

NCCI: beyond the pairs!

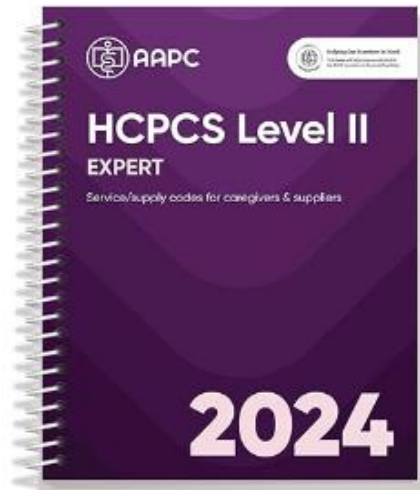
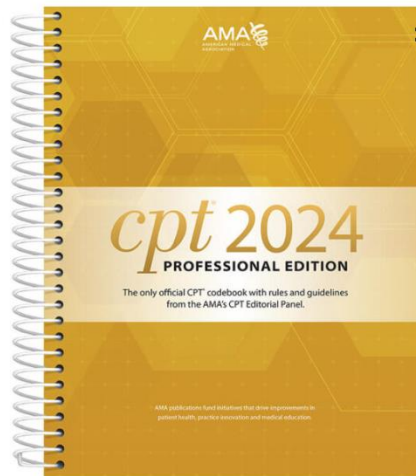
Norma A. Panther, CPC, CDEO, CEMC, CHONC, CIRCC,
CPMA, CCS-P, CHC, CIFHA, Approved AAPC Instructor

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National Correct Coding Initiative (NCCI)

- Developed to promote national correct coding methodologies and to control improper coding that leads to inappropriate payment
- The NCCI is a set of procedure-to-procedure (**PTP**) edits, mutually exclusive edits (**MUE**), **and** a manual



History

1989

12/19/1989 Omnibus Budget Reconciliation Act of 1989 changed physician reimbursement from actual, customary, and prevailing to resource-based relative value scale (RBRVS)

1996

With the implementation of RBRVS uniform payment policies and procedures were developed.

First version of NCCI was called: National Rebundling Policy Manual for Medicare

2000


Version 6.2, now called NATIONAL CORRECT CODING POLICY MANUAL FOR PART B MEDICARE CARRIERS

2021-Revision Date: 1/1/2021

NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL FOR MEDICARE SERVICES


Instructions from CMS

NCCI for Medicare MLN901346

**mln**
BOOKLET

KNOWLEDGE • RESOURCES • TRAINING

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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NCCI for Medicaid

NCCI for Medicaid MLN9018659


Related Links

[The National Correct Coding Initiative in Medicaid](#)

[HCPCS - General Information](#)

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Booklet
KNOWLEDGE • RESOURCES • TRAINING

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





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We revised images related to webpage updates (pages 7, 8, & 9).

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If you find this booklet helpful, you can review others in this series. To find these booklets, go to the [MLN Publications & Multimedia](#) webpage and search for "how to."

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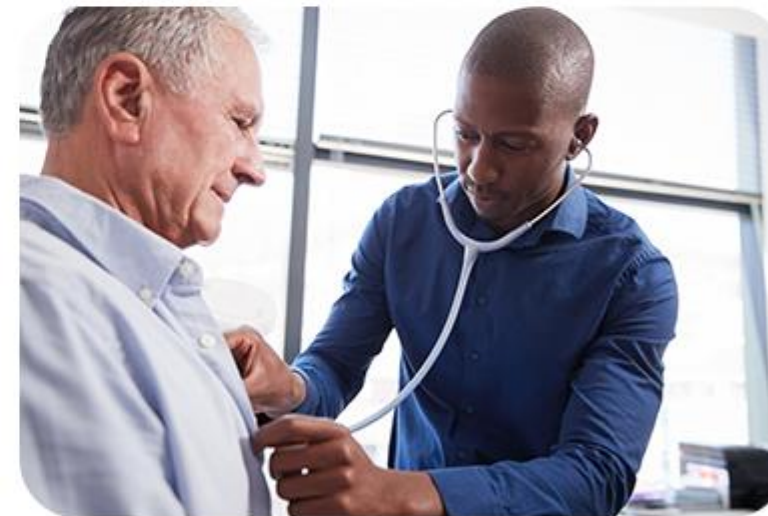
MLN9018659 December 2023

Medicare NCCI Procedure to Procedure (PTP) Edits



Submitting an Appeal



CMS develops its coding policies based on coding conventions defined in the American Medical Association's Current Procedural Terminology (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

NCCI Implementation

Available Edit Files

CMS.gov Centers for Medicare & Medicaid Services

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Medicaid/CHIP

Marketplace & Private Insurance

Priorities

Home Medicare Coding & billing National Correct Coding Initiative (NCCI) edits

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 National Correct Coding Initiative (NCCI) Edits

NCCI Implementation

Replacement Files

Contact Information



current coding practices.

CMS developed the NCCI program to ensure correct coding of Medicare claims and is responsible for updates regarding its contents.

CMS develops its coding policy based on conventions defined in the AMA's Current Procedural Terminology (CPT) Manual, national and local guidelines developed by national medical and surgical societies, and current coding practices.

NCCI Implementation

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

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

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> National Correct Coding Initiative (NCCI) edits

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Medicare Correspondence Language Policy Manual

Medicare NCCI Add-on Code Edits


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Medicare NCCI Medically Unlikely Edits (MUEs)

Medicare NCCI Policy Manual

Medicare NCCI Procedure to Procedure (PTP) Edits



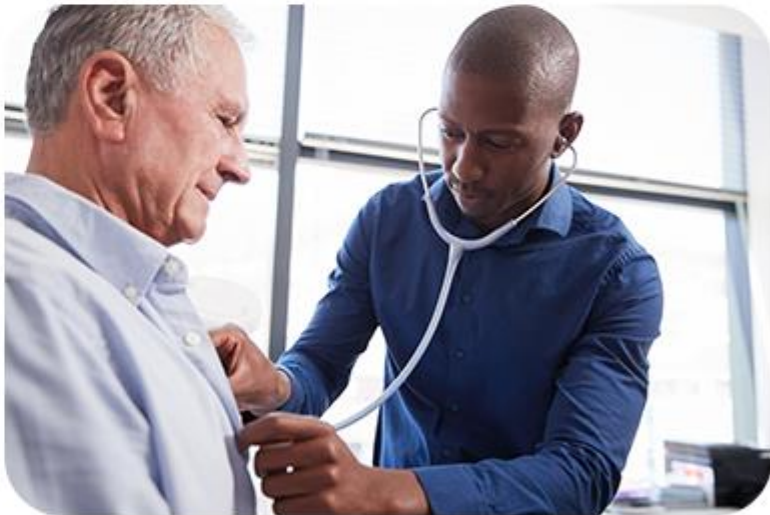
Medicare National Correct Coding Initiative (NCCI) Edits

NCCI Implementation

Replacement Files

Contact Information

Submitting an Appeal



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CMS develops its coding policies based on coding conventions defined in the American Medical Association's Current Procedural Terminology (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.

