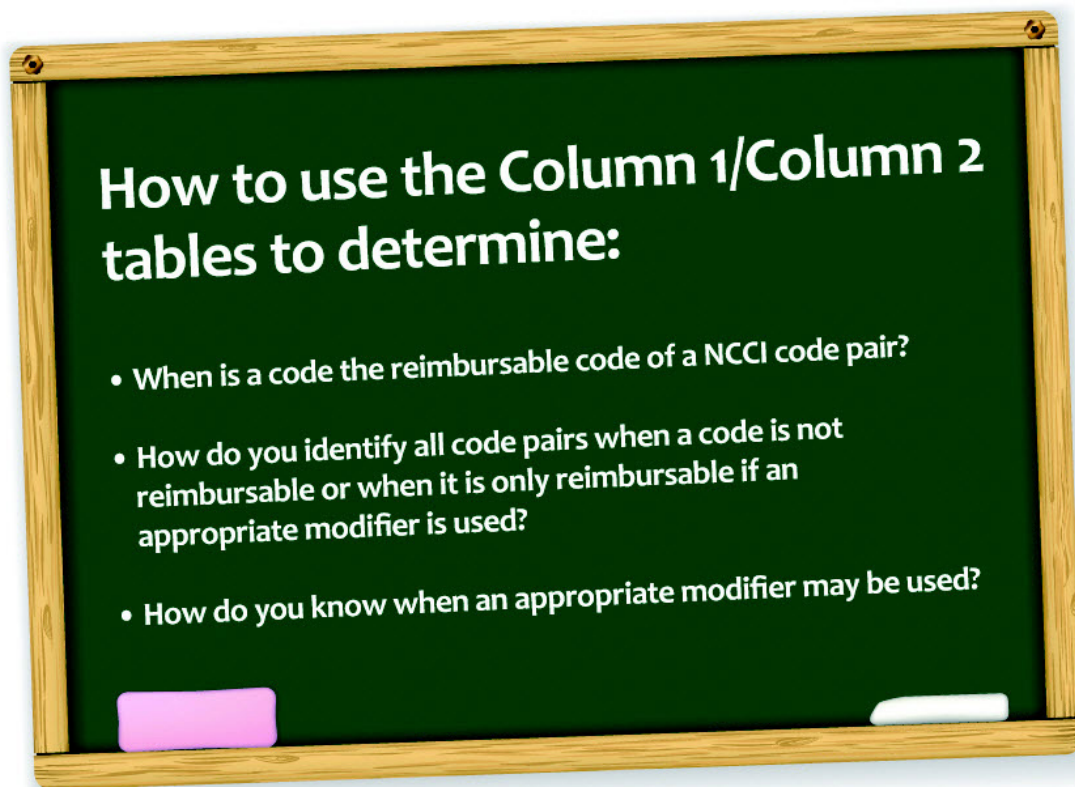
A license agreement will appear. To continue to the table selected, the terms and conditions of the AMA copyright must be accepted. Click Accept to indicate you have read and agree to the AMA terms and conditions.

The tables can be opened in Microsoft Excel (the file ending in .xlsx) or text file format. Click on the format you want to open the table.

Helpful Hint: The files are zipped due to their size, which allows for faster download. If the files do not automatically unzip, you may need the appropriate software to unzip these files. If you scroll to the bottom of the NCCI Coding Edits page and click on Help with File Formats and Plug-Ins, you can download free software. Remember that NCCI tables are updated quarterly and saved tables must be replaced in order to have the most current information.

How to Use the Code Pair Tables

We will demonstrate how to use the code pair tables, using code 99215 and the two Physician CCI Edits tables as our examples. Our examples using the Physician CCI Edits tables and code 99215 will show:



What are the Column 1/Column 2 Code Pair Tables?

Although the Column 2 code is often a component of a more comprehensive Column 1 code, this relationship is not true for many edits. In the latter type of edit, the code pair edit simply represents two codes that should not be reported together, unless an appropriate modifier is used. For example, a provider should not report a vaginal hysterectomy code and total abdominal hysterectomy code together.

