mln BOOKLET
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PRINT-FRIENDLY VERSION

HOW TO USE THE MEDICARE NATIONAL CORRECT CODING INITIATIVE (NCCI) TOOLS

https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index

To Learn More…

If you find this How To booklet helpful, then you may wish to review the other booklets in this series. To locate these booklets, go to the MLN Publications page at https://go.cms.gov/mln-publications and search for items containing the words “how to.”

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INTRODUCTION

WHAT IS THE MEDICARE NATIONAL CORRECT CODING INITIATIVE (NCCI)?

The Medicare National Correct Coding Initiative (NCCI) (also known as CCI) was implemented to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. NCCI Procedure-to-Procedure (PTP) code pair edits are automated prepayment edits that prevent improper payment when certain codes are submitted together for Part B-covered services.

In addition to PTP code pair edits, the NCCI includes a set of edits known as Medically Unlikely Edits (MUEs). An MUE is a maximum number of Units of Service (UOS) allowable under most circumstances for a single Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) code billed by a provider on a date of service for a single beneficiary.

TO LEARN MORE...

- Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).
- If you find this How To booklet helpful, then you may wish to review the other booklets in this series. To locate these booklets, go to the MLN Publications page at http://go.cms.gov/mln-publications and search for items containing the words “how to.”

For information about the Medicaid NCCI program, refer to The National Correct Coding Initiative in Medicaid webpage at https://www.medicaid.gov/medicaid/program-integrity/ncci/index.

WHY WOULD A HEALTH CARE PROFESSIONAL, SUPPLIER, OR PROVIDER USE THE NCCI WEBPAGE, TABLES, AND MANUAL?

Accurate coding and reporting of services are critical aspects of proper billing. Service that is denied based on PTP code pair edits or MUEs may not be billed to Medicare beneficiaries; a provider cannot utilize an Advance Beneficiary Notice of Noncoverage (ABN) to seek payment from a Medicare beneficiary. The NCCI tools found on the Centers for Medicare & Medicaid Services (CMS) website (including the “National Correct Coding Initiative Policy Manual for Medicare Services”) help providers avoid coding and billing errors and subsequent payment denials.

NOTE: It is important to understand, however, that the NCCI does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination. Should providers determine that claims have been coded incorrectly, they are responsible to contact their Medicare Administrative Contractor (MAC) about potential payment adjustments. Per a ruling on the Federal Register, providers and suppliers are 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 for failure to report and return an overpayment. For more information on overpayments refer to the Medicare Overpayments Fact Sheet at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243389.

HOW UP TO DATE ARE THE NCCI TABLES?

The tables are updated quarterly and loaded into the Medicare claims payment processing systems and onto the CMS NCCI webpages.

Click the Quarterly PTP and MUE Version Update Changes link in the menu on the top left side of the National Correct Coding Initiative Edits webpage at https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index to find quarterly changes to the Column 1/Column 2 and MUE tables. Additions, deletions, and revisions to the tables can be accessed under the Related Links section at the bottom of the page.

The “National Correct Coding Initiative Policy Manual for Medicare Services” is updated annually.

HOW TO LOCATE THE NCCI TABLES AND MANUAL

The PTP code pair edits, MUE tables, and NCCI manual are accessed through the National Correct Coding Initiative Edits webpage at https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.

Links to the PTP Coding Edits and Medically Unlikely Edits webpages are provided in the menu on the top left side of the National Correct Coding Initiative Edits webpage. Scroll to the Downloads section at the bottom of the National Correct Coding Initiative Edits webpage to find a link to the NCCI manual.

BACKGROUND: NCCI EDITS

The NCCI is comprised of two provider-type choices of PTP code pair edits and three provider-type choices of MUEs:

PTP Code Pair Edits

1. **PTP Edits-Practitioners**
   These PTP code pair edits are applied to claims submitted by physicians, non-physician practitioners, and Ambulatory Surgery Center (ASCs).

2. **PTP Edits-Hospital**
   PTP edits are applied to Types of Bills (TOBs) subject to the Outpatient Code Editor (OCE) for OPPS. These edits are applied to outpatient hospital services and other facility services including, but not limited to, therapy providers (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.

MUEs

1. **Practitioner MUEs**
   These edits are applied to all claims submitted by physicians and other practitioners.

2. **Durable Medical Equipment (DME) Supplier MUEs**
   These edits are applied to claims submitted to DME MACs. (At this time, this file will include HCPCS A-B and E-V codes in addition to HCPCS codes under the DME MAC jurisdiction.)

