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

What's Changed?

We revised images related to webpage updates (pages 7, 8, & 9).

To Learn More…
If you find this booklet helpful, you can review others in this series. To find these booklets, go to the MLN Publications & Multimedia webpage and search for "how to."

Contents

What's the Medicaid NCCI?

The Medicaid National Correct Coding Initiative (NCCI) promotes correct coding methodologies and reduces improper coding, with the overall goal of reducing improper payments of Medicaid claims.

The Medicaid NCCI includes 2 edit types:

1. **Procedure-to-Procedure (PTP) Edits** define pairs of HCPCS and CPT codes that providers shouldn't report together for various reasons. PTP edits prevent improper payments when you report incorrect code combinations. Each edit has a Column 1 and a Column 2 HCPCS/CPT code. If you report the 2 codes of an edit pair for the same patient on the same date of service, the Column 1 code is eligible for payment, but the Column 2 code is denied, unless you use a proper modifier. We'll learn more about modifiers later.
2. **Medically Unlikely Edits (MUEs)** define the maximum Units of Service (UOS) reported for a HCPCS/CPT code on the vast majority of appropriately reported claims by the same provider/supplier for the same beneficiary on the same date of service. MUEs prevent payment for an inappropriate number or quantity of the same service on a single day. Not all HCPCS/CPT codes have an MUE.

Note: The Medicaid National Correct Coding Initiative program has significant differences from the Medicare NCCI program. This booklet focuses on how to access and use the publicly available Medicaid NCCI files. If you're looking for information on the Medicare NCCI program, visit the Medicare NCCI Edits webpage.

Differences between the 2 programs include:
- Some Medicare NCCI edits aren't in the Medicaid NCCI program, while others are present but differ in some way from the Medicare NCCI edits
- Medicaid's durable medical equipment (DME) NCCI PTP edits are specific to the Medicaid Program, in other words, the Medicare NCCI program doesn't have DME NCCI PTP edits
- The Medicaid NCCI program has unique edits, for example, edits for codes not covered or not separately payable by the Medicare Program
- Unlike Medicare, for which most MUE edits are applied based on the date of service, Medicaid applies MUEs separately to each line of a claim

Background: NCCI Edits

Per the Social Security Act, states' Medicaid programs must incorporate 6 NCCI methodologies into their Medicaid claims processing systems, 3 for PTP, and 3 for MUEs:

1. PTP edits for practitioner and ambulatory surgical center (ASC) services
2. PTP edits for outpatient hospital services, including emergency department, observation, and laboratories
3. PTP edits for DME
4. MUEs for practitioner and ASC services
5. MUEs for outpatient hospital services
6. MUEs for DME

Add-on Codes

An Add-on Code (AOC) is a HCPCS/CPT code that describes a service that, with rare exception, a practitioner does in conjunction with a primary service. An AOC is rarely eligible for payment if it's the only procedure you report. An AOC edit would deny an AOC if the related primary code isn't reported or is reported but not paid.

AOC edits are part of the Medicare NCCI program but are optional under the Medicaid NCCI program. If a State Medicaid Agency (SMA) chooses to apply AOC edits, the SMA should characterize these edits and any resulting denials as state-specific edits or denials, not NCCI edits or denials.

Medicaid NCCI methodologies apply only to Medicaid Fee-for-Service (FFS) claims paid based on HCPCS/CPT codes, including those paid on a FFS basis in state Medicaid Primary Care Case Management managed care programs. Application of NCCI methodologies to FFS claims processed by limited benefit plans or Managed Care Organizations (MCOs) is desirable but optional.

Why Would You Use the NCCI Webpage, Tables, & Manual?

Correct coding and reporting of services are crucial for proper billing. A denial of services due to an MUE is a coding denial, not a medical necessity denial. You can't bill a Medicaid patient for a service denied based on PTP code pair edits or MUEs. NCCI tools on The Medicaid NCCI webpage, including the Medicaid NCCI Policy Manual, will help you avoid coding and billing errors and resulting payment denials.