Many procedure codes should not be reported together because they are mutually exclusive of each other. Mutually exclusive procedures cannot reasonably be performed at the same anatomic site or same beneficiary encounter.

An example of a mutually exclusive situation is the repair of an organ that can be performed by two different methods. Only one method can be chosen to repair the organ. A second example is a service that can be reported as an initial service or a subsequent service. With the exception of drug administration services, the initial service and subsequent service cannot be reported at the same beneficiary encounter.

In addition, the descriptor of some HCPCS/CPT codes includes a gender-specific restriction on the use of the code. HCPCS/CPT codes specific for one gender should not be reported with HCPCS/CPT codes for the opposite gender.

When is a code the reimbursable code of a NCCI code pair?

The Column 1/Column 2 tables are comprised of code pairs. If a provider submits the two codes of an edit pair for payment for the same beneficiary on the same date of service, the Column 1 code is eligible for payment and the Column 2 code is denied. However, if both codes are clinically appropriate and an appropriate NCCI-associated modifier is used, the codes in both columns are eligible for payment. Supporting documentation must be in the beneficiary's medical record.

To determine when our example code 99215 is the reimbursable code of a NCCI code pair, we open the Physician CCI Edits Table 2 to search for 99215 in Column 1. We can use the Microsoft Excel filter tool to easily search for all instances of 99215 in Column 1 in the table. (The Filtering the NCCI Data Tables section at the end of this booklet provides instructions for using the filter tool in Microsoft Excel.)

Figure 2 shows part of the Physician CCI Edits Table 2, with our example code 99215 in Column 1.

A	B	C	D	E	F
Column1/Column 2 Edits					
1 Column 1	2 Column 2	3 * = In existence prior to 1996	4 Effective Date	5 Deletion Date *=no data	6 Modifier 0=not allowed 1=allowed 9=not applicable
99215	G0101		19980401	19980401	9
99215	G0102		20000605	*	0
99215	G0104		19980401	19980401	9

Figure 2: Column 1/Column 2 table with 99215 in Column 1

- Column 1 indicates the payable code.
- Column 2 contains the code that is not payable with this particular Column 1 code, unless a modifier is permitted and submitted.
- This third column indicates if the edit was in existence prior to 1996.
- The fourth column indicates the effective date of the edit (year, month, date).
- The fifth column indicates the deletion date of the edit (year, month, date).
- The sixth column indicates if use of a modifier is permitted. This number is the modifier indicator for the edit. (The Modifier Indicator Table, shown on page 7 of this booklet, provides further explanation.)

Our search shows a portion of all Column 1/Column 2 code pairs where 99215 is the payable code and every code that is not separately payable when billed with 99215 (unless a modifier is allowed) as a result of the Column 1/Column 2 policies.

Figure 2 shows, for example, that a physician will not be reimbursed for HCPCS code G0102 (Prostate cancer screening; digital rectal examination) together with 99215 (Office or other outpatient visit).

How do you identify all code pairs when a code is not reimbursable or when it is only reimbursable if an appropriate modifier is used?

In other words, you will also wish to know when a code appears as a Column 2 code.

Unlike the Column 1 search, now you must download both of the Physician CCI Edits tables and search for Column 2 codes in both. (Similarly, other providers would need to download and search both of the hospital tables.) Use the Microsoft Excel filter tool so all instances of a particular code are displayed together in Column 2. (The Filtering the NCCI Data Tables section at the end of this booklet provides instructions for using the filter tool in Microsoft Excel.)

For example, code 99215 appears in Column 2 of both Physician CCI Edits tables.

If you perform a Microsoft Excel filter for 99215 in Column 2 of the Physician CCI Edits Table 1, you will see that 99215 is not reimbursed with 01462, Anesthesia for all closed procedures on lower leg, ankle, and foot.

If you perform a filter for 99215 in Column 2 of the Physician CCI Edits Table 2, you will see that 99215 is not reimbursed with 99221, Initial hospital care, unless an appropriate modifier is used.

