



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



What's Changed?

We revised images related to webpage updates (pages 6, 7, 9, 12, 13, 14, 16, & 17).

To Learn More...

Find Medicaid NCCI information on the [Medicaid National Correct Coding Initiative](#) webpage and search "how to" on the [MLN Publications & Multimedia](#) webpage to find related booklets.

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What's the Medicare NCCI?

The Medicare NCCI promotes correct coding of Medicare Part B claims. Coding policies are based on coding conventions defined in the American Medical Association's (AMA's) *Current Procedural Terminology (CPT) Professional*, national and local Medicare policies and edits, coding guidelines developed by national societies, standard medical and surgical practices, and a review of current coding practices.

Before implementing NCCI edits, CMS shares all NCCI proposed edits for review and comment with the AMA, national medical and surgical societies, and other national health care organizations, including non-physician professional societies, hospital organizations, laboratory organizations, and durable medical equipment (DME) organizations.

Background: NCCI Edits

NCCI has 2 provider-type choices of Procedure to Procedure (PTP) code pair edits and 3 provider-type choices of Medically Unlikely Edits (MUEs).

PTP Code Pair Edits

PTP code pair edits are automated prepayment edits that prevent improper payment when you report certain codes together for Part B-covered services.

1. Hospital PTP Edits

PTP edits apply to Types of Bills (TOBs) subject to the Outpatient Code Editor (OCE) for the Outpatient Prospective Payment System (OPPS). These edits apply to outpatient hospital services and other facility services, including therapy providers in Part B Skilled Nursing Facilities (SNFs), comprehensive outpatient rehabilitation facilities (CORFs), outpatient physical therapy and speech language pathology providers (OPTs), and certain claims for home health agencies (HHAs) billing under TOBs 22X, 23X, 75X, 74X, 34X.

2. Practitioner PTP Edits

PTP code pair edits apply to physicians and Ambulatory Surgery Center (ASC) claims.

MUEs

Medicare Administrative Contractors (MACs) and DME MACs use MUEs to reduce the improper payment rate for Part B claims. An MUE is 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. Not all HCPCS/CPT codes have an MUE.

1. Practitioner MUEs

All claims submitted by physicians and Ambulatory Surgery Center (ASC) claims are tested against MUEs.

2. Durable Medical Equipment (DME) Supplier MUEs

All claims submitted to DME MACs are tested against MUEs. (This file includes HCPCS A-B and E-V codes and HCPCS codes under the DME MAC jurisdiction.)

3. Facility Outpatient Hospital MUEs

All claims submitted to MACs, and outpatient facility services claims (e.g., TOBs including 13X, 14X, 85X Critical Access Hospitals (CAHs), and 087X Opioid Treatment Programs (OTPs)) are tested against MUEs.

MUE values aren't usage guidelines. You should only report Units of Service (UOS) that are medically reasonable and necessary. Review contractors may select your claims for medical review even if you report UOS less than or equal to the MUE value for a code.

Modifiers

Modifiers consist of 2 alphanumeric characters. You should only apply modifiers to HCPCS/CPT codes if the clinical circumstances justify using them. You shouldn't apply a modifier to a HCPCS/CPT code just to bypass an MUE or PTP code pair edit if the clinical circumstances don't justify using it.

If the Medicare program imposes restrictions on applying a modifier, you should only use the modifier to bypass a PTP code pair or MUE if the Medicare restrictions are fulfilled. You'll learn more about modifiers later in this booklet.

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.

For information about AOC edits, refer to [Medicare NCCI Add-on Code Edits](#).

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

Accurate coding and reporting of services are critical aspects of proper billing. A denial of services due to an MUE is a coding denial, not a medical necessity denial. You can't bill a Medicare patient for a service denied based on PTP code pair edits or MUEs. It's not appropriate to use an Advance Beneficiary Notice of Non-coverage (ABN) to shift liability to the Medicare patient for UOS denied based on an MUE or coding denial. The tools on the NCCI webpage, including the [Medicare 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 kinds of unbundling. You're required to code correctly, even if edits don't exist to prevent improper coding. If you decide claims have been coded incorrectly, contact your MAC about potential payment adjustments. [Find your MAC's website](#).