Note: The NCCI doesn't include all possible combinations of correct coding edits or types of unbundling. You must code correctly, even if edits don't exist, to prevent incorrect code combinations. If you decide claims have been coded incorrectly, contact your SMA about potential payment adjustments. Find your SMA's website.

How Current are the NCCI Tables?

CMS updates the Medicaid NCCI Edit Files webpage at the start of every calendar quarter. New edit files replace those from previous quarters. The presence of a HCPCS/CPT code in a PTP edit or a MUE value for a HCPCS/CPT code doesn't mean any or all state Medicaid programs cover that code. Individual SMAs may have their own state-specific edits.

Note: SMAs must download NCCI edit files from the secure Regional Information Sharing Systems (RISSNET) portal, not the publicly available files on Medicaid.gov. It's crucial for SMAs and their vendors to use the correct Medicaid NCCI edits when resolving Medicaid claims. The files on NCCI Medicaid webpages are for providers and the public; states can't use these files for processing and paying Medicaid claims. NCCI edit files on the RISSNET secure portal have essential information for SMAs' correct claims processing. SMA use of public files that don't have edit history may result in improper payments or incorrect denials. Public files don't have Correspondence Language Example Identifiers (CLEIDs) found in RISSNET portal files. CLEIDs offer insight

to SMAs and fiscal agents on NCCI edit rationales, aiding states in educating providers. Explore the [Medicaid NCCI Correspondence Language Manual](#) for CLEID details and examples.

How to Find the NCCI Tables & Manuals

You can visit the [Medicaid NCCI Edit Files](#) webpage to search or download the files.

Visit the [Medicaid National Correct Coding Initiative](#) webpage and find the NCCI for Medicaid list on the left side. There, you can review the Medicaid NCCI Policy Manual, the Medicaid NCCI Technical Guidance Manual (TGM), and the Medicaid NCCI Correspondence Language Manual. You'll find more information in the Manuals & FAQs section later in this booklet.

> **Note:** Medicaid coding NCCI edit decisions are based on:
> - Conventions defined in the American Medical Association's (AMA's) *Current Procedural Terminology (CPT) Professional*
> - National and local policies and edits
> - Coding guidelines developed by national health care organizations
> - Analysis of standard medical and surgical practices
> - Review of current coding practices

Before CMS finalizes MUEs, they send the proposed edits for review to: the AMA, national medical or surgical societies, and other national health care organizations, including nonphysician professional societies, hospital organizations, laboratory organizations, and DME organizations.

CMS also sends proposed PTP edits to national health care organizations for review and comment before finalizing them.

Code Ranges

The edit tables include the following HCPCS/CPT code ranges:
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 HCPCS Level II Codes
0001T-0999T: Category III Codes
0001M-0010M: MAAA Code
0001U-0034U: PLA Codes