How do you know when an appropriate modifier may be used?

Modifiers may be appended to HCPCS/CPT codes only if the clinical circumstances justify the use of the modifier. A modifier should not be appended to a HCPCS/CPT code solely to bypass an NCCI edit if the clinical circumstances do not justify its use. If the Medicare Program imposes restrictions on the use of a modifier, the modifier may only be used to bypass an NCCI edit if the Medicare restrictions are fulfilled.

In the modifier indicator column, the indicator 0, 1, or 9 shows whether an NCCI-associated modifier allows the code pair to bypass the edit. The following Modifier Identifier Table provides a definition of each of these indicators.

Modifier Indicator Table

MODIFIER INDICATOR	DEFINITION
0 (Not Allowed)	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 for the same beneficiary on the same day by the same provider.
1 (Allowed)	The modifiers associated with NCCI are allowed with this code pair when appropriate.
9 (Not Applicable)	This indicator means that an NCCI edit does not apply to this code pair. The edit for this code pair was deleted retroactively.

Hospital CCI Edits: These code pair tables operate the same as the physician code pair tables; however, modifiers and coding pairs may differ from the physician code pair tables because of differences between facility and professional services.

Now that you've learned how to use the code pair tables, let's learn how to search for MUEs.

Looking Up Medically Unlikely Edits (MUEs)

An MUE for a HCPCS/CPT code is the maximum Units of Service (UOS) that a provider would report under most circumstances for a single beneficiary on a single date of service.

Not all HCPCS/CPT codes have an MUE. MUEs are developed based on HCPCS/CPT code descriptors, CPT coding instructions, anatomic considerations, established CMS policies, nature of service/procedure, nature of analyte, nature of equipment, prescribing information, and clinical judgment.

Helpful Hint: Most MUEs are visible to providers on the website. However, some MUEs are considered confidential by CMS and are not released.

Claims processing contractors may have UOS edits that are more restrictive than MUEs. In such cases, the more restrictive claims processing contractor edit would be applied to the claim. Similarly, if the MUE is more restrictive than a claims processing contractor edit, the more restrictive MUE would apply.

MUE values are not utilization guidelines and do NOT represent UOS that may be reported without concern about medical review. Providers should continue to only report services that are medically reasonable and necessary. Providers may be subject to medical review of their claims even if they report UOS less than or equal to the MUE value for a code.

To view the tables of MUEs, select Medically Unlikely Edits from the menu on the left side of the [National Correct Coding Initiative Edits](#) web page on the CMS website. Scroll to the bottom of the page and click on the link to the table you want to review. The table links appear under the Related Links section.

Figure 3 shows the MUE includes tables for Practitioner Services, Facility Outpatient Services, and DME Supplier Services in the Related Links section.

[Home](#) > [Medicare](#) > [National Correct Coding Initiative Edits](#) > [Medically Unlikely Edits](#)

National Correct Coding Initiative Edits

[Medically Unlikely Edits](#)

[Quarterly NCCI and MUE Version Update Changes](#)

[NCCI Coding Edits](#)

[NCCI Transmittals](#)

Medically Unlikely Edits

The CMS developed Medically Unlikely Edits (MUEs) to reduce the paid claims error rate for Part B claims. An MUE for a HCPCS/CPT code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. All HCPCS/CPT codes do not have an MUE.

MUE was implemented January 1, 2007 and is utilized to adjudicate claims at Carriers, Fiscal Intermediaries, and DME MACs.

This webpage has links to the MUE Frequently Asked Questions and Answers (FAQs), MUE files, and the Publication Announcement Letter which explain most aspects of the MUE program.

Although CMS publishes most MUE values on its website, other MUE values are confidential and are for CMS and CMS Contractors' use only. The latter group of MUE values should not be released since CMS does not publish them.