You're subject to the statutory requirements found in [section 1128J\(d\) of the Social Security Act](#) and could face potential False Claims Act (FCA) liability, Civil Monetary Penalties Law (CMPL) liability, and exclusion from federal health care programs if you don't report and return an overpayment.

For more information on overpayments, refer to the [Medicare Overpayments](#) fact sheet.

How Current are the NCCI Tables?

CMS updates the Medicare NCCI [PTP](#), [MUEs](#), and [Add-on Code Edits](#) webpages with the most recent NCCI tables on a calendar quarterly basis.

Choose the links in the Related Downloads section to find quarterly changes to the tables.

How to Find the NCCI Tables & Manuals

You can access the Medicare [NCCI Correspondence Language Policy Manual](#), [NCCI Policy Manual](#), MUEs, and PTP edits through the [Medicare NCCI Edits](#) webpage.

Links to the PTP Coding Edits, MUEs, and NCCI manual webpages are displayed on the left of the page.

Using the NCCI Tools

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 Codes

0001U-0034U: PLA Codes

Looking Up PTP Code Pair Edits

Your first step in looking up an edit is to choose the [PTP Edits](#) link on the [Medicare National Correct Coding Initiative \(NCCI\) Edits](#) webpage.

National Correct Coding Initiative (NCCI) edits

- [Medicare Correspondence Language Policy Manual](#)
- [Medicare NCCI Add-on Code Edits](#)
- [Medicare NCCI FAQ Library](#)
- [Medicare NCCI Medically Unlikely Edit \(MUE\) Archive](#)
- [Medicare NCCI Medically Unlikely Edits \(MUEs\)](#)
- [Medicare NCCI Policy Manual](#)
- [Medicare NCCI Procedure to Procedure \(PTP\) Edits](#)

Related Links

The [Frequently Asked Questions and Answers \(FAQs\)](#) and the [NCCI Policy Manual for Medicare Services](#) provide information about NCCI edits.

Medicare NCCI Procedure to Procedure (PTP) Edits

National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits prevent inappropriate payment of services that should not be reported together. Each edit has a Column One and Column Two HCPCS/CPT code. If a provider reports the two codes of an edit pair for the same beneficiary on the same date of service, the Column One code is eligible for payment, but the Column Two code is denied unless a clinically appropriate NCCI PTP-associated modifier is also reported.

Quarterly Version Update Changes

CMS posts changes to each of its NCCI PTP published edit files on a quarterly basis. This includes additions, deletions, and modifier indicator quarterly changes to PTP column one/column two correct coding edits and the PTP mutually exclusive code edits for Practitioners and Hospital Outpatient PPS in the Outpatient Code Editor.

Related Downloads

2024 Quarter 1 Edit Files:

Hospital PTP Edits

[Hospital PTP Edits v300r0 \(445,176 Records\) 0001A/0591T-24320/G0471 \(ZIP\)](#) - Effective Jan. 01, 2024; Posted Dec. 1, 2023

[Hospital PTP Edits v300r0 \(444,936 Records\) 24330/0213T-36221/G0471 \(ZIP\)](#) - Effective Jan. 1, 2024; Posted Dec. 1, 2023

[Hospital PTP Edits v300r0 \(445,037 Records\) 36222/0596T-61343/G0471 \(ZIP\)](#) - Effective Jan. 1, 2024; Posted Dec. 1, 2023

[Hospital PTP Edits v300r0 \(437,776 Records\) 61345/0213T-U0003/U0004 \(ZIP\)](#) - Effective Jan. 1, 2024; Posted Dec. 1, 2023

Figure 1: Results from Selecting PTP Coding Edits

Figure 1 shows the screen after selecting the Medicare NCCI [Procedure to Procedure \(PTP\) Edits](#) page link. Scroll to the Related Downloads section at the bottom of the page to find links to the Hospital PTP Edits tables and the Practitioner PTP Edits tables.