Using the NCCI Tools

To look up an edit, first choose the Medicaid NCCI Edit Files link in the NCCI for Medicaid left menu on The Medicaid National Correct Coding Initiative webpage as shown in Figure 1.
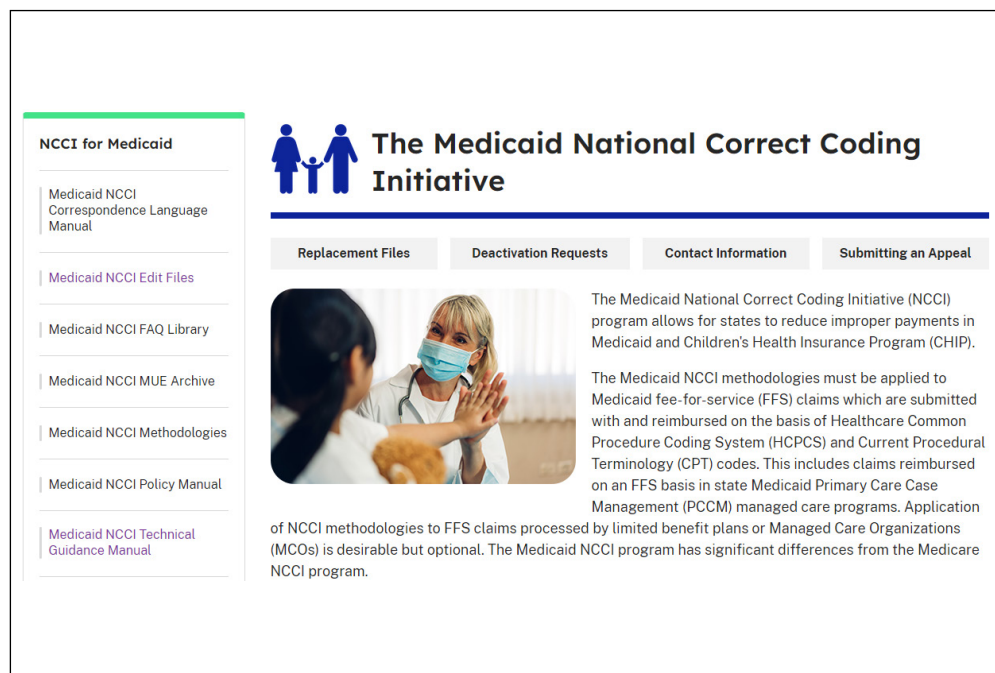

Figure 1: Medicaid NCCI Webpage

You'll see the [Medicaid NCCI Edit Files](#) webpage as shown in Figure 2.
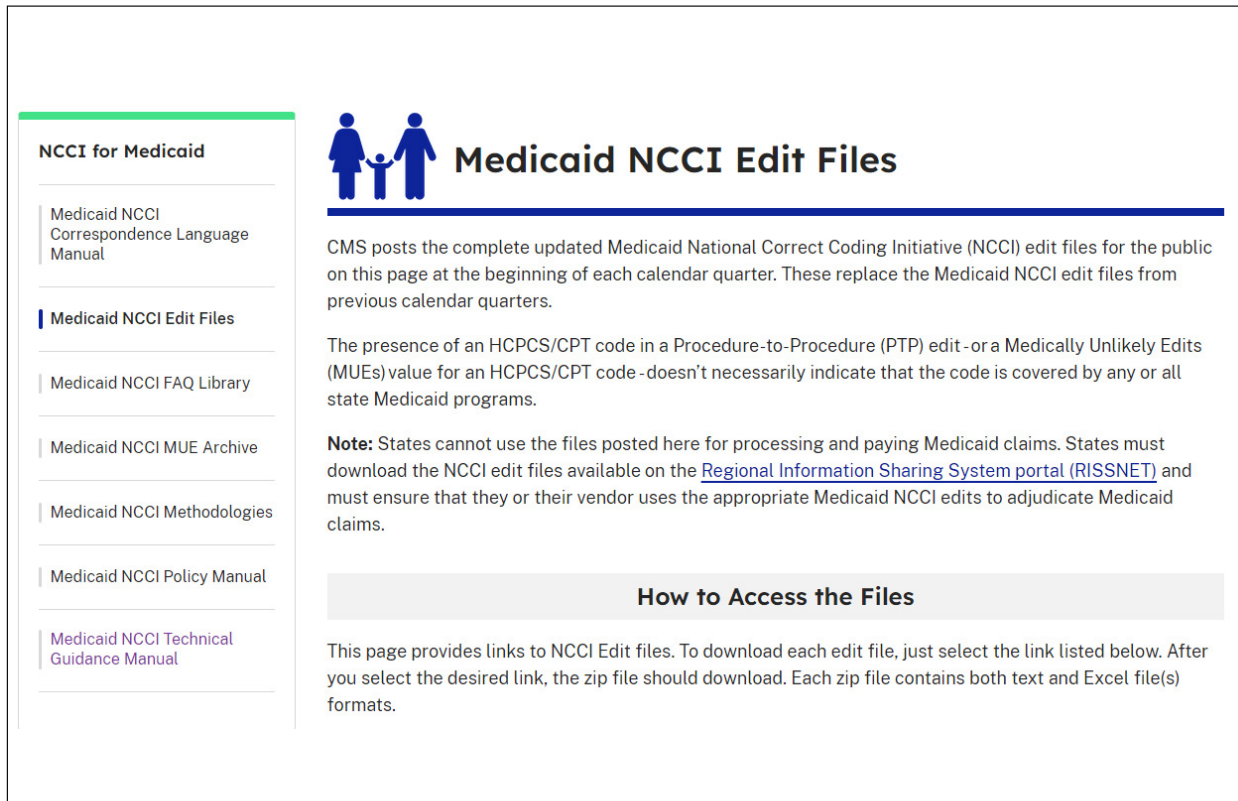
Figure 2: Medicaid NCCI Edit Files Webpage