3. **Facility Outpatient MUEs**
   These edits are applied to all claims for TOB 13X, 14X, and Critical Access Hospitals (CAHs) [85X].

Coding decisions for edits are based on conventions defined in the American Medical Association's (AMA's) "CPT Manual," national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices. Prior to the implementation of MUEs, the proposed edits are released for review and comment to the AMA, national medical/surgical societies, and other national health care organizations, including non-physician professional societies, hospital organizations, laboratory organizations, and durable medical equipment organizations. Similarly, proposed PTP code pair edits are released to various national health care organizations for review and comment prior to implementation.

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USING THE NCCI TOOLS

LOOKING UP PROCEDURE-TO-PROCEDURE (PTP) CODE PAIR EDITS

The first step in looking up an edit is to click the PTP Coding Edits link in the menu on the left side of the National Correct Coding Initiative Edits webpage on the CMS website.

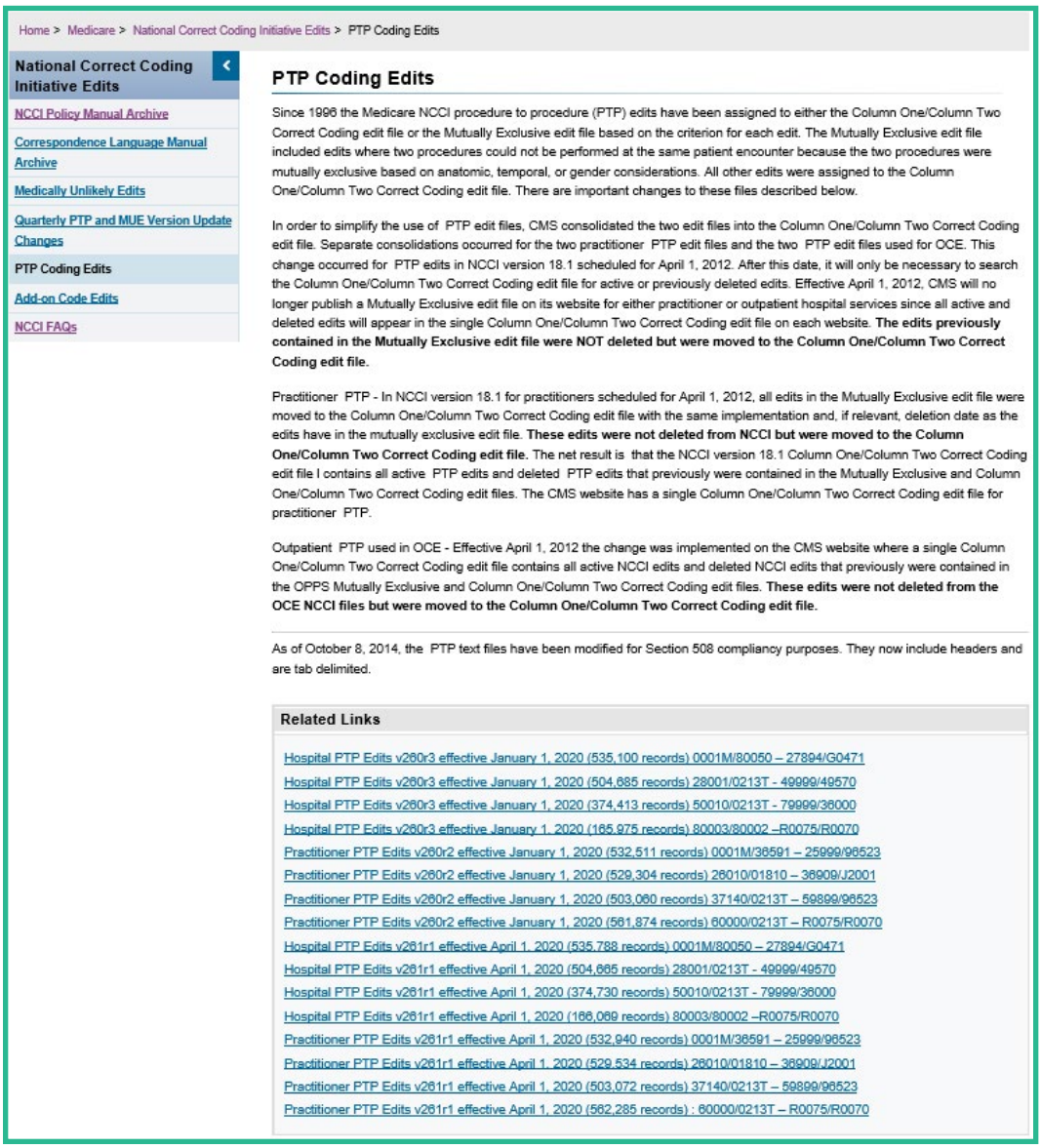

Figure 1: Results from Selecting PTP Coding Edits

Figure 1 shows the screen after selecting PTP Coding Edits. Scroll to the Related Links section at the bottom of the page to find links to the Hospital PTP Edits tables and the Practitioner PTP Edits tables. We will refer to the tables 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 in this booklet.