NCCI Implementation

NCCI Manual Layout

View Manual by Chapter

- [List of Acronyms \(PDF\)](#)
- [Complete Table of Contents \(PDF\)](#)
- [Introduction for National Correct Coding Initiative Policy Manual for Medicare Services \(PDF\)](#)
- [Chapter 1 - General Correct Coding Policies \(PDF\)](#)
- [Chapter 2 - Anesthesia Services Current Procedural Terminology CPT Codes 00000-01999 \(PDF\)](#)
- [Chapter 3 - Surgery: Integumentary System CPT Codes 10000-19999 \(PDF\)](#)
- [Chapter 4 - Surgery: Musculoskeletal System CPT Codes 20000-29999 \(PDF\)](#)
- [Chapter 5 - Surgery: Respiratory, Cardiovascular, Hemic and Lymphatic Systems CPT Codes 30000-39999 \(PDF\)](#)
- [Chapter 6 - Surgery: Digestive System CPT Codes 40000-49999 \(PDF\)](#)
- [Chapter 7 - Surgery: Urinary, Male Genital, Female Genital, Maternity Care and Delivery Services CPT Codes 50000-59999 \(PDF\)](#)
- [Chapter 8 - Surgery: Endocrine, Nervous, Eye and Ocular Adnexa, and Auditory Systems CPT Codes 60000-69999 \(PDF\)](#)
- [Chapter 9 - Radiology Services CPT Codes 70000-79999 \(PDF\)](#)
- [Chapter 10 - Pathology/Laboratory Services CPT Codes 80000-89999 \(PDF\)](#)
- [Chapter 11 - Medicine, Evaluation and Management Services CPT Codes 90000-99999 \(PDF\)](#)
- [Chapter 12 - Supplemental Services HCPCS Level II Codes A0000-V9999 \(PDF\)](#)
- [Chapter 13 - Category III Codes CPT Codes 0001T-0999T \(PDF\)](#)

Archive

- This archive contains past versions of the Medicare NCCI Policy Manual.
- [Medicare NCCI Policy Manual \(ZIP\)](#) - Effective Jan. 1, 2023
 - [Medicare NCCI Policy Manual \(ZIP\)](#) - Effective Jan. 1, 2022
 - [Medicare NCCI Policy Manual \(ZIP\)](#) - Effective Jan. 1, 2021
 - [Medicare NCCI Policy Manual \(ZIP\)](#) - Effective Jan. 1, 2020
 - [Medicare NCCI Policy Manual \(ZIP\)](#) - Effective Jan. 1, 2019
 - [Medicare NCCI Policy Manual \(ZIP\)](#) - Effective Jan. 1, 2018
 - [Medicare NCCI Policy Manual \(ZIP\)](#) - Effective Jan. 1, 2017
 - [Medicare NCCI Policy Manual \(ZIP\)](#) - Effective Jan. 1, 2016
 - [Medicare NCCI Policy Manual \(ZIP\)](#) - Effective Jan. 1, 2015

Manual Updates - Yearly

CHAPTER VI SURGERY: DIGESTIVE SYSTEM CPT CODES 40000 - 49999

FOR MEDICARE NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL

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CMS issues the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System.

- NCCI is updated quarterly
- Edits only apply for services performed during their effective date
- Use the manual for additional information!

4. If a hernia repair is performed at the site of an incision for an open or laparoscopic abdominal procedure, the hernia repair (e.g., CPT codes 15778, 49591-49596, 49613-49618, 49621-49623) is not separately reportable. The hernia repair is separately reportable if it is performed at a site other than the incision **for an open or laparoscopic abdominal procedure**, and is medically reasonable and necessary. An incidental hernia repair shall not be reported separately. (CPT codes 49560, 49566, 49652, and 49657 were deleted January 1, 2023.)
5. Subsection deleted, January 1, 2024.
6. CPT code 49568 was an AOC describing implantation of mesh or other prosthesis for incisional or ventral hernia repair. (CPT code 49568 was deleted January 1, 2023.)
7. Most CPT codes that describe a procedure that includes a hernia repair include insertion of mesh or other prosthesis. CPT codes describing implantation of mesh or other prosthesis (e.g., 15777, 49568, 57267, 0437T) shall not be reported with a procedure including a hernia repair, unless there is a *CPT Professional* instruction specifically stating that the implantation of mesh or other prosthesis CPT code may be reported with that procedure. (CPT code 49568 was deleted January 1, 2022.)
8. Removal of excessive skin and subcutaneous tissue (panniculectomy) at the site of an abdominal incision for an open procedure including hernia repair is not separately reportable. CPT code 15830 shall not be reported for this type of panniculectomy. However, an abdominoplasty which requires significantly more work than a panniculectomy is separately reportable.
9. Open enterolysis (CPT code 44005) and laparoscopic enterolysis (CPT code 44180) are defined by the *CPT Professional* as "separate procedures." They are not separately reportable with other intra-abdominal or pelvic procedures. However, if a provider/supplier performs an extensive and time-consuming enterolysis in conjunction with another intra-abdominal or pelvic procedure, the provider/supplier may append modifier 22 to the CPT code describing the latter procedure. The local MAC will determine whether additional payment is appropriate.
10. If an iatrogenic laceration/perforation occurs during the course of another procedure, repair of the laceration/perforation is not separately reportable. Treatment of an iatrogenic complication of surgery such as an intestinal laceration/perforation is not a separately reportable service. For example, CPT codes describing suture of the small intestine (CPT codes 44602, 44603) or suture of large intestine (CPT codes 44604, 44605) shall not be reported for repair of an intestinal laceration/perforation during an enterectomy, colectomy, gastrectomy, pancreatectomy, hysterectomy, or oophorectomy procedure.
11. A Whipple-type pancreatectomy procedure (CPT codes 48150-48154) includes removal of the gallbladder. A cholecystectomy (e.g., CPT codes 47562-47564, 47600-47620) shall not be reported separately.

Revision Date (Medicare): 1/1/2024

2024 Complete Table of Contents
Medicare NCCI Coding Policy Manual

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Correspondence with CMS about the Medicare NCCI Program and its Contents

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, FAQs, and additional information. CMS does not provide a look-up service or a clean claims tool.

