Policy Name | CCI Editing
---|---
**Summary**<br>This policy describes how Medica addresses coding relationships through Column One/Column Two code pair edits and Mutually Exclusive code pair edits from the Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI). Medica’s CCI Editing policy includes code pairs which are not addressed in any other reimbursement policies. In addition, the policy addresses appropriate modifier overrides.

**Policy Statement**<br>Physicians and other healthcare professionals must report services correctly, according to CMS’s NCCI. Medical and surgical procedures are to be reported with the Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes that most comprehensively describe the services performed.

When the same provider submits two or more procedure codes for the same member on the same date of service, the codes will be compared. If any of the codes is considered to be a component of or mutually exclusive of the other code, only the most comprehensive procedure code will be reimbursed.

These edits are based on CMS’s NCCI (or CCI) code pair edits, which are intended to promote consistent and correct coding and reduce inappropriate payments.

Under certain circumstances codes may be reimbursed when appended with the proper modifier if the criteria are met. Since modifiers do not bypass bundling edits in every situation, it is important that the modifiers only be used when appropriate, and documentation in the medical record must reflect this.

**Modifiers**
- **Modifier 25** – Significant, Separately Identifiable Evaluation and Management (E/M) Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service.
- **Modifier 59** - Distinct Procedural Service
- **Modifier XE** – Separate encounter. A service that is distinct because it occurred during a separate encounter.
- **Modifier XP** – Separate practitioner. A service that is distinct because it was performed by a different practitioner.
Definitions

**Modifier XS** – Separate structure. A service that is distinct because it was performed on a separate organ/structure.

**Modifier XU** – Unusual non-overlapping service. The use of a service that is distinct because it does not overlap usual components of the main service.

(Column 1/Column 2 code pair edits)
A table of procedure codes listed in two columns, with the Column 1 (comprehensive) code eligible for reimbursement; and the Column 2 (component) code not reimbursed.

(Mutually exclusive code pair edits)
A table of procedure codes listed in two columns representing procedures which cannot reasonably be performed at the same anatomic site or same patient encounter, based either on the code descriptors or the medical impossibility/improbability that the two procedures could be performed at the same patient encounter.

(Same individual physician or other health care professional)
The same individual rendering health care services reporting the same Federal Tax Identification number.

Resources

- Centers for Medicare and Medicaid Services (CMS)
- CMS National Correct Coding Initiative (NCCI) edits
- Healthcare Common Procedure Coding System (HCPCS)

Effective Date

11/15/2009

Revision Updates

09/19/2019  Annual policy review
11/09/2017  Annual policy review
12/08/2016  Annual policy review
10/29/2015  Annual policy review
01/01/2015  Accepted new X modifiers; edits will be applied to the X modifiers effective February 14, 2015

© 2009-2019 Medica. Medica® is a registered service mark of Medica Health Plans. “Medica” refers to the family of health plan businesses that includes Medica Health Plans, Medica Community Health Plans, Medica Insurance Company, Medica Self-Insured, MMSI, Inc. d/b/a/ Medica Health Plan Solutions, and Medica Health Management, LLC and the Medica Foundation.