We'll refer to the tables in Figure 1.2 as Hospital PTP Edits Table 1, Hospital PTP Edits Table 2, Hospital PTP Edits Table 3, Hospital PTP Edits Table 4, Practitioner PTP Edits Table 1, Practitioner PTP Edits Table 2, Practitioner PTP Edits Table 3, and Practitioner PTP Edits Table 4.

Hospital PTP Edits	
Hospital PTP Edits v300r0 (445,176 Records) 0001A/0591T - 24320/G0471 (ZIP)	- Effective Jan. 01, 2024; Posted Dec. 1, 2023
Hospital PTP Edits v300r0 (444,936 Records) 24330/0213T - 36221/G0471 (ZIP)	- Effective Jan. 1, 2024; Posted Dec. 1, 2023
Hospital PTP Edits v300r0 (445,037 Records) 36222/0596T - 61343/G0471 (ZIP)	- Effective Jan. 1, 2024; Posted Dec. 1, 2023
Hospital PTP Edits v300r0 (437,776 Records) 61345/0213T - U0003/U0004 (ZIP)	- Effective Jan. 1, 2024; Posted Dec. 1, 2023
Practitioner PTP Edits	
Practitioner PTP Edits v300r0 (636,288 Records) 0001A/0591T - 25391/G0471 (ZIP)	- Effective Jan. 1, 2024; Posted Dec. 1, 2023
Practitioner PTP Edits v300r0 (635,881 Records) 25392/01810 - 36833/G0471 (ZIP)	- Effective Jan. 1, 2024; Posted Dec. 1, 2023
Practitioner PTP Edits v300r0 (635,917 Records) 36834/01844 - 61592/G0471 (ZIP)	- Effective Jan. 1, 2024; Posted Dec. 1, 2023
Practitioner PTP Edits v300r0 (634,827 Records) 61595/0213T - U0003/U0004 (ZIP)	- Effective Jan. 1, 2024; Posted Dec. 1, 2023

Figure 1.2: Results from Selecting PTP Coding Edits Cont.

The names of the Hospital PTP Edits or Practitioner PTP Edits show the code range of edits listed in the table, beginning with the first Column 1 or Column 2 code edit in the file and ending with the last Column 1 or Column 2 code edit in the file. Column 1 CPT codes, which end with letters A, M, U, or T, appear in the first table for both Hospital PTP Edits and Practitioner PTP Edits. Column 1 HCPCS Level II codes, which begin with letters A-V, appear in the last table for both Hospital PTP Edits and Practitioner PTP Edits.

Click on the Hospital PTP Edits or Practitioner PTP Edits table you want to view or save.

A license agreement will appear. To continue to the table, accept the terms and conditions of the AMA copyright.

You can open the tables in Microsoft Excel (the file ending in .xlsx) or text file format.

Helpful Hint

The files are zipped because of their size, which allows for faster download. If the files don't automatically unzip, you may need the correct software to unzip these files. If you scroll to the bottom of the [Medicare NCCI Procedure to Procedure \(PTP\) Edits](#) page and click on [Help with File Formats and Plug-Ins](#), you can download free software. Remember to replace the NCCI tables quarterly and save the tables with the most current information.

How to Use the PTP Code Pair Tables

The Column 1/Column 2 Correct Coding edit tables contain PTP code pairs. We'll show you how to use the PTP code pair tables, using code 99215 and 2 of the 4 Practitioner PTP Edits tables as our examples. Our examples show the following:

- When a code is the reimbursable code of a PTP code pair
- How to find all PTP code pairs when a Column 2 code isn't eligible for reimbursement or when it's only eligible for reimbursement with appropriate use of a 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 a part of a more comprehensive Column 1 code, this relationship 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.

For example, you shouldn't report a vaginal hysterectomy code and total abdominal hysterectomy code together. You shouldn't report many procedure codes together because they're mutually exclusive of each other. You shouldn't report mutually exclusive procedures at the same anatomic site or same patient encounter.