A provider, health care organization, or other interested party may request reconsideration of an NCCI PTP edit, an AOC edit, or an MUE value. A written request should include the rationale for the proposed change. For a PTP edit, specify the Column One and Column Two code pair(s). For an AOC edit, specify the AOC and the primary code(s). For an MUE, suggest an alternative MUE value. All written requests should specify the NCCI program (i.e., Medicare or Medicaid) and the edit type (i.e., Practitioner/Ambulatory Surgical Center, Outpatient Hospital Facility, or Durable Medical Equipment).

****NOTE**** Don’t submit any Personally Identifiable Information (PII) or Protected Health Information (PHI).

The NCCI program may address general questions and concerns about the NCCI program and edits. You must submit claim-specific inquiries to the MAC. This includes appeals of NCCI-related denials; see Submitting an Appeal below.

The NCCI contractor maintains the Medicare NCCI program for CMS. If you have comments about the edits or this manual, you may send an inquiry in writing to NCCIPTPMUE@cms.hhs.gov.

CMS makes all decisions about the contents of the Medicare NCCI program and this manual. Correspondence from the NCCI contractor reflects CMS’s policies on correct coding and the Medicare NCCI program.

Submitting an Appeal

You must submit appeals to your responsible MAC or QIC, not the NCCI Contractor. To file an appeal, please follow the instructions on the [Appeals website](#). The NCCI contractor cannot process specific claim appeals and cannot forward appeal submissions to the appropriate appeals contractor.

Revision Date (Medicare): 1/1/2024

Intro-8

B. Coding Based on Standards of Medical/Surgical Practice

Most HCPCS/CPT code defined procedures include services that are **integral** to them. Some of these integral services have specific CPT codes for reporting the service when not performed as an integral part of another procedure. (For example, **CPT code 36000 (Introduction of needle or intracatheter, vein)** is integral to all nuclear medicine procedures requiring injection of a **radiopharmaceutical into a vein**. CPT code **36000** is not separately reportable with these types of **nuclear medicine procedures**. However, CPT code 36000 may be reported alone if the only service provided is the introduction of a needle into a vein. Other integral services do not have specific CPT codes. (For example, wound irrigation is integral to the treatment of all wounds and does not have a HCPCS/CPT code.) Services integral to HCPCS/CPT code defined procedures are included in those procedures based upon the standards of medical/surgical practice. It is inappropriate to separately report services that are integral to another procedure with that procedure.

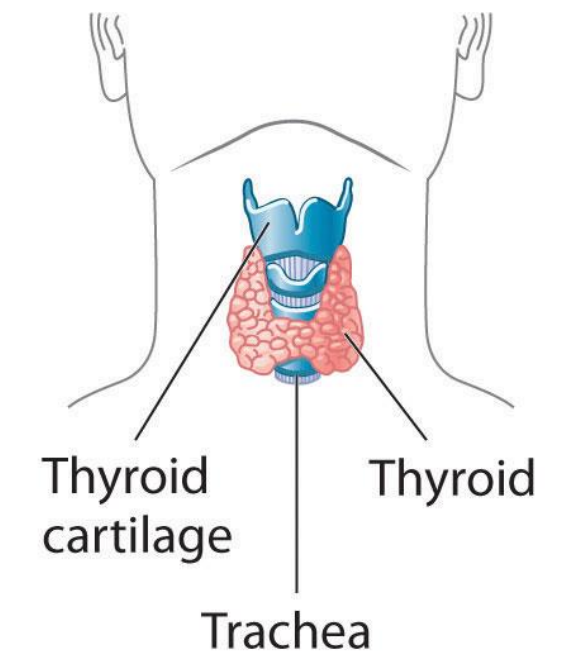
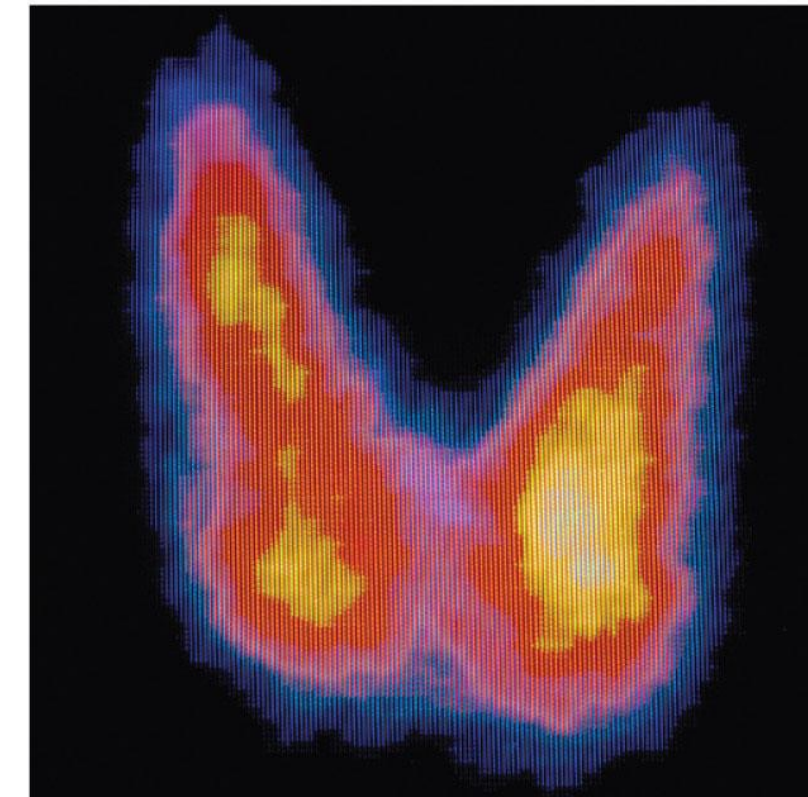
Many NCCI PTP edits are based upon the standards of medical/surgical practice. Services that are integral to another service are **component parts** of the more comprehensive service. When integral component services have their own HCPCS/CPT codes, NCCI PTP edits place the **comprehensive service in Column One** and the **component service in Column Two**. Since a

Revision Date (Medicare): 1/1/2024

Integral Services



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IV 36000

Scan performed

+ Test image for interpretation = **78012**

Edit Types

Procedure-to-Procedure (PTP)

Each edit has a two-column format, creating an edit pair. Codes in the second column of the pair are only eligible for payment if a clinically appropriate NCCI modifier

A “scout” bronchoscopy to assess the surgical field, anatomic landmarks, extent of disease, etc., is not separately reportable with an open pulmonary procedure, such as a pulmonary lobectomy.

