

Outpatient Hospital CCI Editing Policy, Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the UB04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network outpatient facility claims, including, but not limited to, non-network authorized, and percent of charge contract facilities.

United Healthcare Commercial

This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Reimbursement Policy applies to all Individual Exchange benefit plans.

Policy

Overview

This reimbursement policy applies to services reported using the UB04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network outpatient facility claims, Ambulatory Surgical Centers (ASC), Outpatient Surgical Centers (OSC), including, but not limited to, non-network authorized, and percent of charge contract facilities.

Reimbursement Guidelines

Medicare NCCI edits

The purpose of this policy is to administer the “Column One/Column Two” National Correct Coding Initiative (NCCI) edits not otherwise addressed in UnitedHealthcare reimbursement policies to determine whether CPT and/or HCPCS codes reported together by the outpatient hospital for the same member on the same date of service are eligible for separate reimbursement. When reported with a column one code, UnitedHealthcare will not separately reimburse a

column two code unless the codes are appropriately reported with one of the NCCI designated modifiers recognized by UnitedHealthcare under this policy. When modifiers 59, XE, XP, XS, or XU are appended to either the column one or column two code for a procedure or service rendered to the same patient, on the same date of service, and there is an NCCI modifier indicator of "1", UnitedHealthcare will consider both services and/or procedures for reimbursement. Please refer to the "Modifiers" section of this policy for a complete listing of acceptable modifiers and the description of modifier indicators "0" and "1"

The edits administered by this policy may be found on the following link:

[Medicare National Correct Coding Initiative\(NCCI\) Edits](#)

Modifiers

Modifiers offer a way to identify that a service or procedure has been altered in some way. Under appropriate circumstances, modifiers should be used to identify unusual circumstances, staged or related procedures, distinct procedural services or separate anatomical location(s).

Each CMS NCCI 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 an NCCI designated modifier can be used to allow both submitted services or procedures.

UnitedHealthcare recognizes the following NCCI designated modifiers under this reimbursement policy for Medicare NCCI PTP edits:

24, 25, 27, 57, 58, 59, 78, 79, 91, E1, E2, E3, E4, LC, LD, LM, LT, RC, RI, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, XE, XP, XS and XU.

As it relates to the use of anatomical modifiers: E1, E2, E3, E4, LC, LD, LM, LT, RC, RI, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, FA, F1, F2, F3, F4, F5, F6, F7, F8, and F9, code pair edits may be bypassed only if the two procedures reported are submitted with different anatomical modifiers.

Modifiers offer specific information and should be used appropriately. For example, by definition, Modifier 91 would be used to repeat the same laboratory test on the same day for the same patient. Modifiers XE, XP, XS, and XU (referred to collectively as the –X {EPSU} modifiers) define specific subsets of modifier 59. According to the CPT book, modifier 59 should only be used when a more descriptive modifier is not available and therefore the provider should report one of these modifiers or modifier 59, but not both.

Information describing usage of modifier 59 and –X {EPSU} modifiers can be found on the CMS Medicare NCCI or CMS MLN Matters websites.

CMS MLN Matters website:

[Medicare Learning Network \(MLN\) Specific Modifiers for Distinct Procedural Services:MM8863](#)

[Medicare Learning Network \(MLN\) Proper Use of Modifier 59](#)

CMS Medicare NCCI website:

[Medicare National Correct Coding Initiative\(NCCI\) Edits](#)

Questions and Answers

1	<p>Q: Why does this UnitedHealthcare reimbursement policy not contain all CCI edits?</p> <p>A: CCI edits may be addressed within other UnitedHealthcare reimbursement policies and therefore, are not included in this policy.</p>
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2	<p>Q: Why does UnitedHealthcare not reimburse a NCCI Column Two (deny) code when it is reported with a NCCI designated modifier included in this policy?</p> <p>A: NCCI edit has a modifier indicator assignment which specifies whether a modifier will bypass the edit. A modifier assignment of "0" does not allow a modifier to bypass the edit.</p>
3	<p>Q: Since the CCI Editing policy recognizes many modifiers, do all modifiers bypass bundling edits in every situation?</p> <p>A: No. There are many coding guidelines provided within credible third-party sources including, but not limited to, the CPT and HCPCS books, and CMS NCCI Policy Manual that address situations in which a modifier applies. While the CCI Editing Policy recognizes many modifiers, those modifiers should only be used according to correct coding guidelines. For example, CMS considers the shoulder to be a single anatomic structure. An NCCI procedure to procedure edit code pair consisting of two codes describing two shoulder procedures should never be bypassed with an NCCI-associated modifier when performed on the ipsilateral (same side) shoulder. In this case, procedure 23700 is billed with modifier LT, and is performed at the same encounter as procedure 29823 with modifier LT. Since both services were performed on the same (left) shoulder, only one procedure would be allowed.</p> <p>If the two procedures are performed on contralateral (opposite) shoulders (23700 with modifier LT and 29823 with modifier RT) then the CCI edit would not apply.</p>
4	<p>Q: Which version of the Correct Coding Initiative (CCI) edits does UnitedHealthcare apply to this policy?</p> <p>A: In accordance with CMS, UnitedHealthcare applies the hospital version of the CCI edits that are loaded in the Medicare Outpatient Code Editor (OCE).</p>

Resources	
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications	

History	
4/14/2024	Policy Version Change Updated application section
4/1/2024	<p>Template Update</p> <ul style="list-style-type: none"> • Transferred content to shared policy template that applies to both UnitedHealthcare Commercial and Individual Exchange benefit plans. • Updated Application section to indicate this Reimbursement Policy applies to: <ul style="list-style-type: none"> ○ All UnitedHealthcare Commercial benefit plans ○ All Individual Exchange benefit plans
9/8/2023	Policy Version Change Logo updated Entries prior to 11/30/2021 archived
1/1/2022	Policy Version Change Introduction Disclaimer Updated
11/30/2021	Policy version change. Updated hyperlink for Medicare NCCI Edits
5/1/2020	Policy implemented by UnitedHealthcare Employer & Individual
12/12/2019	Policy approved by the Reimbursement Policy Oversight Committee