Downloads

[MUE Publication Announcement Letter \(PDF, 51KB\)](#)

Related Links

[MUE FAQs](#)

[Practitioner Services MUE Table - Updated 10/1/12](#)

[Facility Outpatient Services MUE Table - Updated 10/1/12](#)

[DME Supplier Services MUE Table \(Note: This file will include HCPCS A-B, D-H, K-V codes at this time and will not just include HCPCS codes under DME MAC jurisdiction\) - Updated 10/1/12](#)

Figure 3: Selecting MUE Provider Type

Helpful Hint: Remember that MUE tables are updated quarterly and saved tables must be replaced in order to have the most current information.

Click Accept to agree to the AMA terms and conditions. The MUE tables are in compressed zipped files. You must choose whether to open and view the file or to save the file for future reference. The tables can be opened/viewed as either a plain text file, or a Microsoft Excel spreadsheet.

Figure 4 shows a section of the Practitioner Services MUE table after selecting the Microsoft Excel format.

A		B	
Current Procedural Terminology © 2011 American Medical Association. All Rights Reserved.			
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1			
2	1 HCPCS/CPT Code	2 Practitioner Services MUE Values	
3	0019T	1	
4	0030T	2	
5	0042T	1	
6	0048T	1	
7	0050T	1	
8	0051T	1	
9	0052T	1	
10	0053T	1	
11	0054T	2	
12	0055T	2	

Figure 4: Practitioner Services MUE Table

- 1 The first column entitled HCPCS/CPT Code contains codes with an MUE value.
- 2 The second column entitled Practitioner Services MUE Values represents the maximum UOS that a practitioner would report under most circumstances for a single beneficiary on a single date of service.

Helpful Hint: Unlike the code pair tables, the MUE tables do not have a column that addresses modifiers. Review Chapter 1 of the “National Correct Coding Initiative Policy Manual for Medicare Services” for information about modifiers and MUEs.

USING THE “NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL FOR MEDICARE SERVICES”

The “National Correct Coding Initiative Policy Manual for Medicare Services” is available as a reference tool for correct coding and to explain the rationale for NCCI edits. Each chapter corresponds to a separate section of the “CPT Manual,” except Chapter 1, which contains general correct coding policies; Chapter 12, which addresses HCPCS Level 2 codes; and Chapter 13, which addresses Category III CPT codes. Each chapter is subdivided by subject to allow easier access to a particular code or group of codes.

Neither the introduction nor the narrative portion of any chapter is intended to supersede any current Medicare policy.

The Introduction and Chapter 1 of the manual are excellent resources for basic information about proper coding practices and how coding edit decisions are made. Chapter 1, which is entitled “General Correct Coding Policies,” addresses general coding principles, issues, and policies. Many of these principles, issues, and policies are addressed further in subsequent chapters dealing with specific groups of HCPCS/CPT codes. Examples are often utilized to clarify principles, issues, or policies. The examples do not represent the only codes to which the principles, issues, or policies apply.

It is also highly recommended that you carefully review the chapters of the manual that pertain to the code ranges you most often bill. These chapters include detailed information about correct coding and use of NCCI-associated modifiers for separately reportable services, and much more.

The NCCI manual can be obtained in two ways:

1. The manual is available as a compressed (zipped) set of PDF documents on the National Correct Coding Initiative Edits web page on the CMS website. To download or access the manual:

Go to <http://www.cms.gov/NationalCorrectCodInitEd> on the CMS website. Scroll down to the Downloads section of the page and click on the “NCCI Policy Manual for Medicare Services” PDF/ZIP file.

A file download pop-up box will appear. Click on Open to simply view the file. Click on Save to save the manual for future use.

The manual will open or save as multiple PDF files, one for each chapter of the manual.

2. National Technical Information Service (NTIS) is the official distributor of the NCCI edits. The “NCCI Policy Manual” or sections of the manual can be ordered from NTIS on its website at <http://www.ntis.gov/products/cci.aspx> or by calling 1-800-363-2068.

RESOURCES

CMS HCPCS Web Page

<http://www.cms.gov/MedHCPCSGenInfo>

This web page provides background information, coding updates and transmittals, and coding process and criteria information for the Healthcare Common Procedure Coding System (HCPCS) code set.