Edit: 32482/31622
(modifier allowed)

Medically Unlikely Edits (MUE)

MUEs prevent payment for inappropriate number/quantity of the same service during a single day.

Service billed twice:
94002 - Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day

Edit: 94002
(MUE 1 per date of service)

Add-on Code Edits (AOC)

Listing of codes that are only valid if a primary code is concurrently submitted.

Add-on code: +11045 - each additional 20 sq cm, or part thereof, is not valid without primary code 11042 - Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

Reading the NCCI Spreadsheet



IV 36000 Scan performed + Test image for interpretation = **78012**

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Column1/Column2 Edits						
Column 1	Column 2	*=in existence prior to 1996	Effective Date	Deletion Date	Modifier	PTP Edit Rationale
				*=no data	0=not allowed	
					1=allowed	
					9=not applicable	
78012	36000		20130101	*	1	Standards of medical / surgical practice

Coded:
62321
37140

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2	Column1/Column2 Edits											
3	Column 1	Column 2	*=in existence prior to 1996	Effective Date	Deletion Date	Modifier	PTP Edit Rationale					
4						0=not allowed						
5						*=no data						
6						9=not applicable						
79	37140	49002		20010701	*	1	Standards of medical / surgical practice					
80	37140	51701		20071001	*	1	Standards of medical / surgical practice					
81	37140	51702		20071001	*	1	Standards of medical / surgical practice					
82	37140	51703		20071001	*	1	Standards of medical / surgical practice					
83	37140	61650		20160101	20160101	9	Standards of medical / surgical practice					
84	37140	62310		20090401	20161231	0	Standards of medical / surgical practice					
85	37140	62311		20090401	20161231	0	Standards of medical / surgical practice					
86	37140	62318		20021001	20161231	0	Standards of medical / surgical practice					
87	37140	62319		20021001	20161231	0	Standards of medical / surgical practice					
88	37140	62320		20170101	*	0	Standards of medical / surgical practice					
89	37140	62321		20170101	*	0	Standards of medical / surgical practice					
90	37140	62322		20170101	*	0	Standards of medical / surgical practice					
91	37140	62323		20170101	*	0	Standards of medical / surgical practice					
92	37140	62324		20170101	*	0	Standards of medical / surgical practice					
93	37140	62325		20170101	*	0	Standards of medical / surgical practice					
94	37140	62326		20170101	*	0	Standards of medical / surgical practice					
95	37140	62327		20170101	*	0	Standards of medical / surgical practice					
96	37140	64400		20090401	*	0	Standards of medical / surgical practice					
97	37140	64402		20090401	20191231	0	Standards of medical / surgical practice					
98	37140	64405		20090401	*	0	Standards of medical / surgical practice					
99	37140	64408		20090401	*	0	Standards of medical / surgical practice					
100	37140	64410		20090401	20191231	0	Standards of medical / surgical practice					
101	37140	64412		20090401	20151231	0	Standards of medical / surgical practice					
102	37140	64413		20090401	20191231	0	Standards of medical / surgical practice					
103	37140	64415		20021001	*	0	Misuse of column two code with column one code					
104	37140	64416		20030101	*	0	Misuse of column two code with column one code					
105	37140	64417		20021001	*	0	Misuse of column two code with column one code					
106	37140	64418		20090401	*	0	Standards of medical / surgical practice					
107	37140	64420		20090401	*	0	Standards of medical / surgical practice					

Standards of medical / surgical practice

Standards of medical / surgical practice

Standards of medical / surgical practice

Standards of medical / surgical practice

Standards of medical / surgical practice

Standards of medical / surgical practice

Misuse of column two code with column one code

Misuse of column two code with column one code

Misuse of column two code with column one code

Standards of medical / surgical practice

Standards of medical / surgical practice



No Modifier Allowed

37140 Venous anastomosis open; portocaval

62321 Injection(s) of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic without imaging guidance

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	A	B	C	D	E	F	G	H	I	J	K	L
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81	37140	51702		20071001	*	1	Standards of medical / surgical practice					
82	37140	51703		20071001	*	1	Standards of medical / surgical practice					
83	37140	61650		20160101	20160101	9	Misuse of column two code with column one code					
84	37140	62310		20090401	20161231	0	Standards of medical / surgical practice					
85	37140	62311		20090401	20161231	0	Standards of medical / surgical practice					
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87	37140	62319		20021001	20161231	0	Misuse of column two code with column one code					
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89	37140	62321		20170101	*	0	Standards of medical / surgical practice					
90	37140	62322		20170101	*	0	Standards of medical / surgical practice					
91	37140	62323		20170101	*	0	Standards of medical / surgical practice					
92	37140	62324		20170101	*	0	Misuse of column two code with column one code					
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94	37140	62326		20170101	*	0	Misuse of column two code with column one code					
95	37140	62327		20170101	*	0	Misuse of column two code with column one code					
96	37140	64400		20090401	*	0	Standards of medical / surgical practice					
97	37140	64402		20090401	20191231	0	Standards of medical / surgical practice					
98	37140	64405		20090401	*	0	Standards of medical / surgical practice					
99	37140	64408		20090401	*	0	Standards of medical / surgical practice					
100	37140	64410		20090401	20191231	0	Standards of medical / surgical practice					
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104	37140	64416		20030101	*	0	Misuse of column two code with column one code					
105	37140	64417		20021001	*	0	Misuse of column two code with column one code					
106	37140	64418		20090401	*	0	Standards of medical / surgical practice					
107	37140	64420		20090401	*	0	Standards of medical / surgical practice					

Modifiers



CHAPTER I
GENERAL CORRECT CODING POLICIES
FOR
MEDICARE NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL

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**CMS issues the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory
Surgical Center (ASC) Payment System.**

Each NCCI PTP edit has an assigned **Correct Coding Modifier** (CCM) indicator that indicates that NCCI PTP-associated modifiers do not apply in the circumstances. A CCM of “9” indicates that the modifier is not specified. This indicator is used for all code pairs that are subject to the edit effective date. This indicator prevents blank space

modifiers that may be appended to HCPCS/CPT
the services rendered. Modifiers consist of 2

des only if the clinical circumstances justify the
ended to a HCPCS/CPT code solely to bypass an
not justify its use. If the Medicare program
the modifier may only be used to bypass an NCCI
d. Modifiers that may be used under appropriate
edit include:

, TA, T1-T9, LT, RT, LC, LD, RC, LM, RI
, 78, 79
, XU

Same Physician”) and 77 (“Repeat Procedure by
ted modifiers. Use of either of these modifiers

