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PAYMENT POLICY ID NUMBER: 10-006

Original Effective Date: 01/26/2010

Revised: 07/11/2024

National Correct Coding Initiative (NCCI) Edits

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO FLORIDA BLUE MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

The Centers for Medicare & Medicaid Services (CMS) developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment of services that should not be reported together. CMS developed 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. CMS NCCI edits are a recognized industry source for relationships between codes.

REIMBURSEMENT INFORMATION:

Florida Blue applies the NCCI Procedure to Procedure (PTP) coding edits to professional claims (Practitioner PTP Edits) and outpatient facility claims (Hospital PTP Edits).

Each edit table contains edits, which are pairs of Healthcare Common Procedure Coding System (HCPCS)/CPT® codes that in general should not be reported together. Each edit has a column-one and column-two HCPCS/CPT® code. If a provider reports the two codes of an edit pair, the column-two code is denied, and the column-one code is eligible for payment, unless appropriately reported with one of the NCCI designated modifiers recognized by Florida Blue.

Florida Blue will use the "column-one/column-two" NCCI edits to determine whether CPT® and/or HCPCS codes reported together by the same physician or other qualified health care professional for the same member on the same date of service are eligible for separate reimbursement.

Each NCCI PTP edit has a modifier indicator assigned to it. A modifier indicator of "0" indicates a modifier cannot be used to bypass the edit. A modifier indicator of "1" indicates that a properly coded associated

modifier can be used to allow submitted services or procedures. Florida Blue will not reimburse column-two codes separately unless the codes are correctly reported with one of the recognized modifiers.

Modifiers that may be used under appropriate clinical circumstances to bypass a PTP edit include:

Anatomic modifiers: LT, RT, E1-E4, FA, F1-F9, TA, T1-T9, LC, LD, RC, LM, RI
 Other modifiers: 25, 59, XE, XS, XP, XU

BILLING AND CODING:

Modifiers

25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
59	Distinct Procedural Service
XE	Separate encounter, a service that is distinct because it occurred during a separate encounter
XP	Separate practitioner, a service that is distinct because it was performed by a different practitioner
XS	Separate structure, a service that is distinct because it was performed on a separate organ/structure
XU	Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service
LT	Left side (used to identify procedures performed on the left side of the body)
RT	Right side (used to identify procedures performed on the right side of the body)
E1	Upper left eyelid
E2	Lower left eyelid
E3	Upper right eyelid
E4	Lower right eyelid
FA	Left hand thumb
F1	Left hand second digit
F2	Left hand third digit
F3	Left hand fourth digit
F4	Left hand fifth digit
F5	Right hand thumb
F6	Right hand second digit
F7	Right hand third digit
F8	Right hand fourth digit
F9	Right hand fifth digit
TA	Left foot great toe
T1	Left foot second digit
T2	Left foot third digit
T3	Left foot fourth digit
T4	Left foot fifth digit
T5	Right foot great toe
T6	Right foot second digit
T7	Right foot third digit
T8	Right foot fourth digit
T9	Right foot fifth digit
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
LM	Left main coronary artery

RC	Right coronary artery
RI	Ramus intermedius coronary artery

RELATED PAYMENT POLICIES:

Anatomical Modifier Requirement Policy 23-081

REFERENCES:

- Centers for Medicare and Medicaid Services, “National Correct Coding Initiative Edits”, <https://www.cms.gov/medicare/coding-billing/ncci-medicare>
- American Medical Association, Current Procedural Terminology (CPT®), Professional Edition.

GUIDELINE UPDATE INFORMATION:

01/26/2010	New Payment Policy
08/21/2012	Revised – Changed name from BCBSF to Florida Blue
07/15/2015	Revised to correspond with how CMS currently establishes NCCI
07/15/2016	Annual Review, no changes
07/13/2017	Annual Review, no changes
07/19/2018	Annual Review, no changes
07/18/2019	Annual Review, no changes
07/09/2020	Annual Review, “or other qualified health care professional” added to “Reimbursement Information” section of the policy.
07/15/2021	Annual Review, Removed January 1, 2015 language for Modifiers XE, XS, XP and XU.
07/14/2022	Annual Review – Clarifying language added to Reimbursement Information section; Reference updated
07/13/2023	Annual Review – References reviewed and updated.
07/11/2024	Annual Review – Related payment policy added, and references reviewed and updated.

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