

# *Correct Coding Initiative (CCI)*



***Practical Tools for Seminar Learning***

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## Faculty

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**Dianne M. Willard, MBA, RHIA, CCS-P**

Dianne M. Willard has 24 years of progressive experience in Health Information Management. Ms. Willard is currently the Coding Integrity Program Administrator at Northwestern Memorial Hospital in Chicago, Illinois. Her career includes Consulting Management and Coding Consulting for various hospitals, clinics, physician groups, and academic medical centers. She was also employed at the American Health Information Management Association as the Director of Coding Services and at the American Medical Association in the Department of Coding. Dianne has presented on various coding and management topics at local, state, and national meetings and has written numerous articles on coding and compliance.

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## Objectives

- **Understand Medicare CCI edits**
  - Define CCI edits
  - How are the CCI edits applied?
  - How often are they changed?
- **Learn the impact of CCI edits**
  - How they affect billing
  - How misuse could cause revenue impact
- **Determine when modifiers are appropriate**
  - When to append modifiers
  - Discuss case examples

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## Understanding Medicare CCI Edits

- **What are CCI edits?**
  - Pairs of CPT or HCPCS Level II codes that are not separately payable except under certain circumstances.
  - Information on CCI edits can be found in the Medicare Claims Manual.



[www.cms.hhs.gov](http://www.cms.hhs.gov)

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### *Understanding Medicare CCI Edits*

- **Two CCI Edit Tables**
  - Column 1/Column 2 Correct Coding Edits Table
  - Mutually Exclusive Edit Table
- **Each table arranged in two columns**
  - Column 2 codes are not payable with Column 1 codes unless a CCI edit permits the use of a modifier.



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### *Understanding Medicare CCI Edits*

- **How are the edits applied?**
  - All claims are processed using the CCI tables
  - The edits are applied to services
    - Billed by the same provider (physician)
    - For the same beneficiary (patient)
    - On the same date of service

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## *Understanding Medicare CCI Edits*

- **How often are they changed?**
  - NCCI Policy Manual is updated annually in October
  - CCI Edits are updated quarterly
- **Where are the official updates found?**
  - CMS Website
  - National Technical Information Service (NTIS)



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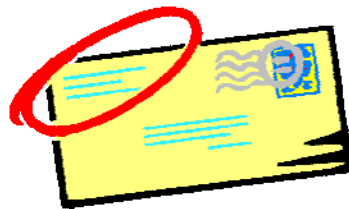
## *Learning the Impact of CCI Edits*

- **How CCI edits affect billing**
  - Mutually exclusive edits – When a CPT code is part of another code and is considered non-payable if the two codes are reported together on the same day of service by the same provider, unless a CCI edit allows use of an appropriate modifier.
  - Column 1/Column 2 edits – When two CPT codes are reported and one code (the lesser code) may be payable with the use of an appropriate modifier.

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### *Learning the Impact of CCI Edits*

- **Misuse can cause revenue loss or delay**
  - Denials
  - Rejections
- **Investigate denials/rejections**
  - Be proactive for all similar claims
  - Track claims in process



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### *Determining When to Use Modifiers*

- **Modifier use**
  - Appropriate modifier and situation
  - Checking CCI edit
    - In computer systems
    - Using CCI tables
      - 0=Not Allowed
      - 1=Allowed
      - 9=Not Applicable
- **When modifiers are not needed**
  - Two physicians from two specialties

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***Determining when to use modifiers***

• **Example of Column 1/Column 2 Table**

Column1/Column 2 Edits					
Column 1	Column 2	* = In existence prior to 1996	Effective Date	Deletion Date *= no data	Modifier 0=not allowed 1=allowed 9=not applicable
45380	45378	*	19960101	*	0
45380	45382		19961001	*	1
45380	45900		19970101	*	0
45380	45905		19970101	*	0
45380	45910		19970101	*	0
45380	45915		19970401	*	0
45380	45990		20060101	*	1

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***Determining when to use Modifiers***

• **Example of Mutually Exclusive Table**

Mutually Exclusive Edits					
Column 1	Column 2	* = In existence prior to 1996	Effective Date	Deletion Date *= no data	Modifier 0=not allowed 1=allowed 9=not applicable
90375	90376		20000605	*	0
90378	90379		20010701	20020101	1
90379	J1565		20000605	20000605	9
90385	J2792		20000605	20000605	9
90389	J1670		20000605	20000605	9
90467	G0008		20050401	*	1