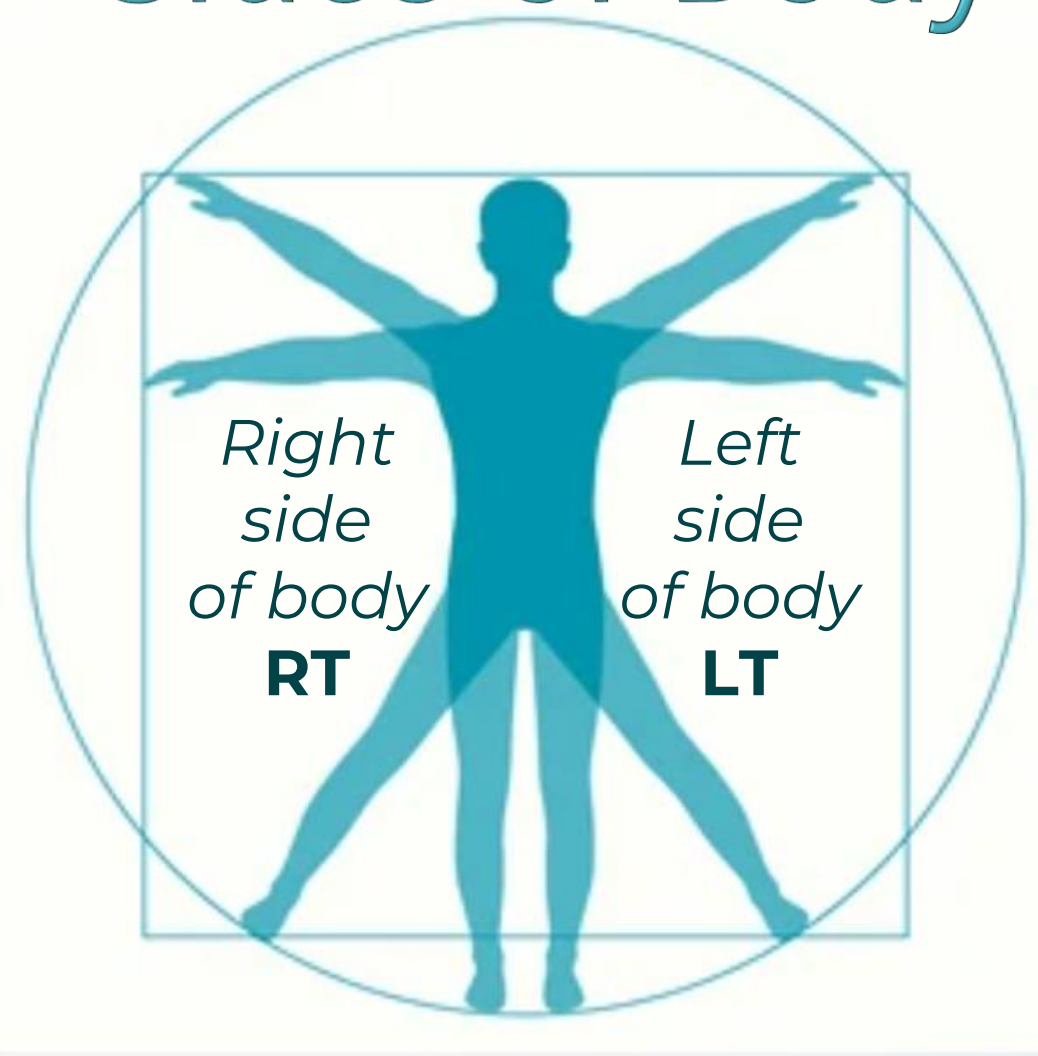
Editing Modifier Indicator (CCMI). A CCMI of “0” cannot be used to bypass the edit. A CCMI of “1” may be used to bypass an edit under appropriate use of NCCI PTP-associated modifiers is not for services that have a deletion date that is the same as the date from appearing in the indicator field.

Modifiers – Anatomical – RT & LT

24332 Tenolysis, triceps - *Right*

24300 Manipulation, elbow, under anesthesia – *Left*

Sides of Body



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Column1/Column 2 Edits						
Column 1	Column 2	*=in existence prior to 1996	Effective Date	Deletion Date	Modifier	PTP Edit Rationale
				*=no data	0=not allowed	
					1=allowed	
					9=not applicable	
24332	24300		20020701	*	1	Standards of medical / surgical practice

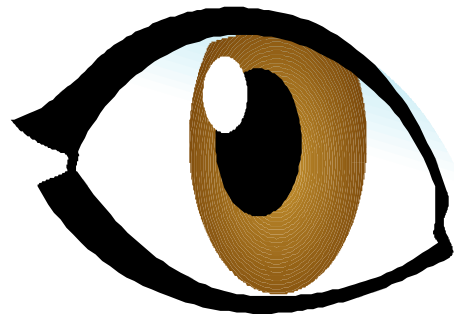
24332 RT
24300 LT

Modifiers – Anatomical - Eyelids

Eyelids

Upper right
eyelid

E3

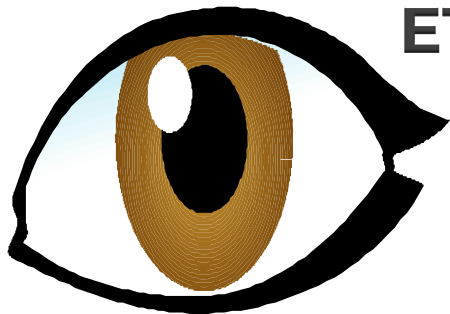


E4

Lower right
eyelid

Upper left
eyelid

E1



E2

Lower left
eyelid

67923 Repair of entropion; excision tarsal wedge

67961 Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin

67923	67904		19960101	*	1	more extensive procedure
67923	67921		19960101	*	1	Mutually exclusive procedures
67923	67922		19960101	*	1	More extensive procedure
67923	67950		20050701	*	1	Standards of medical / surgical practice

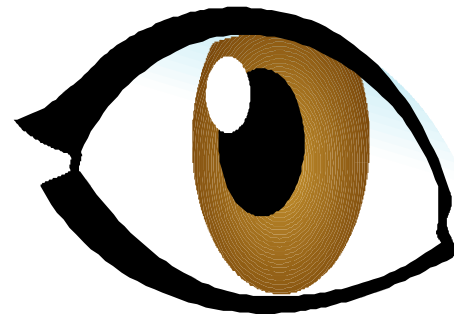
67961	67923		20150701	*	1	Mutually exclusive procedures
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Modifiers – Anatomical - Eyelids