CMS Help with File Formats and Plug-Ins

<http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Help.html>

Where possible, CMS posts information in open-standard, accessible formats (e.g., HTML). However, there are some areas of the website where specialized media must be used and plug-ins or special viewers may be needed to access the content. This web page provides a list of file types that are used on the website as well as further information on getting the plug-ins.

CMS Outpatient Code Editor (OCE) Web Page

http://www.cms.gov/OutpatientCodeEdit/01_Overview.asp

This web page provides an overview of the OCE, as well as information on the OCE versions and updates.

CMS Questions

<http://questions.cms.gov>

Further information about NCCI edits and MUEs can be found in this searchable list of commonly-asked questions and answers available on the CMS website.

“CPT Manual”

http://catalog.ama-assn.org/Catalog/cpt/cpt_home.jsp

CPT codes are defined in the American Medical Association’s (AMA’s) “CPT Manual” which is updated and published annually. Use this web page to purchase hard copy or electronic versions of the “CPT Manual.”

Internet-Only Manual (IOM) Pub 100-04

“Medicare Claims Processing Manual”

<http://www.cms.gov/manuals/downloads/clm104c23.pdf>

Chapter 23 is entitled “Fee Schedule Administration and Coding Requirements.” Section 20.9, “Correct Coding Initiative (CCI),” provides instructions regarding implementation of NCCI edits and MUEs including information on modifiers.

MLN Matters® Articles

<http://go.cms.gov/MLNMattersArticles>

Quarterly updates (and corresponding information) to the NCCI are published as Medicare Learning Network® (MLN) Matters® articles. Select the year and search for the word initiative to return all quarterly updates.

Modifier -59 Article

<http://www.cms.gov/NationalCorrectCodInitEd/Downloads/modifier59.pdf>

This article provides information about CPT Modifier -59, an important NCCI-associated modifier that is often used incorrectly.

“Medicare Claim Review Programs: MR, NCCI Edits, MUEs, CERT, and Recovery Audit Program”

http://www.cms.gov/MLNProducts/downloads/MCRP_Booklet.pdf

This Medicare Learning Network® (MLN) booklet provides an overview of the Medical Review (MR), NCCI, MUE, Comprehensive Error Rate Testing (CERT), and Recovery Audit Contractor (RAC) programs.

The National Correct Coding Initiative in Medicaid

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html>

The CMS National Correct Coding Initiative (NCCI) promotes national correct coding methodologies and reduces improper coding, which may result in inappropriate payments of Medicare Part B claims and Medicaid claims. The Medicaid NCCI program has significant differences from the Medicare NCCI program. The National Correct Coding Initiative in Medicaid web page provides information and resources about NCCI policies under the Medicaid program.

“National Correct Coding Initiative Policy Manual for Medicare Services”

<http://www.cms.gov/NationalCorrectCodInitEd>

The manual is available in the Downloads section at the bottom of the National Correct Coding Initiative Edits page on the CMS website. The manual serves as a reference tool for correct coding and to explain the rationale for NCCI edits.

Quarterly Provider Updates

CMS Quarterly Provider Updates Electronic Mailing List

<http://public.govdelivery.com/accounts/USCMS/subscriber/new>

CMS offers a free e-mail subscription service, which provides notifications electronically when new information is available. The Quarterly Provider Updates electronic mailing list notifies subscribers via e-mail immediately of any regulations or program instructions released during the quarter that affect Medicare providers, including transmittals of the quarterly updates to the NCCI.

Quarterly NCCI and MUE Version Update Changes

http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Version_Update_Changes.html

Quarterly changes to the Column 1/Column 2 and MUE tables can be found on the Quarterly NCCI and MUE Version Update Changes web page.

FILTERING THE NCCI DATA TABLES

The fastest and most accurate way to search any of the edit tables for a particular value is by using the Excel Filter feature.

Note: The instructions about how to use the Filter tool were written for Excel 2010. If you have an earlier version of Excel or another spreadsheet program, the Filter function might work differently. Please use the Help feature of your program if you need assistance.