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***Resource/Reference List***

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**Overview of NCCI Edits**

[www.cms.hhs.gov/NationalCorrectCodInitEd/](http://www.cms.hhs.gov/NationalCorrectCodInitEd/)

**CCI code edits by Specialty**

[www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list.asp](http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list.asp)

**Modifier -59 Notice**

[www.cms.hhs.gov/NationalCorrectCodInitEd/Downloads/modifier59.pdf](http://www.cms.hhs.gov/NationalCorrectCodInitEd/Downloads/modifier59.pdf)

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***AHIMA Audio Seminars***

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***Assessment***

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## Appendix

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Web Resource List

Modifier -59 Article

CCI Announcement for 7/1/07

Assessment Quiz

CE Certificate and Sign-in Instructions

Quiz Answer Key

# Appendix

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## Web Resource List

### CCI Edits References

CCI Overview

<http://www.cms.hhs.gov/NationalCorrectCodInitEd/>

Code Edits by Specialty

<http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list.asp>

Modifier -59 Article [THIS ITEM IS ATTACHED]

<http://www.cms.hhs.gov/NationalCorrectCodInitEd/Downloads/modifier59.pdf>

CCI Announcement for 7/1/07 [THIS ITEM IS ATTACHED]

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5604.pdf>

## **MODIFIER -59 ARTICLE**

The *CPT Manual* defines modifier -59 as follows:

**Modifier -59: "Distinct Procedural Service:** Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used."

Modifier -59 is an important NCCI-associated modifier that is often used incorrectly. For the NCCI its primary purpose is to indicate that two or more procedures are performed at different anatomic sites or different patient encounters. It should only be used if no other modifier more appropriately describes the relationships of the two or more procedure codes.

NCCI edits define when two procedure HCPCS/CPT codes may not be reported together except under special circumstances. If an edit allows use of NCCI-associated modifiers, the two procedure codes may be reported together if the two procedures are performed at different anatomic sites or different patient encounters. Carrier processing systems utilize NCCI-associated modifiers to allow payment of both codes of an edit. Modifier -59 and other NCCI-associated modifiers should NOT be used to bypass an NCCI edit unless the proper criteria for use of the modifier is met. Documentation in the medical record must satisfy the criteria required by any NCCI-associated modifier used.

One of the misuses of modifier -59 is related to the portion of the definition of modifier -59 allowing its use to describe "different procedure or surgery". The code descriptors of the two codes of a code pair edit usually represent different procedures or surgeries. The edit

indicates that the two procedures/surgeries cannot be reported together if performed at the same anatomic site and same patient encounter. The provider cannot use modifier -59 for such an edit based on the two codes being different procedures/surgeries. However, if the two procedures/surgeries are performed at separate anatomic sites or at separate patient encounters on the same date of service, modifier -59 may be appended to indicate that they are different procedures/surgeries on that date of service.

Use of modifier -59 to indicate different procedures/surgeries does not require a different diagnosis for each HCPCS/CPT coded procedure/surgery. Additionally, different diagnoses are not adequate criteria for use of modifier -59. The HCPCS/CPT codes remain bundled unless the procedures/surgeries are performed at different anatomic sites or separate patient encounters.

From an NCCI perspective, the definition of different anatomic sites includes different organs or different lesions in the same organ. However, it does not include treatment of contiguous structures of the same organ. For example, treatment of the nail, nail bed, and adjacent soft tissue constitutes a single anatomic site. Treatment of posterior segment structures in the eye constitute a single anatomic site.

## **EXAMPLES OF MODIFIER -59 USAGE**

**Example: Column 1 Code/Column 2 Code 11055/11720**

**>CPT Code 11055 - Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion**

**>CPT Code 11720 – Debridement of nail(s) by any method(s); one to five**

**Policy: Mutually exclusive procedures**

**Modifier -59 is:**

**1) Only appropriate if procedures are performed for lesions anatomically separate from one another or if procedures are performed at separate patient encounters.**

**2) Don't report CPT codes 11055-11057 for removal of hyperkeratotic skin adjacent to nails needing debridement.**

-----  
**Example: Column 1 Code/Column 2 Code 11719/11720**

**>CPT Code 11719 – Trimming of nondystrophic nails, any number**

**>CPT Code 11720 – Debridement of nail(s) by any method(s); one to five**

**Policy: Mutually exclusive procedures**

**Modifier -59 is:**

- 1) Only appropriate if the trimming and the debridement of the nails are performed on different nails or if the two procedures are performed at separate patient encounters

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**Example: Column 1 Code/Column 2 Code 17000/11100**

>CPT Code 17000 – Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; first lesion

>CPT Code 11100 – Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion

**Policy: HCPCS/CPT coding manual instruction/guideline**

**Modifier -59 is:**

- 1) Only appropriate if procedures are performed on separate lesions or at separate patient encounters.