Eyelids

Upper right
eyelid

E3

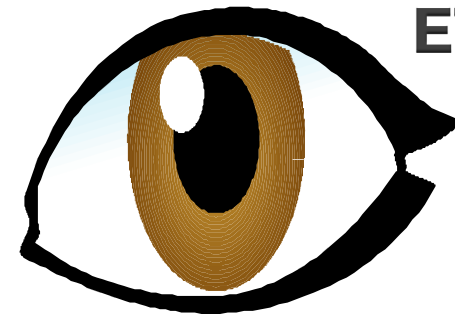


E4

Lower right
eyelid

Upper left
eyelid

E1



E2

Lower left
eyelid

67923 Repair of entropion; excision tarsal wedge

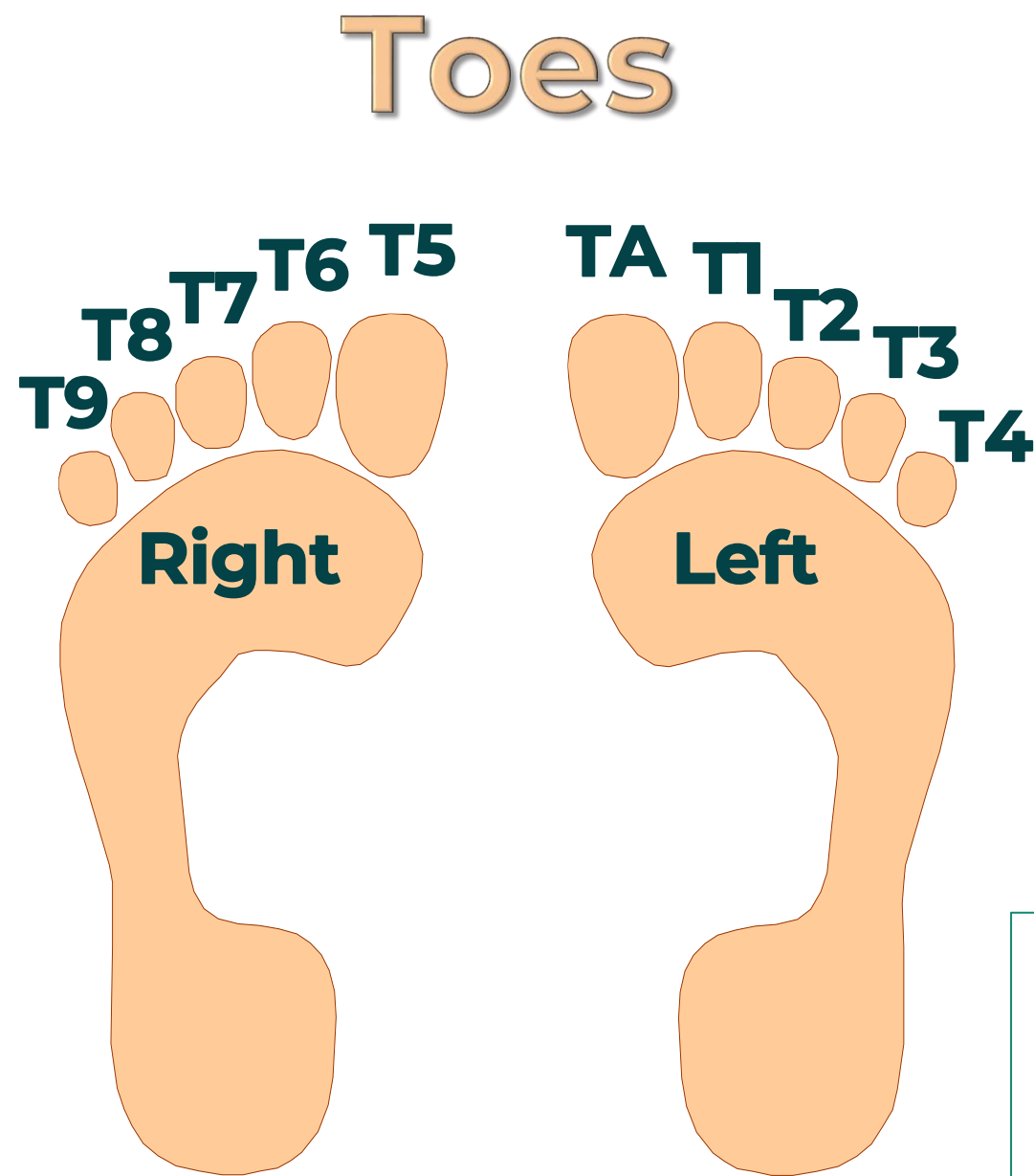
67961 Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin

23. Repair of entropion (CPT codes 67923, 67924) or repair of ectropion (CPT codes 67916, 67917) shall not be reported with excision and repair of eyelid (CPT codes 67961, 67966) for the same eyelid. The latter codes include excision and repair of the eyelid involving lid margin, tarsus, conjunctiva, canthus, or full thickness and may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement. A repair of entropion or repair of ectropion CPT code may be reported with an excision and repair of eyelid CPT code only if the procedures are performed on different eyelids. Modifiers E1, E2, E3, or E4 should be used to indicate that the procedures were performed on different eyelids.

67923 E3

67961 E4, 51

Modifiers – Anatomical - Toes



Removal of superficial wire and pin; **left foot, third digit** and a pin from **left foot, great toe**.

20670 removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)