- An example of a mutually exclusive situation is the repair of an organ that you can perform by 2 different methods. You can only report 1 code of the 2 organ repair codes in a code pair.
- A second example is a service that you can report as an initial service or a subsequent service. Except for drug administration services, a provider can't report an initial service and a follow-up service during the same patient encounter. 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.

To reduce the number of claims denied for NCCI gender-specific procedure edits, use the KX modifier to show services for transgender, ambiguous genitalia, and intersex patients. If an NCCI gender-specific procedure edit conflict occurs, the KX modifier alerts the MAC that it isn't an error and allows the claim to continue processing.

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

The Column 1/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, the codes in both columns are eligible for payment. Make sure your supporting documentation is in the patient's medical record. For more information on using modifiers 59 and XE, XP, XS, and XU, see the [Proper Use of Modifiers 59, XE, XP, XS, and XU](#) fact sheet.

To find when our example code 99215 is the reimbursable code of a PTP code pair, open the Practitioner PTP Edits Table containing edits from 61595/0213T-U0003/U0004 (or similar range) to search for 99215 in Column 1. You can use the Microsoft Excel filter tool to easily search for all instances of 99215 in Column 1 in the table. The [Filtering the PTP Data Tables](#) section of this booklet gives instructions for using the filter tool in Microsoft Excel.

Figure 2 shows part of the Practitioner PTP Edits Table containing edits from 61595/0213T-U0003/U0004 (or similar range), with our example code 99215 in Column 1.

A	B	C	D	E	F	G	H
Column 1	Column 2	*=in existence prior to 1996	Effective Date	Deletion Date	Modifier 0=not allowed 1=allowed 9=not applicable	PTP Edit Rationale	
99215	0074T		20050101	20050101	9	CPT Manual or CMS manual coding instruction	
99215	0115T		20070401	20071231	1	Misuse of Column Two code with Column One code	
99215	0116T		20070401	20071231	1	Misuse of Column Two code with Column One code	
99215	0359T		20141001	20181231	1	Misuse of Column Two code with Column One code	
99215	0360T		20141001	20181231	1	Misuse of Column Two code with Column One code	
99215	0361T		20141001	20181231	1	Misuse of Column Two code with Column One code	
99215	0362T		20201001	*	1	Misuse of Column Two code with Column One code	
99215	0362T		20141001	20191231	1	Misuse of Column Two code with Column One code	
99215	0363T		20141001	20181231	1	Misuse of Column Two code with Column One code	
99215	0364T		20141001	20181231	1	Misuse of Column Two code with Column One code	
99215	0365T		20141001	20181231	1	Misuse of Column Two code with Column One code	
99215	0366T		20141001	20181231	1	Misuse of Column Two code with Column One code	
99215	0367T		20141001	20181231	1	Misuse of Column Two code with Column One code	
99215	0368T		20141001	20181231	1	Misuse of Column Two code with Column One code	
99215	0369T		20141001	20181231	1	Misuse of Column Two code with Column One code	
99215	0370T		20141001	20181231	1	Misuse of Column Two code with Column One code	
99215	0371T		20141001	20181231	1	Misuse of Column Two code with Column One code	
99215	0372T		20141001	20181231	1	Misuse of Column Two code with Column One code	
99215	0373T		20201001	*	1	Misuse of Column Two code with Column One code	
99215	0373T		20141001	20191231	1	Misuse of Column Two code with Column One code	
99215	0374T		20141001	20181231	1	Misuse of Column Two code with Column One code	
99215	0469T		20201001	*	0	Misuse of Column Two code with Column One code	
99215	0469T		20171001	20191231	0	Misuse of Column Two code with Column One code	
99215	0543T		20201001	*	1	CPT Manual or CMS manual coding instruction	
99215	0543T		20200101	20200101	9	CPT Manual or CMS manual coding instruction	
99215	0544T		20201001	*	1	CPT Manual or CMS manual coding instruction	
99215	0544T		20200101	20200101	9	CPT Manual or CMS manual coding instruction	
99215	0567T		20201001	*	1	CPT Manual or CMS manual coding instruction	
99215	0567T		20200101	20200101	9	CPT Manual or CMS manual coding instruction	
99215	0568T		20201001	*	1	CPT Manual or CMS manual coding instruction	