The names of the Hospital PTP Edits or Practitioner PTP Edits indicate the 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 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 wish to view or save.

A license agreement will appear. To continue to the table selected, the terms and conditions of the AMA copyright must be accepted.

Code Ranges

The following HCPCS/CPT code ranges can be found in the tables:

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
0001T-0999T: Category III Codes
0001M-0010M: MAAA Codes
0001U-0034U: PLA Codes

The tables can be opened in Microsoft Excel (the file ending in xlsx) or text file format. Click on the format you want to open the table.

HELPFUL HINT

The files are zipped due to their size, which allows for faster download. If the files do not automatically unzip, you may need the appropriate software to unzip these files. If you scroll to the bottom of the PTP Coding Edits page and click on Help with File Formats and Plug-Ins, you can download free software. Remember that NCCI tables are updated quarterly and saved tables must be replaced in order to have the most current information.

HOW TO USE THE PTP CODE PAIR TABLES

The Column 1/Column 2 tables are comprised of PTP code pairs. We will demonstrate how to use the PTP code pair tables, using code 99215 and two of the four Practitioner PTP Edits tables as our examples. Our examples using the Practitioner PTP Edits tables and code 99215 will show:

HOW TO USE THE COLUMN 1/COLUMN 2 TABLES

- When is a code the reimbursable code of a PTP code pair?
- How do you identify all PTP code pairs when a code is not reimbursable or when it is only reimbursable if an appropriate modifier is used?
- When an appropriate modifier may be used.

What are the Column 1/Column 2 PTP Code Pair Tables?

Although the Column 2 code is often a component of a more comprehensive Column 1 code, this relationship is not true for many edits. In the latter type of edit, the PTP code pair edit simply represents two codes that should not be reported together, unless an appropriate modifier is used. For example, a provider should not report a vaginal hysterectomy code and total abdominal hysterectomy code together.

Many procedure codes should not be reported together because they are mutually exclusive of each other. Mutually exclusive procedures cannot reasonably be performed at the same anatomic site or same beneficiary encounter.

An example of a mutually exclusive situation is the repair of an organ that can be performed by two different methods. Only one method can be chosen to repair the organ. A second example is a service that can be reported as an initial service or a subsequent service.

In order to reduce the amount of claims denied sex/diagnosis and sex/procedure edits, the KX modifier is now a multipurpose informational modifier and will be used to identify services for transgender, ambiguous genitalia, and hermaphrodite beneficiaries in addition to its other existing uses. Therefore, if a gender/procedure or gender/diagnosis conflict edit occurs, the KX modifier alerts the MAC that it is not an error and will allow the claim to continue with normal processing.

When is a code the reimbursable code of a PTP code pair?

The Column 1/Column 2 tables are comprised of PTP code pairs. If a provider submits the two codes of an edit pair for payment for the same beneficiary on the same date of service, the Column 1 code is eligible for payment and the Column 2 code is denied. However, if both codes are clinically appropriate and an appropriate NCCI-associated modifier is used, the codes in both columns are eligible for payment. Supporting documentation must be in the beneficiary's medical record. For more information on the proper use of modifiers 59 and -X{EPSU}, please see the MLN SE1418 article.

To determine when our example code 99215 is the reimbursable code of a PTP code pair, we open the Practitioner PTP Edits Table containing edits from 61000/0213T - R0075/R0070 (or similar range) to search for 99215 in Column 1. We 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 at the end of this booklet provides instructions for using the filter tool in Microsoft Excel.)

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Figure 2 shows part of the Practitioner PTP Edits Table containing edits from 61000/0213T - R0075/R0070 (or similar range), with our example code 99215 in Column 1.