20670 T2

20670 TA, 51

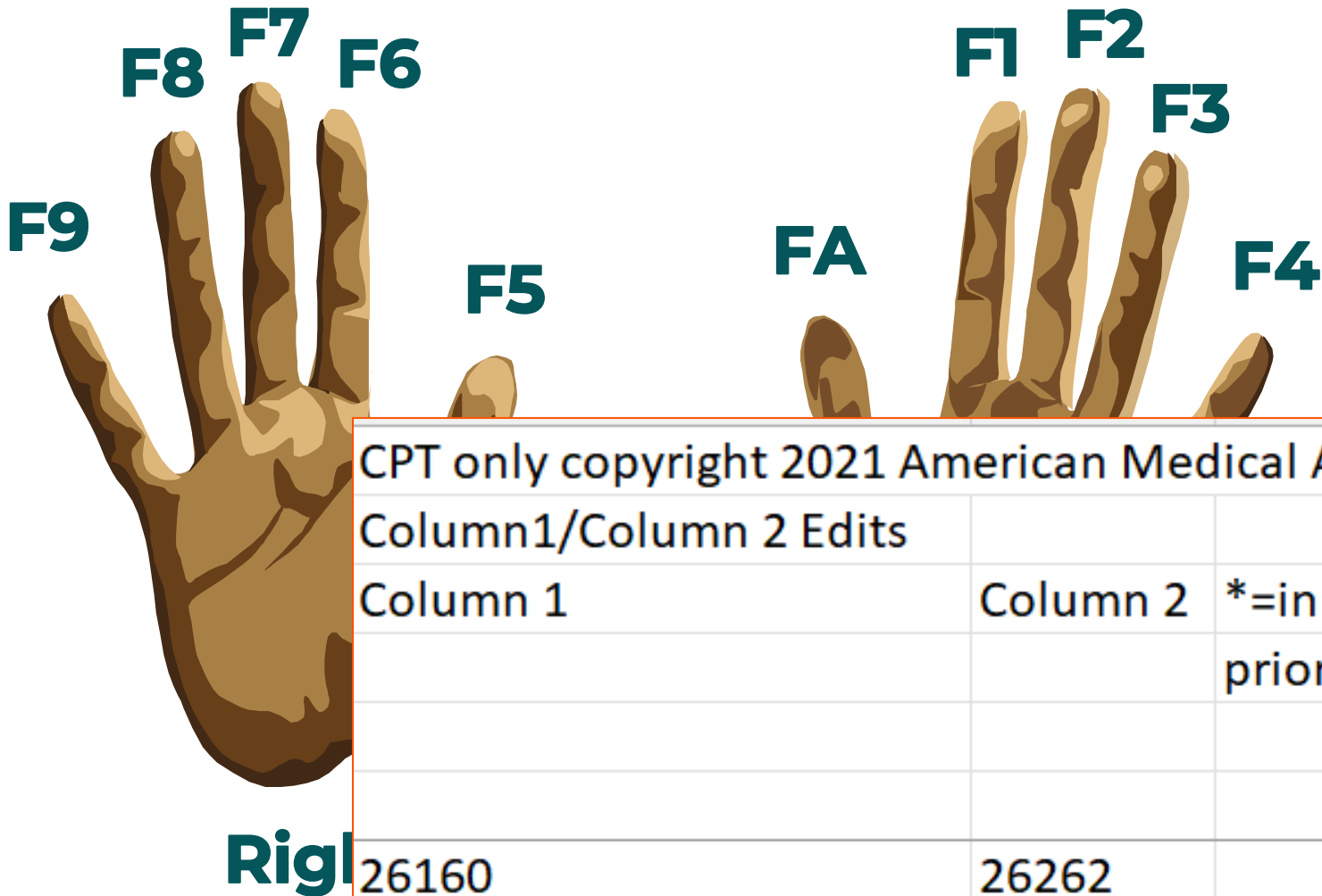
3. The code descriptors for CPT codes 20670 (Removal of implant; superficial...) and 20680 (Removal of implant; deep...) do not define the unit of service. The Centers for Medicare & Medicaid Services (CMS) allows one unit of service for all implants removed from an anatomic site. This single unit of service includes the removal of all screws, rods, plates, wires, etc., from an anatomic site whether through one or more surgical incisions. **An additional unit of service may be reported only if implant(s) are removed from a distinct and separate anatomic site.**

Modifiers – Anatomical - Fingers

Fingers

26262 F4
26160 F3

Left hand fourth digit 26160 Excision of lesion of tendon sheath or joint capsule and **left hand fifth digit 26262** Radical resection of tumor, distal phalanx of finger



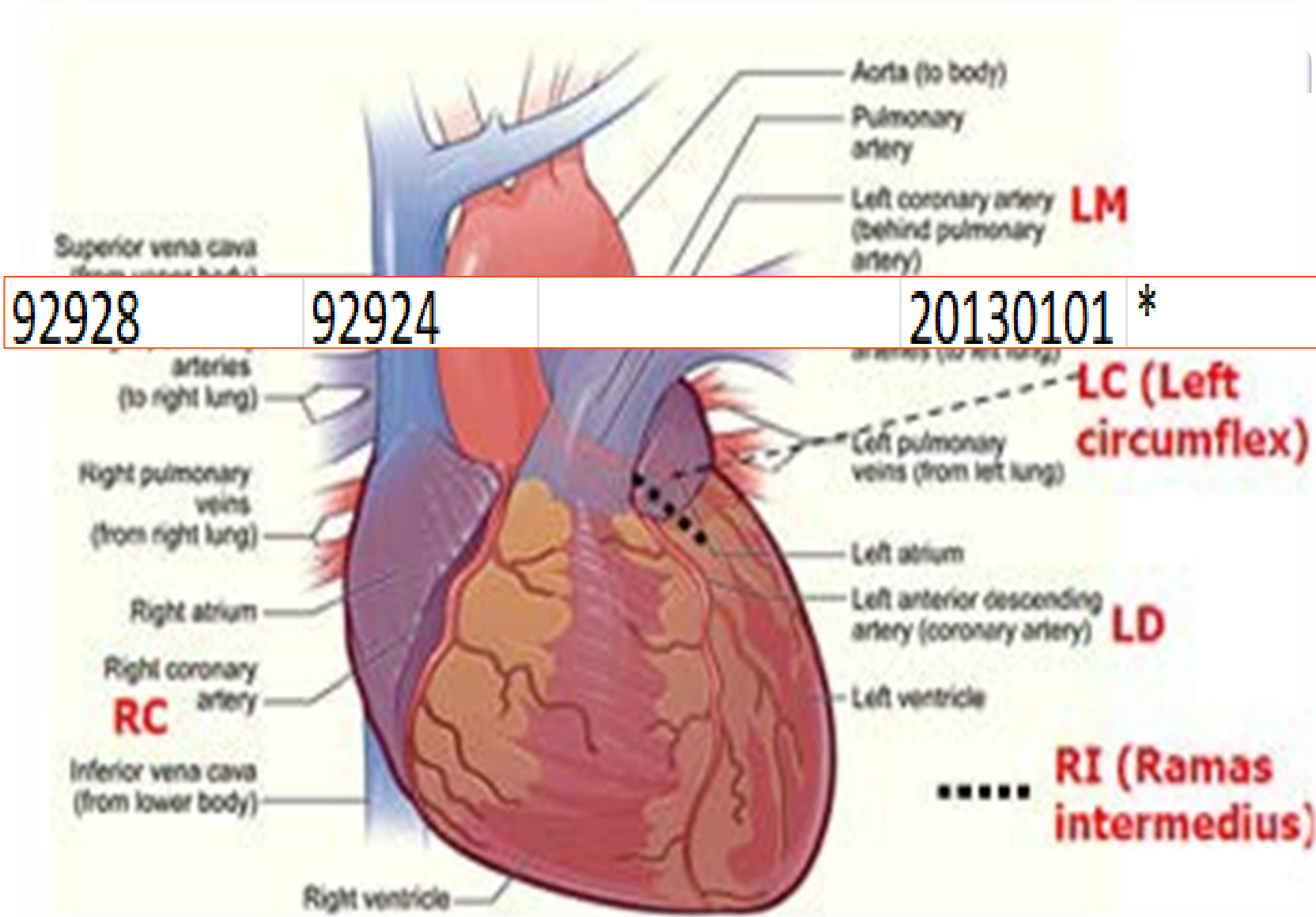
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Column1/Column 2 Edits						
Column 1	Column 2	*=in exists prior to 19	Effective Date	Deletion Date	Modifier	PTP Edit Rationale
				*=no data	0=not allowed	
					1=allowed	
					9=not applicable	
26160	26262		19980101	20091231	1	Mutually exclusive procedures