Figure 2: Column 1/Column 2 table with 99215 in Column 1

- A** Column A shows the payable (Column 1) code.
- B** Column B shows a Column 2 code that isn't payable with this Column 1 code, unless a NCCI-associated modifier is permitted and submitted.
- C** Column C shows the edit status before 1996.
- D** Column D shows the effective date of the edit (year, month, day).
- E** Column E shows the deletion date of the edit (year, month, day).
- F** Column F shows if you can use a modifier. This number is the modifier indicator for the edit. (The Modifier Indicator Table, shown on [page 10](#) of this booklet, gives more explanation.)
- G** Column G provides the category of the rationale for each PTP edit.

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

Figure 2 shows you won't be reimbursed for CPT code 0469T (Retinal polarization scan, ocular screening with on-site automated results, bilateral) with 99215 (Office or Other Outpatient Visit).

When is a Code the Column 2 Code of a PTP Code Pair?

Unlike the Column 1 search, you should search for Column 2 codes in all of the Practitioner PTP Edits tables. (Similarly, you would need to search all of the hospital tables.) Use the Microsoft Excel filter tool so all instances of a particular code are displayed in Column 2. The [Filtering the PTP Data Tables](#) section provides instructions for using the filter tool in Microsoft Excel.

Note: If you don't download files and update them every quarter (or when there are replacement files), you'll be using the wrong files. Be sure to search the files currently available on the [PTP](#), [MUEs](#) and [Add-On Code Edits](#) webpages.

For example, code 99215 can appear in Column 2 of Practitioner PTP Edits tables.

If you filter Microsoft Excel for 99215 in Column 2 of the Practitioner PTP Edits Table containing edits from 0001A/0591T-25391/G0471 (or similar range), you'll see that 99215 isn't payable with 01462, Anesthesia for all closed procedures on lower leg, ankle, and foot.

If you filter for 99215 in Column 2 of the Practitioner PTP Edits Table containing edits from 61595/0213T-U0003/U0004 (or similar range), you'll see that 99215 isn't payable with 99221, initial hospital care, unless you use a NCCI PTP-associated modifier.

How Do You Know When a Modifier May Be Used?

In the Correct Coding Modifier Indicators (CCMIs) column, the indicator 0 or 1 shows whether an NCCI PTP-associated modifier allows the PTP code pair to bypass the edit. The following Modifier Indicators Table provides a definition of each of these indicators. 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

CCMIs	Definition
0 (Not Allowed)	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)	You can use NCCI-associated modifiers with this PTP code pair when appropriate.

CCMIs	Definition
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.

Hospital (Outpatient hospital and other facility) PTP Edits:

- Hospital PTP code pair tables work the same as the practitioner PTP code pair tables
- Modifiers and coding pairs may differ from the practitioner PTP code pair tables because of differences between facility and professional services

Note: NCCI doesn't apply to the Hospital Inpatient Prospective Payment Systems (IPPS).

Filtering the PTP Data Tables

The fastest and most accurate way you can search any of the edit tables for a particular value is by using the Excel Filter feature.

Note: We wrote the Filter tool instructions for Excel 2010. If you're using an earlier version of Excel or another spreadsheet program, the Filter function might work differently. Use the Help feature of your program if you need help..

In the figures below, our example uses the Filter to search for active edits with CPT code 99215 in Column 2 of the Practitioner PTP Edits Table 1 (0001A/0591T – 25391/G0471). You can also use these instructions to filter Column 1 codes in any of the 4 PTP code pair tables.

Open the file in Excel format (.xlsx). Figure 3 shows you how to start filtering. Choose Data and Filter and then choose the Column 2 heading (excel column B) to filter on the Column 2 code. Filter on Deletion Date (excel column E) to select blanks or * to find only the active edits.