-----  
**Example: Column 1 Code/Column 2 Code 38221/38220**

>CPT code 38221 - Bone marrow; biopsy, needle or trocar

>CPT code 38220 - Bone marrow; aspiration only

**Policy: Standards of medical/surgical practice**

Use of -59 modifier should be uncommon but appropriate for these circumstances:

- 1) Different sites - contralateral iliac crests; iliac crest and sternum
- 2) Different incisions - same iliac crest
- 3) Different encounters

-----  
**Example: Column 1 Code/Column 2 Code 45385/45380**

>CPT Code 45385 - Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

>CPT Code 45380 - Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple

**Policy: More extensive procedure**

**Modifier -59 is:**

- 1) Only appropriate if the two procedures are performed on separate lesions or at separate patient encounters.
-



**Example: Column 1 Code/Column 2 Code 47370/76942**

**>CPT Code 47370 – Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency**

**>CPT Code 76942 – Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

**Policy: HCPCS/CPT coding manual instruction/guideline**

**Modifier -59 is:**

**1) Only appropriate if the ultrasonic guidance service 76942 is performed for a procedure done unrelated to the surgical laparoscopic ablation procedure.**

-----  
**Example: Column 1 Code/Column 2 Code 93015/93040**

**>CPT Code 93015 – Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report**

**>CPT Code 93040 – Rhythm ECG, one to three leads; with interpretation and report**

**Policy: More extensive procedure**

**Modifier -59 is:**

**1) Only appropriate if the rhythm ECG service 93040 is performed unrelated to the cardiovascular stress test procedure at a different patient encounter.**

-----  
**Example: Column 1 Code/Column 2 Code 93529/76000**

**>CPT Code 93529 – Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization)**

**>CPT Code 76000 – Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)**

**Policy: Standards of medical/surgical practice**

**Modifier -59 is:**

**1) Only appropriate if the fluoroscopy service 76000 is performed for a procedure done unrelated to the cardiac catheterization procedure.**

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**Example: Column 1 Code/Column 2 Code 95903/95900**

>CPT Code 95903 – Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study

>CPT Code 95900 - Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study

**Policy: More extensive procedure**

**Modifier -59 is:**

1) Only appropriate if the two procedures are actually performed on different nerves or in separate patient encounters..

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**Example: Column 1 Code/Column 2 Code 97140/97530**

>CPT Code 97140 – Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes

>CPT Code 97530 – Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

**Policy: Mutually exclusive procedures**

**Modifier -59 is:**

1) Only appropriate if the two procedures are performed in distinctly different 15 minute intervals.

2) The two codes cannot be reported together if performed during the same 15 minute time interval.

-----  
**Example: Column 1 Code/Column 2 Code 98942/97112**

>CPT Code 98942 – Chiropractic manipulative treatment (CMT); spinal, five regions

>CPT Code 97112 – Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

**Policy: Standards of medical/surgical practice**

**Modifier -59 is:**

1) Only appropriate if the physical therapy service 97112 is performed in a different region than the CMT and the provider is eligible to report physical therapy codes under the Medicare program.



## Medicare Fee-For-Service (FFS) Contingency Plan Announced!

Effective May 23, 2007, Medicare FFS is establishing a contingency plan for implementing the National Provider Identifier (NPI). In this plan, as soon as Medicare considers the number of claims submitted with an NPI for primary providers (Billing, pay-to and rendering providers) is sufficient, Medicare (after advance notification to providers) will begin rejecting claims without an NPI for primary providers, perhaps as early as July 1, 2007. For more information on this contingency plan, please visit the NPI dedicated website at <http://www.cms.hhs.gov/nationalprovidentstand/>.