This webpage includes links to Medicaid NCCI edits for DME Services, Outpatient Hospital Services, and Practitioner Services for the current and previous quarters. Scroll to the Related Downloads section at the bottom of the page to find the links. Choose a link to review the most recent quarter of the NCCI PTP edits or MUEs.

Helpful Hint

Remember that PTP and MUE tables are updated quarterly, and you must completely replace saved tables to make sure you use the most current files.

Let's start with a review of the Medicaid PTP edit files.

Looking up PTP Code Pair Edits

Go to the Medicaid NCCI Edit Files webpage. Choose the NCCI PTP Edits link for the services you want in the Related Downloads section at the bottom of the page. We're using the "2024 Q1 NCCI PTP Edits - Practitioner Services" as an example for this booklet. Figure 3 shows the top of the Excel file for NCCI PTP edits, Practitioner Services for the quarter starting January 1, 2024.

The edits in this PTP file are active for dates of service (January 1, 2024 - March 31, 2024). This file should NOT be used by state Medicaid programs as their edit file.

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Column 1	Column 2	Effective Date	Deletion Date	Modifier Indicator 0=not allowed 1= allowed 9= not	PTP Edit Rationale
0001A	0591T	20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	0592T	20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	0593T	20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	36591	20220101	20231231	0	CPT Manual or CMS manual coding instruction
0001A	36592	20220101	20231231	0	CPT Manual or CMS manual coding instruction
0001A	96160	20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	96161	20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	96523	20220101	20231231	0	CPT Manual or CMS manual coding instruction
0001A	99202	20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99203	20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99204	20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99205	20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99211	20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99212	20220101	20231231	1	CPT Manual or CMS manual coding instruction

Figure 3: Medicaid NCCI PTP Practitioner Services Excel File

How to Use PTP Code Pair Tables

The Column 1 and Column 2 Correct Coding edit tables show PTP code pairs. We'll show you how to use the PTP code pair tables with example code 99215. Our example will show:

- When a code is the reimbursable code of a PTP code pair
- How to figure out if Medicaid reimburses a code with the correct modifier
- When a modifier may be used
- How to determine active edits versus deleted edits

What are the Column 1 & Column 2 PTP Code Pair Tables?

Although the Column 2 code is often part of a more comprehensive Column 1 code, this isn't true for many edits. In some edits, the PTP code pair edit consists of 2 codes that you shouldn't report together, unless you use the proper modifier.

Don't report certain procedure codes together when they're mutually exclusive of each other. Mutually exclusive procedures can't reasonably be performed at the same anatomic site or same patient encounter.

Examples of mutually exclusive procedures:

- When there are different codes for different methods to repair an organ, you can only report 1 code of the 2 organ repair codes in a code pair.
- You can't report an initial service and a subsequent service for the same date of service. For example, a provider shouldn't report skilled nursing facility evaluation and management service 99304 (Initial Nursing Facility Care, per day) and 99307 (Subsequent Nursing Facility Care, per day) together on the same day for the same patient by the same practitioner.

When is a Code the Reimbursable Code of a PTP Code Pair?