Column 1	Column 2	*=in existence prior to 1996	Effective Date	Deletion Date	Modifier	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	90473		20220101	20220101	9	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
0001A	99213		20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99214		20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99215		20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99241		20220101	20221231	1	CPT Manual or CMS manual coding instruction
0001A	99242		20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99243		20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99244		20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99245		20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99281		20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99282		20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99283		20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99284		20220101	20231231	1	CPT Manual or CMS manual coding instruction
0001A	99285		20220101	20231231	1	CPT Manual or CMS manual coding instruction

Figure 3: Filter Feature Selected

Excel displays a dropdown arrow on each column header.

Select the dropdown arrow in Column 2. Excel will automatically check all values in the column. Choose the check box next to Select All to remove this default. Scroll down to the code you want.

Figure 4 shows Column 2 selected for 99215 chosen by clicking on the box beside this code. Next, click on OK.

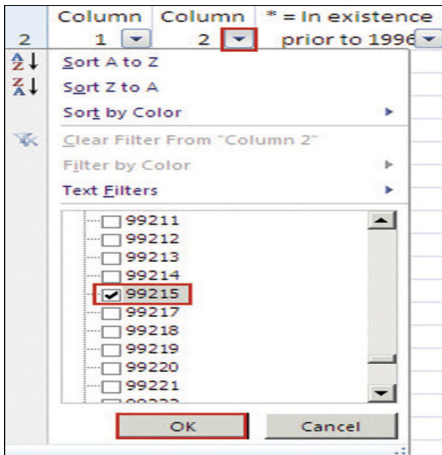


Figure 4: Removing Select All default setting

Figure 5 shows a sample of occurrences of 99215 in Column 2 of the Practitioner PTP Edits Table 1 (0001A/0591T – 25391/G0471).

Column 1	Column 2	*=in existence prior to 1996	Effective Date	Deletion Date	Modifier 0=not allowed 1=allowed 9=not applicable	PTP Edit Rationale
0001A	99215		20220101	20231231	1	CPT Manual or CMS manual coding instruction
0002A	99215		20220101	20231231	1	CPT Manual or CMS manual coding instruction
00100	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00100	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00102	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00102	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00103	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00103	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00104	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00104	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00120	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00120	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00124	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00124	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00126	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00126	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00140	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00140	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00142	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00142	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00144	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00144	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00145	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00145	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00147	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00147	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00148	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00148	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00160	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00160	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00162	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00162	99215		19960101	20191231	0	Standard preparation/monitoring services for anesthesia
00164	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia

Figure 5: Results of filter for CPT code 99215 in Column 2

Figure 6 shows a sample of occurrences of 99215 in Column 2 showing only the active edits using the Deletion Date (excel column E) of the Practitioner PTP Edits Table 1 (0001A/0591T – 25391/G0471).

Column 1	Column 2	*=in existence prior to 1996	Effective Date	Deletion Date	Modifier	PTP Edit Rationale
				*no data	1=allowed	
00100	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00102	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00103	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00104	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00120	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00124	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00126	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00140	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00142	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00144	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00145	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00147	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00148	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00160	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00162	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00164	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00170	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00172	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00174	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00176	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00190	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00192	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00210	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00211	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00212	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00214	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00215	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00216	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00218	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
0021A	99215		20220101	*	1	CPT Manual or CMS manual coding instruction
00220	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
00222	99215		20201001	*	0	Standard preparation/monitoring services for anesthesia
0022A	99215		20220101	*	1	CPT Manual or CMS manual coding instruction

Figure 6: Results of filter for Deletion Date and CPT code 99215 in Column 2

When you're done looking at the records filtered by the code you want, select on the filter symbol in the column you filtered, and select Clear Filter from Column 2 as shown in Figure 7. You should return to viewing all records before you can filter for a different value. When you're done looking for records, you can remove the Filter by selecting Data and Filter.