1 2 3 4 5 6 7

A	B	C	D	E	F	G	H	I	J
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	PTP Edit Rationale			
99215	G0101		19980401	19980401	9	More extensive procedure *			
99215	G0102		20000605	*	0	Standards of medical / surgical practice *			
99215	G0104		19980401	19980401	9	More extensive procedure *			
99215	G0105		19980401	19980401	9	More extensive procedure *			
99215	G0106		19980401	19980401	9	More extensive procedure *			
99215	G0107		19980401	19980401	9	More extensive procedure *			
99215	G0117		20020101	*	0	Standards of medical / surgical practice *			
99215	G0118		20020101	*	0	Standards of medical / surgical practice *			
99215	G0120		19980401	19980401	9	More extensive procedure *			
99215	G0245		20020701	*	0	Standards of medical / surgical practice *			

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

1 Column 1 indicates the payable code.

2 Column 2 contains the code that is not payable with this particular Column 1 code, unless a modifier is permitted and submitted.

3 This third column indicates if the edit was in existence prior to 1996.

4 The fourth column indicates the effective date of the edit (year, month, date).

5 The fifth column indicates the deletion date of the edit (year, month, date).

6 The sixth column indicates if use of a modifier is permitted. This number is the modifier indicator for the edit. (The Modifier Indicator Table, shown on page 6 of this booklet, provides further explanation.)

7 The seventh column provides the underlying basis for each PTP edit.

Our search shows a portion of all Column 1/Column 2 PTP code pairs where 99215 is the payable code and every code that is not separately payable when billed with 99215 (unless a modifier is allowed) as a result of the Column 1/Column 2 policies.

Figure 2 shows, for example, that a physician will not be reimbursed for HCPCS code G0102 (Prostate cancer screening; digital rectal examination) together with 99215 (Office or other outpatient visit).

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How do you identify all PTP code pairs when a code is not reimbursable or when it is only reimbursable if an appropriate modifier is used?

In other words, you will also wish to know when a code appears as a Column 2 code.

Unlike the Column 1 search, now you must download all of the Practitioner PTP Edits tables and search for Column 2 codes in all. (Similarly, other providers would need to download and search both of the hospital tables.) Use the Microsoft Excel filter tool so all instances of a particular code are displayed together in Column 2. (The Filtering the PTP Data Tables section at the end of this booklet provides instructions for using the filter tool in Microsoft Excel.)

For example, code 99215 appears in Column 2 of both Practitioner PTP Edits tables.

If you perform a Microsoft Excel filter for 99215 in Column 2 of the Practitioner PTP Edits Table containing edits from 0001M/36591 - 25931/G0471 (or similar range), you will see that 99215 is not reimbursed with 01462, Anesthesia for all closed procedures on lower leg, ankle, and foot.

If you perform a filter for 99215 in Column 2 of the Practitioner PTP Edits Table containing edits from 61000/0213T - R0075/R0070 (or similar range), you will see that 99215 is not reimbursed with 99221, Initial hospital care, unless an appropriate modifier is used.

How do you know when an appropriate modifier may be used?

Modifiers may be appended to HCPCS/CPT codes only if the clinical circumstances justify the use of the modifier. A modifier should not be appended to a HCPCS/CPT code solely to bypass a PTP code pair edit if the clinical circumstances do not justify its use. If the Medicare Program imposes restrictions on the use of a modifier, the modifier may only be used to bypass a PTP code pair edit if the Medicare restrictions are fulfilled.

In the modifier indicator column, the indicator 0, 1, or 9 shows whether an PTP-associated modifier allows the PTP code pair to bypass the edit. The following Modifier Identifier Table provides a definition of each of these indicators.

Modifier Indicator Table

MODIFICATION INDICATOR	DEFINITION
0 (Not Allowed)	There are no modifiers associated with NCCI that are allowed to be used with this PTP code pair; there are no circumstances in which both procedures of the PTP code pair should be paid for the same beneficiary on the same day by the same provider.
1 (Allowed)	The modifiers associated with NCCI are allowed with this PTP code pair when appropriate.
9 (Not Applicable)	This indicator means that an NCCI edit does not apply to this PTP code pair. The edit for this PTP code pair was deleted retroactive to the implementation date.

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Hospital PTP Edits: These PTP code pair tables operate the same as the practitioner PTP code pair tables; however, modifiers and coding pairs may differ from the practitioner PTP code pair tables because of differences between facility and professional services.

Now that you've learned how to use the PTP code pair tables, let's learn how to search for MUEs.

LOOKING UP MEDICALLY UNLIKELY EDITS (MUES)

An MUE for a HCPCS/CPT code is the maximum Units of Service (UOS) that a provider would report under most circumstances for a single beneficiary on a single date of service.