In the figures below, our example uses the Filter to search for instances of CPT code 99215 in Column 2 of the Physician CCI Edits Table 1. These instructions also can be used to filter Column 1 codes in any of the four code pair tables.

Open the file in Excel format (.xlsx).

Figure 5 shows how to begin filtering by clicking on the column heading entitled Column 2 and then choosing Data and Filter.

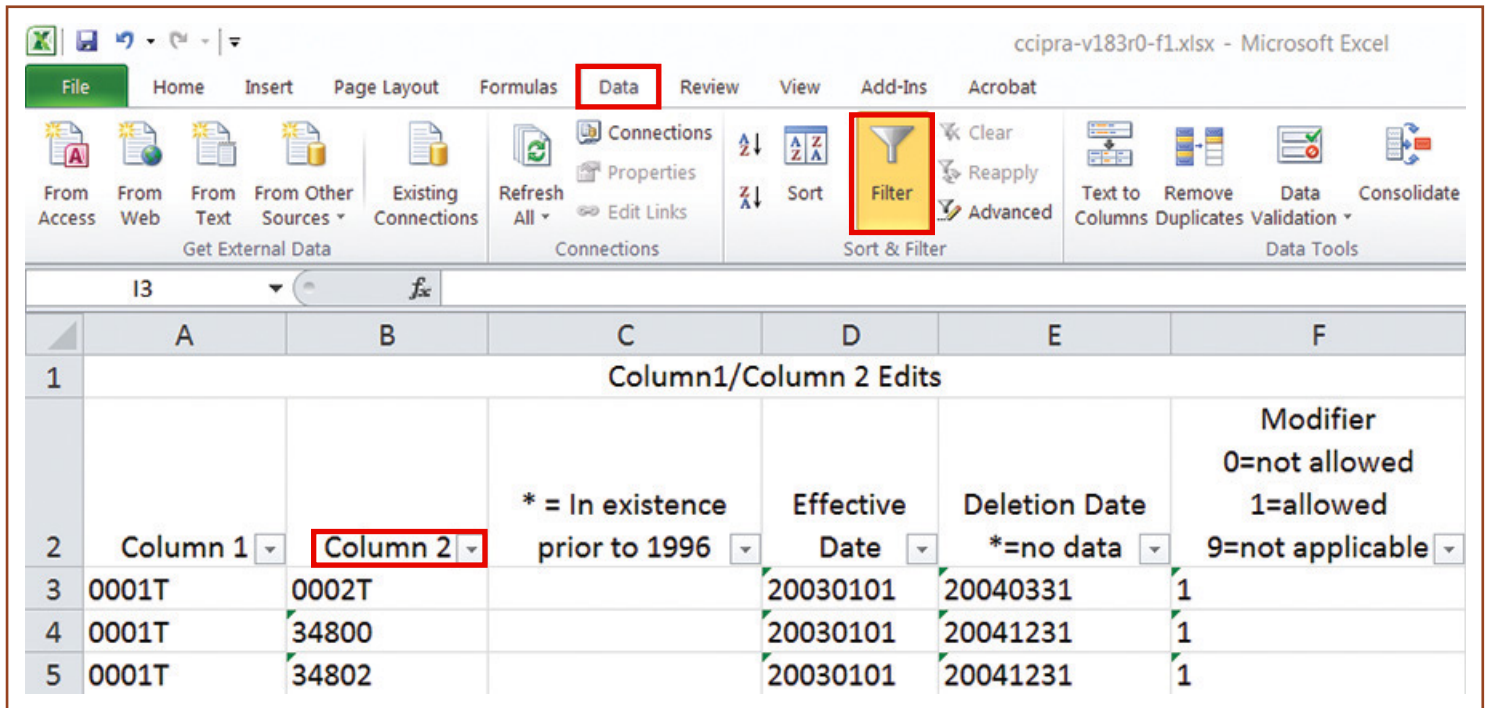


Figure 5: Filter Feature Selected

Excel displays a drop down arrow on each column header.