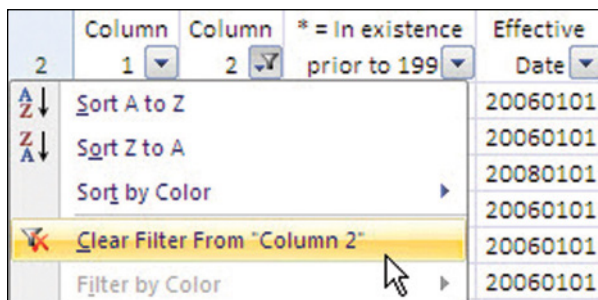


Figure 7: Removing the filter

Helpful Hint

When Excel prepares the list of values in each column, it automatically lists the values in ascending alphanumeric order. So, when you scroll through the list, if the value you're looking for doesn't appear in the position on the list where it should fall alphanumerically, the value isn't on the file.

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

Helpful Hint

Most MUEs are visible to providers on the webpage. But CMS considers some MUEs confidential, and they aren't released. The public or confidential status of MUEs may change.

All claims submitted to MACs, DME MACs, and outpatient facility services claims (e.g., TOB 13X, 14X, 85X, 87X) are tested against MUEs. Since MUEs are coding edits, rather than medical necessity edits, claims processing contractors may have UOS edits that are more restrictive than MUEs. In those cases, the more restrictive claims processing contractor edit will apply to the claim. Similarly, if the MUE is more restrictive than a claims processing contractor edit, the more restrictive MUE will apply. You should only report services that are medically reasonable and necessary.

To view the [MUE tables](#), choose Medically Unlikely Edits from edits menu on the left of the [National Correct Coding Initiative Edits](#) webpage. Scroll to the bottom of the page and choose the link to the table you want to review in the Related Downloads section.

Figure 8 shows the MUE tables for Practitioner Services, Facility Outpatient Hospital Services, and DME Supplier Services in the Related Downloads section. Links to MUE tables for the current quarter are available. Earlier MUE tables are available in the Medicare MUE Archive.

National Correct Coding Initiative (NCCI) edits

- Medicare Correspondence Language Policy Manual
- Medicare NCCI Add-on Code Edits
- Medicare NCCI FAQ Library
- Medicare NCCI Medically Unlikely Edit (MUE) Archive
- Medicare NCCI Medically Unlikely Edits (MUEs)**
- Medicare NCCI Policy Manual
- Medicare NCCI Procedure to Procedure (PTP) Edits

Medicare NCCI Medically Unlikely Edits (MUEs)

National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs) are used by the Medicare Administrative Contractors (MACs), to reduce improper payments for Part B claims. An MUE is 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. Not all HCPCS/CPT codes have an MUE.

Although CMS publishes most MUE values on its website, other MUE values are confidential. Confidential MUE values are not releasable. The confidential status of MUEs is subject to change.

Quarterly Version Update Changes

CMS posts changes to each of its NCCI MUE published edit files on a quarterly basis. This includes additions, deletions, and revisions to published MUEs for Practitioner Services, Outpatient Hospital Services, and DME Supplier Services.

Related Downloads

- [DME Supplier Services MUE Table \(ZIP\)](#) - Effective January 1, 2024; Posted Dec. 5, 2023
- [Outpatient Hospital Services MUE Table \(ZIP\)](#) - Effective January 1, 2024; Posted Dec. 5, 2023
- [Practitioner Services MUE Table \(ZIP\)](#) - Effective January 1, 2024; Posted Dec. 5, 2023

Earlier MUE tables are available in the [Medicare MUE Archive](#).

Related Links

- The [Frequently Asked](#)

Figure 8: Selecting MUE Provider Type

Helpful Hint

CMS updates MUE tables at least quarterly, so you must use the most current information. The MUE tables are in compressed zipped files. You must choose whether to open and view the file or to save the file for future reference. You can open or view the tables as either a plain text file, or a Microsoft Excel spreadsheet.

Figure 9 shows a section of the Practitioner Services MUE table after selecting the Microsoft Excel format.

