BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

National Correct Coding Initiative (NCCI)

History

In 1994, the Health Care Financing Administration (HCFA) awarded a contract to AdminaStar Federal, the Indiana Medicare carrier, to define correct coding practices that would serve as the basis for national Medicare. Based on their review of physicians'"Current Procedural Terminology" (CPT) code descriptors, CPT coding instructions, review of existing and national coding edits and review of billing history, two main concepts were developed: (1) comprehensive and component code combinations; and (2) mutually exclusive coding combinations that represent services or procedures that would not or could not be performed at the same time based on the CPT code description or standard medical practice. Coding combinations that fell into these two groups were distributed to many physician specialty societies as well as Medicare carrier medical directors for review and comment. Based on the responses, the coding combinations were revised. Some of the CPT code combinations were removed and moved into a standard methodology that the Centers for Medicare & Medicaid Services (CMS) adopted and implemented in 1996 to promote national correct coding methodologies and to control improper coding.

NCCI Methodology

NCCI edits are now a nationally recognized and widely used standard for editing claims for accurate coding and reporting of services. Coding polices are based on the coding conventions defined in the American Medical Association's CPT Manual, national and local Medicare policies and edits, coding guidelines developed by national societies, standard medical and surgical practices, and coding practices.

NCCI edits define when two procedure codes may not be reported together except under special circumstances and are designed to:

- Ensure the most comprehensive groups of codes are billed rather than component parts.
- Identify and edit mutually exclusive codes to ensure only appropriate codes are grouped and paid.

NCCI edits contain two tables of edits. The Columns 1 and 2 Correct Coding Edits table and the Mutually Exclusive Edits table include code pairs that should not be reported together for a number of reasons explained in the "National Correct Coding Initiative Coding Policy Manual for Medicare Services" (Coding Policy Manual). The comprehensive service is identified in column 1 and the component service is identified in column 2. It is inappropriate to separately report services that are integral (column 2) to another procedure (column 1) with that procedure. Payment for codes in column 2 is not separately payable and is included in the payment for the column 1 code. When viewing the correct coding and mutually exclusive edits on the Blue Cross and Blue Shield of Alabama website behind ProviderAccess, column 1 is reflected as the "global code" and column 2 is reflected as the "included codes."

NCCI edits do identify some modifiers that may be appended to procedure codes to bypass edits under appropriate clinical circumstances. These modifiers, when correctly used, will bypass specified column 1/column 2 procedure code pairs and mutually exclusive code pairs. The modifiers listed below, when appended to procedure codes, may bypass NCCI edits under the appropriate clinical circumstances:

Modifier(s)	Description
E1 – E4	Anatomical modifiers for eyelids
FA	Anatomical modifier, left-hand thumb
F1 – F9	Anatomical modifiers for left- and right-hand digits and right-hand thumb
TA	Anatomical modifier for left foot, great toe
T1 – T9	Anatomical modifiers for right- and left-foot digits and right great toe
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)
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery

RC	Right coronary artery
25	Significant, separately identifiable procedure
58	Stage or related procedure or service by the same physician during the postoperative period
59	Distinct procedural services
78	Unplanned return to the operating/procedure room by the same physician following initial procedure for a related procedure during the postoperative period
79	Unrelated procedure or service by the same physician during the postoperative period
91	Repeat clinical diagnostic laboratory test

Effective January 1, 2013:

Modifier(s)	Description
LM	Left main coronary artery
RI	Ramus intermedius coronary artery
24	Unrelated evaluation and management service by the same physician during a postoperative period
57	Decision for surgery

Note: Use of modifiers is subject to any Blue Cross and Blue Shield Medical Policy that has been established relative to these modifiers and should only be used when appropriate, when generally related to separate patient encounters, anatomic sites or separate services. The modifiers should not be used solely to bypass NCCI edits. The clinical circumstance and medical record documentation must support the appending of a modifier to bypass an edit. Blue Cross and Blue Shield of Alabama will replace the current fragmented coding edits with the NCCI edits. Blue Cross will maintain some proprietary edits that are not addressed by NCCI.

Resources

- CMS' National Correct Coding Initiatives Edits
- National Correct Coding Policy Manual for Part B Medicare Carriers published by the United States Department of Commerce
- CMS' Regulations and Guidance
- American Medical Association's "Current Procedural Terminology" (CPT) Manual