Not all HCPCS/CPT codes have an MUE. MUEs are developed based on HCPCS/CPT code descriptors, CPT coding instructions, anatomic considerations, established CMS policies, nature of service/procedure, nature of analyte, nature of equipment, prescribing information, and clinical judgment.

HELPFUL HINT

Most MUEs are visible to providers on the website. However, some MUEs are considered confidential by CMS and are not released. The public/confidential status of MUEs may change.

Claims processing contractors may have UOS edits that are more restrictive than MUEs. In such cases, the more restrictive claims processing contractor edit would be applied to the claim. Similarly, if the MUE is more restrictive than a claims processing contractor edit, the more restrictive MUE would apply.

MUE values are not utilization guidelines and do not represent UOS that may be reported without concern about medical review. Providers should continue to only report services that are medically reasonable and necessary. Providers may be subject to medical review of their claims even if they report UOS less than or equal to the MUE value for a code.

To view the tables of MUEs, select Medically Unlikely Edits from the menu on the left side of the National Correct Coding Initiative Edits webpage at https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index on the CMS website. Scroll to the bottom of the page and click on the link to the table you want to review. The table links appear under the Related Links section.

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Figure 3 shows the MUE includes tables for Practitioner Services, Facility Outpatient Services, and DME Supplier Services in the Related Links section. Links to MUE tables for the previous quarter and the current quarter are available.

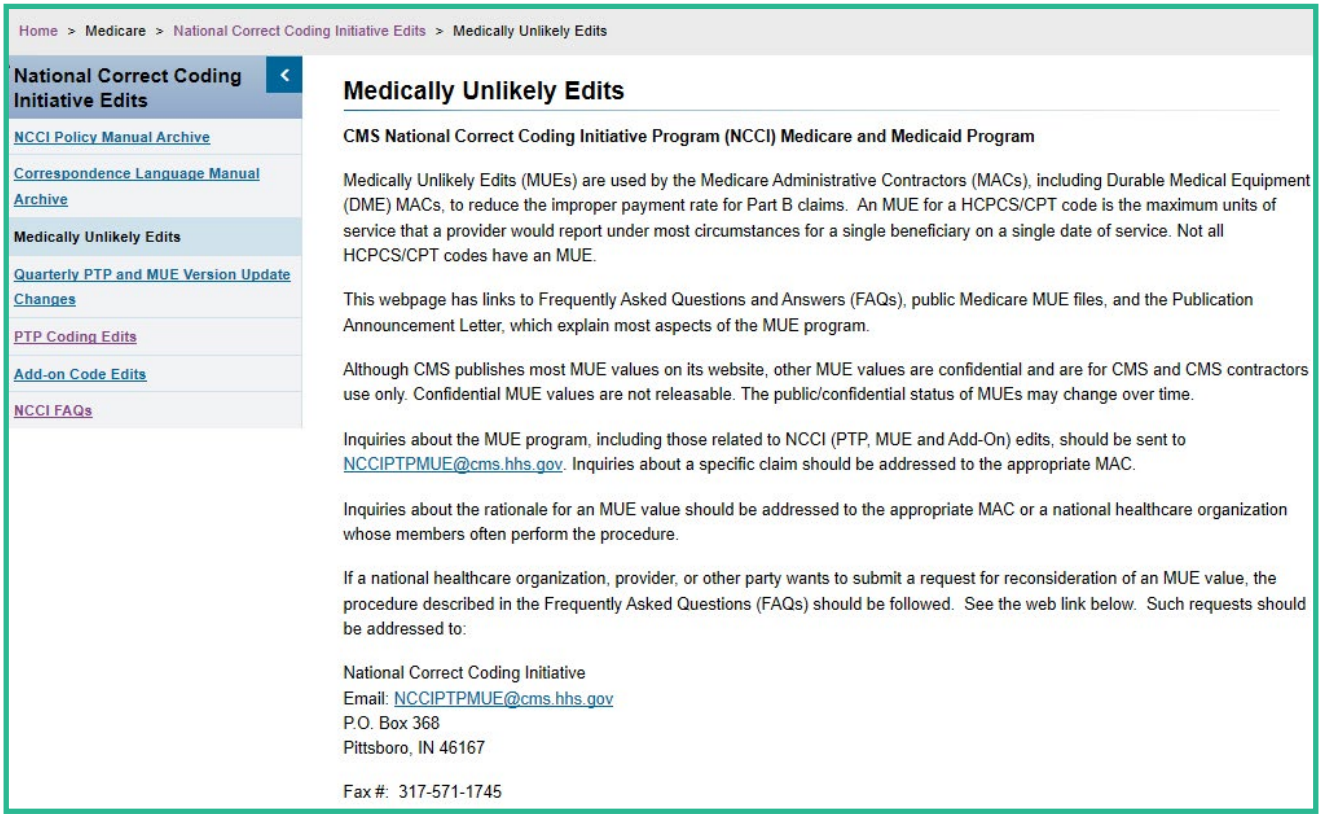

Figure 3: Selecting MUE Provider Type

HELPFUL HINT

Remember that MUE tables are updated quarterly and saved tables must be replaced in order to have the most current information.