	A	B	C	D
1	Current Procedural Terminology (CPT) codes, descriptions and other data only are copyright 2023 American Medical Association. All rights reserved.			
	CPT? is a registered trademark of the American Medical Association.			
	Applicable FARS/DFARS Restrictions Apply to Government Use.			
	Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for the data contained or not contained herein.			
2	HCPCS/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
3	0001U	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
4	0002M	1	3 Date of Service Edit: Clinical	Nature of Analyte
5	0002U	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
6	0003M	1	3 Date of Service Edit: Clinical	Nature of Analyte
7	0003U	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
8	0004M	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
9	0005U	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
10	0006M	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
			2 Date of Service Edit:	Code Descriptor / CPT

Figure 9: Practitioner Services MUE Table

- A** Column A titled HCPCS/CPT Code shows codes with an MUE value.
- B** Column B titled Practitioner Services MUE Values 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 Adjudication Indicator (MAI) describes the level of adjudication of the MUE
 - MAI 1 indicates a value adjudicated by claims processing systems at the claim line level.
 - MAI 2 indicates an absolute date of service edit based on policy, such as anatomic considerations, definition of the code, or published CMS policy.
 - MAI 3 indicates a value adjudicated by claims processing systems at the date of service level. If claim denials based on these edits are appealed, MACs may pay UOS in excess of the MUE value if there’s adequate documentation of medical necessity of correctly reported units. [MM8853](#) has more information on MAIs. **Note:** MAIs aren’t coding modifiers.
- D** Column D titled MUE Rationale provides the category of rationale for each MUE.



Helpful Hint

Unlike the PTP code pair tables, the MUE tables don't have a column for modifiers. For information about modifiers and MUEs, review Medicare NCCI Policy Manual, Chapter 1.

Using the Medicare NCCI Policy Manual

The [Medicare NCCI Policy Manual](#) is available as a reference tool for correct coding and to explain the rationale for NCCI edits. Each chapter corresponds to a separate section of the CPT Manual, except:

- [Chapter 1](#) has general correct coding policies
- [Chapter 12](#) discusses HCPCS Level 2 codes
- [Chapter 13](#) discusses Category III CPT codes

Each chapter is subdivided by topic to allow easier access to a particular code or group of codes. The introduction or narrative of any chapter doesn't override Medicare policy.

The Introduction and Chapter 1 of the manual are excellent resources for basic information about proper coding practices and coding edits. 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. It's also recommended that you review the chapters of the manual that relate to the code ranges you bill most often. These chapters include detailed information about correct coding and using NCCI-associated modifiers for separately reportable services.

The NCCI Program updates the Medicare NCCI Policy Manual annually. You can find the NCCI Policy Manual using the link in the left navigation menu on the [Medicare NCCI Edits](#) webpage.

Need More Information?

The NCCI program may address general questions and concerns about the NCCI program and edits. Because MACs handle NCCI edits as part of routine claim processing, you must send your claim-specific questions to the MAC. [Find your MAC's website](#). This includes appeals of your NCCI-related claim denials.

Questions about the NCCI Program, including those related to NCCI (PTP, MUE, and AOC) edits, should be sent to NCCIPTMUE@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 Medicare 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

- [CMS Electronic Mailing List](#)
- [CMS HCPCS - General Information](#)
- [CMS Help with File Formats and Plug-Ins](#)
- [CMS Outpatient Code Editor \(OCE\)](#)
- [Federal Register, Medicare Program: Reporting and Returning of Overpayments](#)
- [Medicare Add-on Code Edits](#)
- [Medicare Claims Processing Manual](#)
- [Medicare MUEs](#)
- [Medicare NCCI FAQ Library](#)
- [Medicare NCCI Policy Manual](#)
- [Medicare PTP Edits](#)
- [MM8853 - Revised Modification to the Medically Unlikely Edit \(MUE\) Program](#)
- [Proper Use of Modifiers 59, XE, XP, XS, and XU](#)
- [The Medicaid National Correct Coding Initiative](#)

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