Click on the drop down arrow in Column 2. Excel will automatically select all values in the column. Click on the check box next to Select All to remove this default. Scroll down to the desired value.

Figure 6 shows Column 2 selected and a sort for 99215 chosen by clicking on the box beside this code. Next, click on OK.

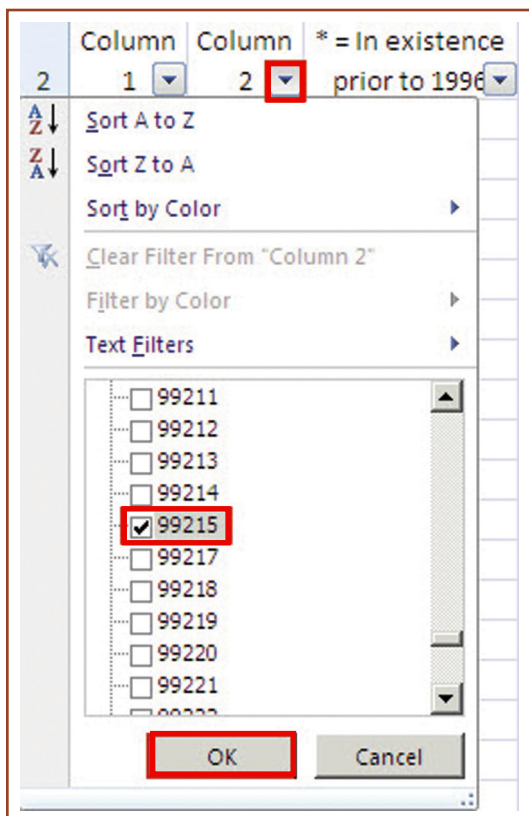


Figure 6: Removing Select All default setting

Column1/Column 2 Edits				
Column 1	Column 2	* = In existence prior to 1996	Effective Date	Deletion Date
11720	99215		19990101	*
11721	99215		19990101	*
11976	99215		20001030	20001030
15824	99215		20001030	20001030
15825	99215		20001030	20001030
15826	99215		20001030	20001030
15828	99215		20001030	20001030
15829	99215		20001030	20001030
15876	99215		20001030	20001030
15877	99215		20001030	20001030
15878	99215		20001030	20001030
15879	99215		20001030	20001030
17380	99215		20001030	20001030

Figure 7: Results of filter for CPT code 99215 in Column 2

Figure 7 shows a sample of occurrences of 99215 in Column 2 of the Physician CCI Edits Table 1.

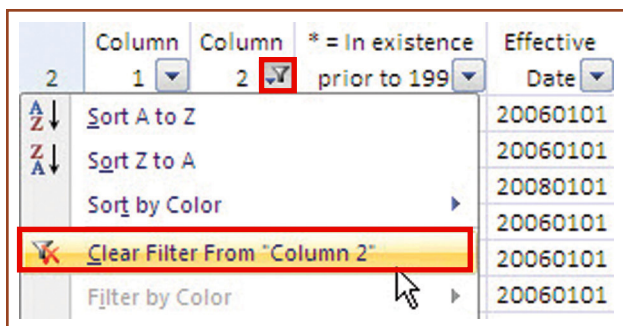


Figure 8: Removing the filter

When you are done looking at the records filtered by the desired value, click on the filter symbol in the column you filtered, and select Clear Filter from Column 2 as shown in Figure 8. You must return to viewing ALL records before you can filter for a different value. When you are done looking for records, you can remove the Filter by clicking Data and Filter.

Helpful Hint: When Excel prepares the list of values in each column, Excel automatically lists the values in ascending alpha-numeric order. Therefore, when you scroll through the list, if the value you are looking for doesn't appear in the position on the list where it should fall alpha-numerically, the value is NOT on the file.

For more information about the Medicare National Correct Coding Initiative (NCCI) Tools, visit <http://www.cms.gov/NationalCorrectCodInitEd> or scan the Quick Response (QR) code to the right with your mobile device.





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