MLN Matters Number: MM5604

Related Change Request (CR) #: 5604

Related CR Release Date: May 18, 2007

Effective Date: July 1, 2007

Related CR Transmittal #: R1243CP

Implementation Date: July 2, 2007

## Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 13.2, Effective July 1, 2007

### Provider Types Affected

Physicians who submit claims to Medicare carriers and A/B Medicare Administrative Contractors (A/B MACs).

### Background

This article is based on Change Request (CR) 5604 which provides a reminder for physicians to take note of the quarterly updates to Correct Coding Initiative (CCI) edits. The latest package of CCI edits, Version 13.2, effective July 1, 2007, and the current Mutually Exclusive Code (MEC) edits will be available at <http://www.cms.hhs.gov/NationalCorrectCodInitEd/> on the Centers for Medicare & Medicaid Services (CMS) website.

The National Correct Coding Initiative developed by CMS helps promote national correct coding methodologies and controls improper coding. The coding policies developed are based on coding conventions defined in:

- The American Medical Association's (AMA's) Current Procedural Terminology (CPT) manual,
- National and local policies and edits,

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- Coding guidelines developed by national societies,
- Analysis of standard medical and surgical practice, and
- Review of current coding practice.

The latest package of CCI edits, Version 13.2, includes all previous versions and updates from January 1, 1996, to the present and will be organized in two tables:

- Column 1/ Column 2 Correct Coding Edits, and
- Mutually Exclusive Code (MEC) Edits.

## Additional Information

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The CCI and MEC file formats will be maintained in the Medicare Claims Processing Manual (Chapter 23, Section 20.9) which can be found at <http://www.cms.hhs.gov/Manuals/IOM/list.asp#TopOfPage> on the CMS website.

The official instruction, CR 5604, issued to your carrier and A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1243CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare carrier or A/B MAC at their toll-free number, which may be found on the CMS website at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip>.

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## Assessment Quiz – Correct Coding Initiative

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To earn continuing education credit of one (1) AHIMA CEU, Fast Facts Audio Seminar listeners must also complete this 10-question quiz. This CE credit is for attending the audio seminar AND completing this quiz. Please **keep a copy** of the completed quiz with your CE certificate. **Do not send a copy to AHIMA.**

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1. The Correct Coding Initiative Edits apply to:
    - a. Physician Offices
    - b. Clinics
    - c. Hospital Outpatient Services
    - d. All of the above
  2. CCI edits are updated \_\_\_\_\_.
    - a. Annually
    - b. Semi-annually
    - c. Quarterly
    - d. As needed
  3. True or false? All codes identified as paired codes on the mutually exclusive table are never payable together.
    - a. True
    - b. False
  4. True or false? The CCI edits are applied to services billed by the same provider for the same beneficiary on the same date of service.
    - a. True
    - b. False
  5. Types of claims that are processed against the CCI tables include:
    - a. Surgical Services
    - b. Therapeutic Services
    - c. Injections
    - d. All of the above
  6. The official method for providers to receive the Correct Coding Initiative edits is through the:
    - a. American Medical Association website
    - b. CPT Assistant newsletter
    - c. CMS website
    - d. Coding Clinic publication
  7. The number 1 in the modifier column of the Mutually Exclusive CCI Edit Table means:
    - a. A modifier is not allowed under any circumstance
    - b. A modifier is allowed under certain circumstances
    - c. A modifier is required on the first code
    - d. The code pair does not require any modifiers
  8. True or false? The claim will be denied if two physicians, of different specialties, from The Reed Clinic perform procedures that are paired on the CCI edit table on the same date of service.
    - a. True
    - b. False
  9. How should modifier -59, distinct procedural service, be reported under the CCI if the two services were performed on the same date during two different sessions?
    - a. Modifier -59 is not required for services performed in two different sessions
    - b. Append modifier -59 to both codes in column 1 and column 2
    - c. Append modifier -59 to the column 1 code
    - d. Append modifier -59 to the column 2 code
  10. \_\_\_\_\_ codes are represented in the CCI Edits Tables.
    - a. Diagnosis
    - b. Paired CPT/HCPCS
    - c. ICD-9-CM
    - d. ABN
- 

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## **Quiz Answer Key**

### **Fast Facts Audio Seminar: *Correct Coding Initiative***

1: d; 2: c; 3: false; 4: true; 5: d; 6: c; 7: b; 8: false; 9: d; 10: b

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