Click Accept to agree to the AMA terms and conditions. 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. The tables can be opened/viewed as either a plain text file, or a Microsoft Excel spreadsheet.

Figure 4 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 2018 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 (1)	Practitioner Services MUE Values (2)	MUE Adjudication Indicator (3)	MUE Rationale (4)
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	3 Date of Service Edit: Clinical	Nature of Service/Procedure
10	0006M	1	2 Date of Service Edit: Policy	Nature of Analyte
11	0006U	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
12	0007M	1	2 Date of Service Edit: Policy	Nature of Analyte
13	0007U	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
14	0008U	1	3 Date of Service Edit: Clinical	Nature of Analyte
15	0009M	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
16	0009U	2	3 Date of Service Edit: Clinical	Nature of Analyte
17	0010U	2	1 Line Edit	Nature of Service/Procedure
18	0011M	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
19	0011U	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
20	0012M	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
21	0012U	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
22	0013M	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction

Figure 4: Practitioner Services MUE Table

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1. The first column entitled HCPCS/CPT Code contains codes with an MUE value.
2. The second column entitled Practitioner Services MUE Values represents the maximum UOS that a practitioner would report under most circumstances for a single beneficiary on a single date of service.
3. The third column entitled MUE Adjudication Indicator (MAI) describes the type of MUE. MAI 1 indicates a value applied at the line level. MAI 2 indicates a value that was determined based on absolute criteria, such as anatomic considerations, an intrinsic definition of the code, or published CMS policy. MAI 3 indicates a value that is unlikely to appear on a correctly coded claim but could, in unusual circumstances, be payable. NOTE: MAIs are not coding modifiers.
4. The fourth column entitled MUE Rationale provides the underlying basis for each MUE.

HELPFUL HINT

Unlike the PTP code pair tables, the MUE tables do not have a column that addresses modifiers. Review Chapter 1 of the "National Correct Coding Initiative Policy Manual for Medicare Services" for information about modifiers and MUEs.

ADD-ON CODE EDITS

An Add-on Code (AOC) is a HCPCS/CPT code that describes a service that, with rare exception, is performed in conjunction with another primary service by the same practitioner. An AOC is rarely eligible for payment if is the only procedure reported by a practitioner.

For more information about AOCs, please visit Add-on Code Edits.

USING THE NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL FOR MEDICARE SERVICES

The "National Correct Coding Initiative Policy Manual for Medicare Services" 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, which contains general correct coding policies; Chapter 12, which addresses HCPCS Level 2 codes; and Chapter 13, which addresses Category III CPT codes. Each chapter is subdivided by subject to allow easier access to a particular code or group of codes.

Neither the introduction nor the narrative portion of any chapter is intended to supersede any current Medicare policy.

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The Introduction and Chapter 1 of the manual are excellent resources for basic information about proper coding practices and how coding edit decisions are made. Chapter 1, which is entitled "General Correct Coding Policies," addresses general coding principles, issues, and policies. Many of these principles, issues, and policies are addressed further in subsequent chapters dealing with specific groups of HCPCS/CPT codes. Examples are often utilized to clarify principles, issues, or policies. The examples do not represent the only codes to which the principles, issues, or policies apply.

It is also highly recommended that you carefully review the chapters of the manual that pertain to the code ranges you most often bill. These chapters include detailed information about correct coding and use of NCCI-associated modifiers for separately reportable services, and much more.

The NCCI manual is available as a compressed (zipped) set of PDF documents on the National Correct Coding Initiative Edits webpage on the CMS website. To download or access the manual:

1. Go to https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index on the CMS website. Scroll down to the Downloads section of the page and click on the "NCCI Policy Manual for Medicare Services" PDF/ZIP file.
2. A file download pop-up box will appear. Click on Open to simply view the file. Click on Save to save the manual for future use. The manual will open or save as multiple PDF files, one for each chapter of the manual.

