



<b><u>Payment Policy:</u></b> NCCI Edit Initiative – Rebundling Procedure Edit		
<b><u>Original Date Approved:</u></b> 8/16/2017	<b><u>Effective Date</u></b> 10/01/2017	<b><u>Date Revised:</u></b> 8/19/2019
<b><u>Scope:</u></b> Commonwealth Care Alliance (CCA) Product Lines:		
<input checked="" type="checkbox"/> <u>Senior Care Options</u>		
<input checked="" type="checkbox"/> <u>One Care</u>		

**PAYMENT POLICY SUMMARY:**

---

The NCCI has established tables that are made up of code pairs and code combinations. The combinations listed within the tables identify certain procedures/services that would not be performed on the same day or during the same session and therefore, should not be reported together. Codes that appear on claims submitted to CCA are compared with the computerized NCCI coding edits. If a code combination on the claim form matches a code combination in the NCCI edits, a denial of the procedure or service will occur.

**Rebundling:** Unbundling occurs when the same provider submits two or more procedure codes for the same member on the same date of service that are a part of the same group of procedure codes. The codes will be compared and if any of the codes are considered to be a component of the other code (Incidental, Mutually Exclusive, Transferred, or Unbundled) only the most comprehensive procedure code will be reimbursed at 100%.

**REBUNDLING PROCEDURE EDIT DESCRIPTION:**

---

Rebundling edits are based on a variety of sources including, but not limited to, the following:

- CMS, whose edits are intended to promote consistent and correct coding and reduce inappropriate payment
- CPT verbiage which includes “separate procedure”
- Analysis of standard medical and surgical practice codes, including input from specialty societies under certain circumstances, may be reimbursed when appended with the proper modifier if the criteria are met. Since modifiers do not bypass bundling edits in every situation, it is important that modifiers only be used when appropriate. Documentation in the medical record must reflect this.
- Rebundling edits are updated quarterly
- Rebundling policy edits policy recognizes many modifiers, modifiers only apply when they are used according to correct coding guidelines.

## EXAMPLES RELATED TO REIMBURSEMENT:

---

**Example:** Billing the following procedures together under: 58150- Total abdominal hysterectomy & 58700 – Salpingectomy & 58940—oophorectomy

**NCCI Correct Coding:** 58700 and 58940 are not separately reportable services when submitted with 58150. 58150 includes the services described in 58700 and 58940. Line items 58700 and 58940 will rebundle into 58150. Full reimbursement will be on the primary code only.

**Example:** Billing the following procedures together under: 99214 Evaluation and Management (E/M) and HCPCS code A4550 – office supply code surgical tray

**NCCI Correct Coding:** A4550 is considered supplies for part of the 99214 office visit. Line item A4550 will be rebundled into 99214 and will not be reimbursed separately.

**Example:** Billing the following codes together 45378—Diagnostic colonoscopy and 45341—Sigmoidoscopy with endoscopic ultrasound examination.

**NCCI Correct Coding:** 45341 is considered the primary complete procedure and 45378 would be rebundled into the primary procedure code. Primary procedure code would receive full reimbursement.

**Examples of Messages That Will Appear on Explanation of Benefits (EOB):** *Billed Charges Were Rebundled Into One Primary Code.*

Modifiers can override NCCI edits and can only be appended if the circumstances of the procedure require a modifier to accurately describe the services rendered. As defined by CMS, modifiers indicate special circumstances that allow providers to bill code pairs that are otherwise denied when billed together. A modifier must not be appended to a HCPCS/CPT code solely to bypass an edit if the clinical circumstances do not justify its use. Providers must ensure that that documentation in the patients medical record is sufficient to support the use of a modifier upon CCA’s review. Providers should bear in mind that they are obligated to code correctly and refrain from billing inappropriate code combinations, even if specific edits do not exist to prevent use of those code combinations.

Modifier	Description
E1-E4	Anatomic areas of the eyelid
F1-F9, FA	Hands and Digits
LC, LD, RC	Anatomic areas of the Coronary Arteries
LT, RT	Left and Right sides of the body
T1-T9, TA	Foot and Toes
24	Unrelated Evaluation & Management service by the same physician or other qualified health care provider during a post-operative period
25	Significant, separately identifiable Evaluation & Management service by the same physician or other qualified health care professional on the same day of the procedure or other service
27	Multiple outpatient hospital Evaluation & Management encounters on the same date (facility use only)
57	Decision for surgery

58	Staged or related procedure or service by the same physician or other qualified health care professional during the post-operative period
59, XE, XP, XS, XU	Distinct Procedural Service Separate Encounter (XE) Separate Practitioner (XP) Separate Structure (XS) Unusual Non-Overlapping Service (XU)
78	Unplanned return to the operating room by the same physician or other qualified health care professional following the initial procedure for a related procedure during the post-operative period
79	Unrelated procedure or service by the same physician or other qualified health care professional during the post-operative period

---

**DISCLAIMER:**

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

CMS works with an individual contractor, Correct Coding Solutions, LCC, which manages and maintains the NCCI program. However, all decisions on the edits are made by CMS. Comments or inquiries relating to the edits can be sent to the following address:

National Correct Coding Initiative  
Correct Coding Solutions, LLC  
PO Box 907  
Carmel, IN 46082-0907  
Fax: (317) 571-1745

**REFERENCES:**

CMS Website: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-MedicaidCoordination.html>

CCA Website: <http://www.commonwealthcarealliance.org>

National Correct Coding Initiative CMS Website:  
<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>

**POLICY TIMELINE DETAILS**

1. January 2018 approved
2. February 2018 effective
3. Annual review; Format revision, added X subset for 59 modifier 8/19/2019