

# Correct Usage of CCI Edits to Prevent Improper Bundling and Denials

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CCI includes two different sets of edits:

- ◆ Column 1 / Column 2 edits identify code pairs that should not be billed together because one service inherently includes the other
- ◆ Mutually Exclusive edits identify code pairs that, for clinical reasons, are unlikely to be performed on the same patient on the same day

When using CCI, you need to check both the **Column 1/Column 2** and the **Mutually Exclusive** edits. The existence of a CCI edit indicates that the two codes cannot be reported together unless:

- ◆ There is an indicator of “1”
- ◆ The two corresponding procedures are performed:
  - a) During separate patient encounter
  - b) On separate anatomic location
  - c) On separate lesions

Prevent bundling denials with multiple services or procedures on the same day by checking CCI Edits prior to submitting the claim to ensure you are not unbundling.

CMS is now posting the changes to each of its National Correct Coding Initiative Procedure-to-Procedure (PTP) and Medically Unlikely Edit (MUE) published edit files on a quarterly basis.

Below are links that can serve as a guide for CCI editing to control improper coding that can lead to inappropriate payment:

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

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/How-To-Use-NCCI-Tools.pdf>

## **PTP Coding Edits**

<https://www.cms.gov/medicare/coding/nationalcorrectcodinitiated/ncci-coding-edits.html>

## **National Correct Coding Initiative Edits**

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html?redirect=/nationalcorrectcodinitiated/>