The Column 1 and Column 2 Correct Coding edit tables have PTP code pairs. If you submit the 2 codes of an edit pair for payment for the same patient on the same date of service, the Column 1 code is eligible for payment and the Column 2 code is denied. But, if both codes are clinically appropriate and you use an appropriate NCCI-associated modifier, Medicaid will pay for both column codes. You must include all supporting documentation in the patient's medical record.

Figure 4 shows part of the Practitioner PTP Edits Table with our example code 99215 in Column 1.

Figure 4: Part of Medicaid NCCI PTP Dataset

A	Column A shows the payable (Column 1) code.
B	Column B shows the code that isn't payable with this Column 1 code, unless an appropriate modifier is allowed and used.
C	Column C shows the effective date of the PTP edit as year, month, day.
D	Column D shows the deletion date of the PTP edit as year, month, day.
E	Column E shows if you can use a modifier. We'll define modifier indicators later in this section.
F	Column F shows the rationale for each PTP edit.

Our search shows part of the edit tables for Column 1 and Column 2 PTP code pairs where 99215 is the payable code.

Figure 4 shows you won't be reimbursed for code 0362T (Behavior identification supporting assessment for patient exhibiting destructive behavior, each 15 minutes of technicians' face-to-face time) with 99215 (Office or other outpatient visit) unless you use a modifier.

How to Figure Out if Medicaid Reimburses a Code with the Correct Modifier

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

To find when our example code 99215 is the non-reimbursable code of a PTP code pair, open the edit file and use the Microsoft Excel filter tool to search for 99215 in Column 2.

If you filter for 99215 in Column 2, you'll see that Medicaid doesn't reimburse 99215 with 99221, Initial hospital care, unless you use a NCCI PTP-associated modifier. Make sure you check to see if the PTP edit is active by looking at the Deletion Date. Only PTP edits with blank or * entries in the Deletion Date column are active.

How Do You Know When a Modifier May Be Used?

You can use modifiers only if the clinical circumstances and documentation justify it. You can't use a modifier solely to bypass a PTP code pair edit if the clinical circumstances don't justify its use. If a state Medicaid program imposes restrictions on a modifier, you can only use the modifier to bypass an NCCI PTP code pair edit if the Medicaid program allows it.

In the Modifier Indicator column, the indicator 0 or 1 shows whether an NCCI PTP-associated modifier allows the PTP code pair to bypass the edit. Make sure you check to see if the PTP edit is active by looking at the Deletion Date. Only PTP edits with blank or * entries in the Deletion Date column are active.

Table 1 Modifier Indicators

CCMI	Definition
0 (Not Allowed)	A "0" indicator means no modifiers associated with NCCI allow you to use this PTP code pair. When no modifiers are allowed, only the Column 1 code will be paid for the same patient on the same day.
1 (Allowed)	A "1" indicator means you can use NCCI-associated modifiers with this PTP code pair when appropriate.
9 (Not Applicable)	This indicator is used for all code pairs that have a deletion date that is the same as the effective date. There's no active edit for this PTP code pair.

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

Looking up MUEs

An MUE is the maximum UOS reported for a HCPCS/CPT code on the vast majority of appropriately reported claims by the same provider/supplier for the same beneficiary on the same date of service.

CMS develops MUEs based on:
- HCPCS/CPT code descriptors
- CPT coding instructions
- Anatomic considerations
- Established CMS policies
- Nature of service or procedure
- Nature of analyte
- Nature of equipment
- Prescribing information
- Clinical judgment

MUE values aren't usage guidelines and don't represent UOS that you may report without concern about medical review. You should only report services that are medically reasonable and necessary.

Return to the Medicaid NCCI Edit Files webpage and choose an NCCI MUE Edits link under the Related Downloads heading.

Figure 5 shows the unfiltered MUE table on the NCCI MUEs dataset webpage for Practitioner Services as of this publication date.

