This fact sheet provides information on the National Correct Coding Initiative (NCCI) Methodologies and how it is to be used. The purpose of NCCI edits is to promote correct coding methodologies and to control improper coding leading to inappropriate payment of claims and to prevent improper payments when services are reported with incorrect units of service.

COMPONENTS:

NCCI consists of two components - Procedure-To-Procedure (PTP) and Medically Unlikely Edits (MUEs).

Procedure to Procedure (PTP) - validates for specified service code pairs which should not be reported together for same member, date of service, and rendering provider. Certain cases allow the use of valid, acceptable modifiers to be submitted. (See modifier column)

- ♻ Examples of this type of denial would be

    - ○ 96113 and 90834
    - ○ 96112 and 96138
    - ○ 90853 and 90834

- ♻ In PTP validation the service codes are separated into Column 1 and Column 2 tables. This tells which code is the primary code and which code is the secondary code. When the two are billed together the primary will pay and the secondary will deny.

- ♻ This is a selection from the Practitioner PTP table showing the codes pairs above. This table shows Column 1 codes, Column 2 code, Effective Date, Modifier Allowances and the PTP Rationale

Column 1	Column 2	*=in exist	Effective	Deletion	Modifier	PTP Edit Rationale	
90853	90834		20141001	*	1	CPT Manual or CMS manual coding instructions	
96112	90834		20190101	*	1	Standards of medical / surgical practice	
96112	96138		20190101	*	0	Mutually exclusive procedures	
96113	90834		20190101	*	1	Standards of medical / surgical practice	

- ♻ Modifier Rational of 0 means the code pairs are not allowed to be billed together even with a valid modifier.

    - ○ Rational 1 means the code pairs could possibly be billed together if there is an applicable modifier to use on code 1.

- ♻ PTP Edit Rational provides the underlying basis for the PTP edit.

- ♻ Trillium Denial Code-1261 – This service codes violate the NCCI PTP code pair.

Medically Unlikely Edits (MUE) - validates for the maximum Units of Service (UOS) that a provider would report under most circumstances for a single beneficiary on a single date of service (DOS).

Service codes that have limitation on the units of service for a service code for the same member and rendering provider. This limitation may be per claim line or per date of service/rendering provider/member.

- ♻ Examples of this type of denial would be
  - ○ 90853 billed for 2 units

HCPCS/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
90853	1	3 Date of Service Edit: Clinical	CMS Policy

  - ○ The table show this code should only be billed for 1 unit per date of service and that the rational is based off of the CMS policy.
- ♻ Trillium Denial Code – 1262 – This service codes violates NCCI MUE limitations.

RESOURCES:

Information can be obtained on NCCI edits from both www.medicaid.gov and www.cms.gov. Listed below are the direct links that can assist in identifying incorrectly billed code pairs and MUE's.

- ♻ National Correct Coding Initiative Edits
- ♻ Medicaid NCCI Edit Files
- ♻ How to use Guide
- ♻ Medically Unlikely Edits (MUE) Files