FILTERING THE PTP DATA TABLES

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

> Note: The instructions about how to use the Filter tool were written for Excel 2010. If you have an earlier version of Excel or another spreadsheet program, the Filter function might work differently. Please use the Help feature of your program if you need assistance.

In the figures below, our example uses the Filter to search for instances of CPT code 99215 in Column 2 of the Practitioner PTP Edits Table 1. These instructions also can be used to filter Column 1 codes in any of the four PTP code pair tables.

Open the file in Excel format (.xlsx). Figure 5 shows how to begin filtering by clicking on the column heading entitled Column 2 and then choosing Data and Filter.

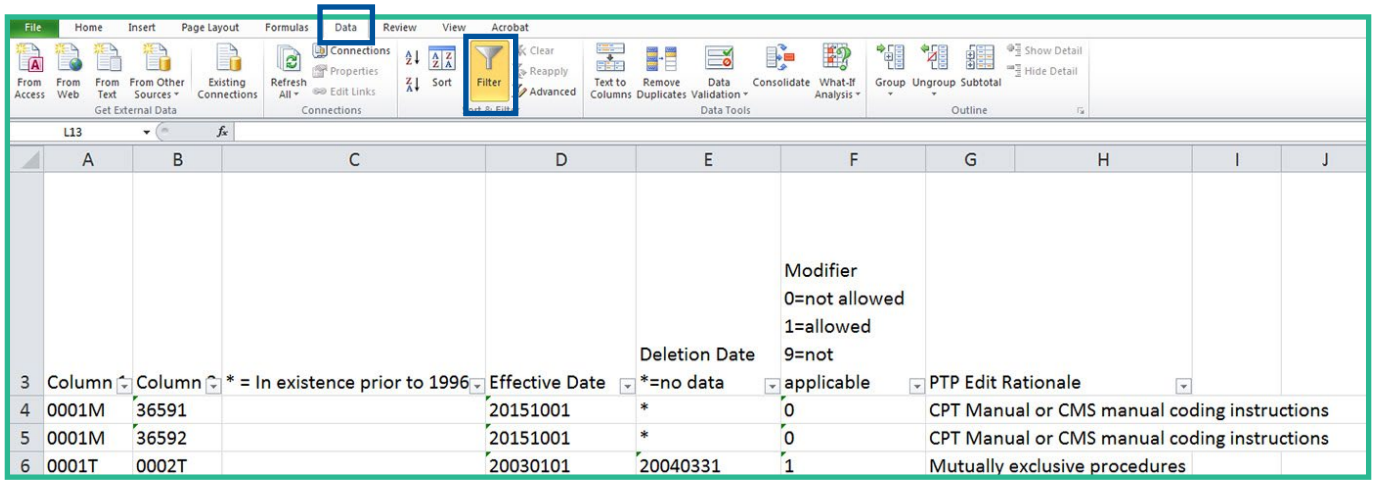

Figure 5: Filter Feature Selected

Excel displays a drop down arrow on each column header.

Click on the drop down arrow in Column 2. Excel will automatically select all values in the column. Click on the check box next to Select All to remove this default. Scroll down to the desired value.

Figure 6 shows Column 2 selected and a sort for 99215 chosen by clicking on the box beside this code. Next, click on OK.

Figure 7 shows a sample of occurrences of 99215 in Column 2 of the Practitioner PTP Edits Table 1.