A	B	C
HCPCS/CPT Code	Practitioner Services MUE Values	MUE Rationale
0001A	1	Code Descriptor / CPT Instruction
0001U	1	Code Descriptor / CPT Instruction
0002A	1	Code Descriptor / CPT Instruction
0002M	1	Nature of Analyte

Figure 5: Part of Medicaid NCCI MUE Dataset

A   Column A titled HCPCS/CPT Code shows codes with a MUE value.

B   Column B titled Practitioner Services MUE Value shows the maximum UOS that you would report under most circumstances for a single patient on a single date of service.

C   Column C titled MUE Rationale shows the category of rationale for each MUE.

Manuals & FAQs

You can access links to the Medicaid NCCI Policy Manual, Medicaid NCCI TGM, and Medicaid NCCI Correspondence Language Manual in the NCCI for Medicaid left navigation menu on The Medicaid National Correct Coding Initiative webpage.

Using the Medicaid NCCI Policy Manual

The Medicaid NCCI Policy Manual is available as a reference tool for correct coding and to explain the rationale for NCCI edits. The Introduction and Chapter 1 are excellent resources for basic information about proper coding practices and coding edits. The Introduction includes general NCCI background information. Chapter 1, General Correct Coding Policies, discusses general coding principles, issues, and policies. Later chapters discuss many of these principles, issues, and policies in more detail with specific groups of HCPCS/CPT codes.

The manual uses examples to clarify principles, issues, or policies. The principles, issues, or policies can apply to other codes beyond those used in examples. Carefully review chapters that apply to code ranges you bill. These chapters include detailed information about correct coding and using NCCI-associated modifiers for separately reportable services.

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Medicaid NCCI Technical Guidance Manual (TGM)

The NCCI program updates the Medicaid NCCI TGM annually. The TGM offers technical help for states on correctly and completely carrying out NCCI edits.

Medicaid NCCI Correspondence Language Manual

The Medicaid NCCI Correspondence Language Manual offers guidance to providers when a fiscal agent or SMA refers to a CLEID.

Medicaid NCCI FAQ Library

The Medicaid NCCI FAQ Library answers your questions about:

- NCCI
- Support for states
- Published edit files
- NCCI edits and methodologies
- Billing and coding advice

How to Access the Files

The Medicaid NCCI Edit Files webpage gives links to NCCI Edit files. To download each edit file, just click on the link in the Related Downloads section at the bottom of the page. After you click on the desired link, the zip file pops up. The posted zip file has both text and Excel file(s) formats. If the files don't automatically unzip, you may need the correct software to unzip the files. To download free software, simply click on Help with File Formats and Plug-Ins at the bottom of the page.

Note: Excel limits the number of rows that can be exported in a single file for Excel file to 1,048,576 rows. The Practitioner and Outpatient Hospital PTP edit files both have significantly more rows than that.

To download the complete edit file, download the zip file to your computer and extract the text and Excel file(s).

Need More Information?

The NCCI program may address general questions and concerns about the NCCI program and edits.

Questions about the NCCI program, including those related to NCCI (PTP, MUE, and AOC) edits, should be sent to NCCIPTPMUE@cms.hhs.gov.

The NCCI program cannot answer questions outside of our scope, or questions about other CMS programs or about other payors. For example, we cannot answer questions about Local Coverage Determinations, changes to code descriptors or status indicators, or modifiers not associated with NCCI.

The NCCI webpages include edit files, the Medicaid NCCI Policy Manual, FAQs, and additional information. CMS does not provide a look-up service or a clean claims tool.

Note: Don't submit any Personally Identifiable Information (PII) or Protected Health Information (PHI).

Resources

- [Medicaid.gov](#)
- [Medicaid NCCI Correspondence Language Manual](#)
- [Medicaid NCCI Datasets](#)
- [Medicaid NCCI Edit Files](#)
- [Medicaid NCCI Policy Manual](#)
- [Medicaid NCCI Technical Guidance Manual](#)
- [The Medicaid National Correct Coding Initiative](#)
- [The National Correct Coding Initiative (NCCI)](#)

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