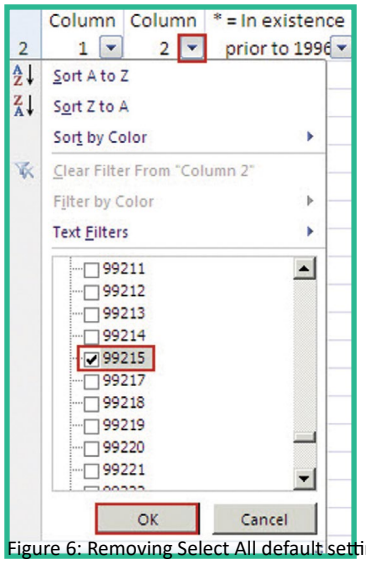

Figure 6: Removing Select All default setting

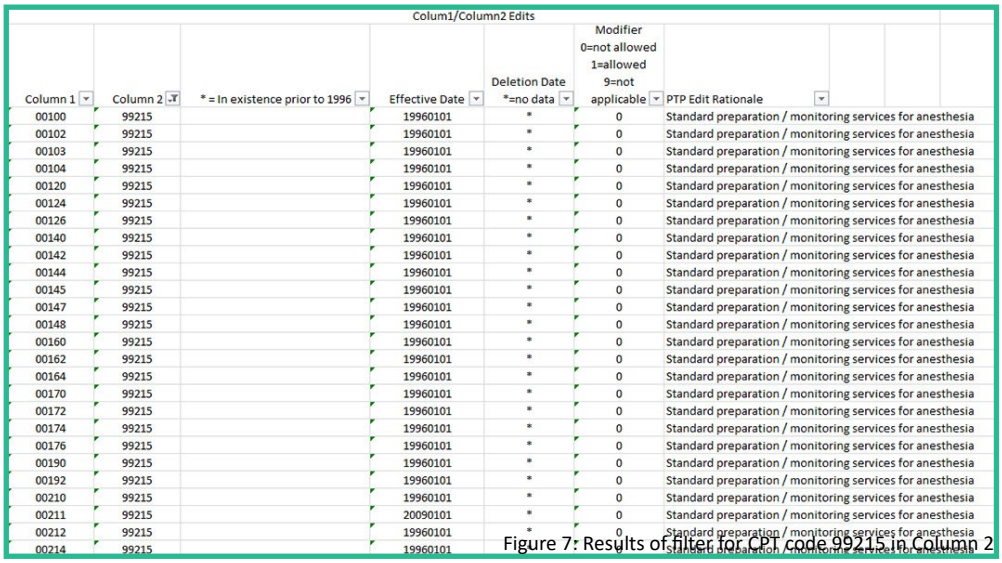

Figure 7: Results of filter for CPT code 99215 in Column 2

When you are done looking at the records filtered by the desired value, click on the filter symbol in the column you filtered, and select Clear Filter from Column 2 as shown in Figure 8. You must return to viewing ALL records before you can filter for a different value. When you are done looking for records, you can remove the Filter by clicking Data and Filter.

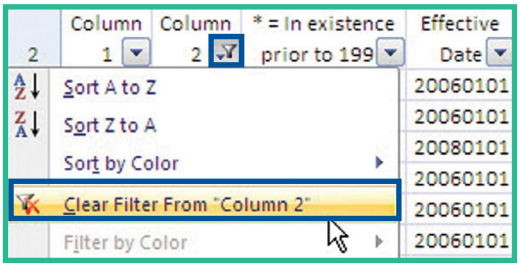

Figure 8: Removing the filter

HELPFUL HINT

When Excel prepares the list of values in each column, Excel automatically lists the values in ascending alphanumeric order. Therefore, when you scroll through the list, if the value you are looking for doesn't appear in the position on the list where it should fall alpha-numerically, the value is NOT on the file.

RESOURCES

FOR MORE INFORMATION ABOUT...	RESOURCE
Change Request 8853	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1421OTN.pdf
CMS HCPCS Webpage	https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index
CMS Help with File Formats and Plug-Ins	https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Help

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FOR MORE INFORMATION ABOUT...	RESOURCE
CMS Outpatient Code Editor (OCE) Webpage	https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/index
CMS Quarterly Provider Updates Electronic Mailing List	https://public.govdelivery.com/accounts/USCMS/subscriber/new
CMS Questions	https://www.cms.gov/
Federal Register	https://www.federalregister.gov/documents/2016/02/12/2016-02789/medicare-program-reporting-and-returning-of-overpayments
Internet-Only Manual (IOM) Pub 100-04 "Medicare Claims Processing Manual"	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf
MLN Matters® Articles	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index
The National Correct Coding Initiative in Medicaid	https://www.medicaid.gov/medicaid/program-integrity/ncci/index.html
"National Correct Coding Initiative Policy Manual for Medicare Services"	https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index
NCCI FAQs	https://www.cms.gov/medicare/national-correct-coding-initiative-edits/ncci-faqs
Proper Use of Modifier 59	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1418.pdf
Quarterly PTP and MUE Version Update Changes	https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Version_Update_Changes

HYPERLINKS

EMBEDDED HYPERLINK	WEB ADDRESS
Add-on Code Edits	https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Add-On-Code-Edits
Federal Register	https://www.federalregister.gov/documents/2016/02/12/2016-02789/medicare-program-reporting-and-returning-of-overpayments)

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EMBEDDED HYPERLINK	WEB ADDRESS
Medicare Overpayments Fact Sheet	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243389
MLN Publications	https://go.cms.gov/mln-publications
National Correct Coding Initiative Edits	https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index
The National Correct Coding Initiative in Medicaid	https://www.medicaid.gov/medicaid/program-integrity/ncci/index

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