26262	26160		20100101	*	1	More extensive procedure
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Modifiers – Anatomical – Coronary Arteries

Coronary Arteries

Angioplasty and stent of the ramus intermedius **92928** and angioplasty and therectomy of the circumflex **92924**.



92928	92924	20130101	*	1	Misuse of column two code with column one code
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92924 LC
92928 RI

Edit exists with 92928. 92924 is a Column 2 code. If both 92928 and 92924 are submitted, only 92928 will be paid.

- This edit CAN be overridden via CCI-associated modifiers WHEN APPROPRIATE.
- Rationale: Misuse of Column Two code with Column One code
- Effective 1/1/2013

Modifiers-NCCI Manual Chapter 1.E.

E. Modifiers and Modifier Indicators

The AMA *CPT Professional* and CMS define modifiers that may be appended to HCPCS/CPT codes to provide additional information about the services rendered. Modifiers consist of 2 alphanumeric characters.

Modifiers may be appended to HCPCS/CPT codes only if the clinical circumstances justify the use of the modifier. A modifier shall not be appended to a HCPCS/CPT code solely to bypass an NCCI PTP 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 an NCCI PTP edit if the Medicare restrictions are fulfilled. Modifiers that may be used under appropriate clinical circumstances to bypass an NCCI PTP edit include:

Anatomic modifiers : E1-E4, FA, F1-F9, TA, T1-T9, LT, RT, LC, LD, RC, LM, RI

Global surgery modifiers: 24, 25, 57, 58, 78, 79

Other modifiers: 27, 59, 91, XE, XS, XP, XU

Modifiers 76 (“Repeat Procedure or Service by Same Physician”) and 77 (“Repeat Procedure by Another Physician”) are not NCCI PTP-associated modifiers. Use of either of these modifiers does not bypass an NCCI PTP edit.

Each NCCI PTP edit has an assigned **Correct Coding Modifier Indicator (CCMI)**. A CCMI of “0” indicates that NCCI PTP-associated modifiers cannot be used to bypass the edit. A CCMI of “1” indicates that NCCI PTP-associated modifiers may be used to bypass an edit under appropriate circumstances. A CCMI of “9” indicates that the use of NCCI PTP-associated modifiers is not specified. This indicator is used for all code pairs that have a deletion date that is the same as the effective date. This indicator prevents blank spaces from appearing in the indicator field.

Modifiers - Global Surgery

Modifier	Use on:	When:	Why:
24	E/M Codes	Post-op period	Indicate visit is: - for diagnosis unrelated to surgery - for an added course of treatment (not normal recovery)
25	E/M Codes	Day of procedure or other service	Indicate visit is: - significant, separately identifiable (minor surgery) - above and beyond usual pre- and post-operative care
57	E/M Codes	Day before or day of major surgery	Indicate visit before major surgery was to determine the need for surgery
58	Surgery Codes	Within post-op period of procedure or service (Starts a new global period)	Shows procedure or service in post-op period is: - planned or staged - more extensive - for therapy following surgical procedure
78	Surgery Codes	Within post-op period of related surgery or procedure (reduces allowable to intra-operative % only)	Indicates return to the OR/procedure room for related, unplanned procedure
79	Surgery Codes	Within post-op period of unrelated surgery or procedure (Starts a new global period)	Indicates procedure or service is unrelated to original procedure

Modifiers - Other

- **27** Multiple outpatient hospital evaluation and management encounters on the same date
- **91** Repeat clinical diagnostic laboratory test

C. Organ or Disease Oriented Panels

The *CPT Professional* assigns CPT codes to organ- or disease-oriented panels consisting of groups of specified tests. If all tests of a CPT-defined panel are performed, the provider/supplier shall bill the panel code. The panel codes shall be used when the tests are ordered as that panel. For example, if the individually ordered tests are cholesterol (CPT code 82465), triglycerides (CPT code 84478), and HDL cholesterol (CPT code 83718), the service should be reported as a lipid panel (CPT code 80061) (See Chapter I, Section N (Laboratory Panel)).

The NCCI program contains edits pairing each panel CPT code (Column One code) with each CPT code corresponding to the individual laboratory tests that are included in the panel (Column Two code). These edits allow use of NCCI PTP-associated modifiers to bypass them if one or more of the individual laboratory tests are repeated on the same date of service. The repeat testing must be medically reasonable and necessary. Modifiers 59 or **91** may be used to report this repeat testing. Based on the *Internet-Only Manual (IOM)*, *Medicare Claims Processing Manual (MCPM)*, Publication 100-04, Chapter 16, Section 100.5.1, the repeat testing cannot be performed to “confirm initial results; due to testing problems with specimens and equipment or for any other reason when a normal, one-time, reportable result is all that is required.”

Modifiers – 59 & X {ESPU}

59 Distinct procedural service

XE Separate encounter



XS Separate structure

XP Separate practitioner



XU Unusual non-overlapping service

2019
CMS allows 59 &
X {EPSU} on column
1 or column 2 codes



Modifiers - 59 & X {ESPU}

“Effective January 1, 2015, XE, XS, XP, and XU are valid modifiers. These modifiers give greater reporting specificity in situations where you used modifier 59 previously. Use these modifiers instead of modifier 59 whenever possible. (Only use modifier 59 if no other more specific modifier is appropriate.) “

Use of 59 or X{EPSU} do not require a different diagnosis for each code

- DIFFERENT diagnosis are not necessarily an indicator that 59 or X{EPSU} are supported

Only use 59 or XS if no other modifier is more specific

- RT, LT, E1-E4, FA, F1-F9, TA, T1-T9, LC, LD, RC, LM, or RI

Only use 59 or XE if no other modifier properly describes the relationship

- 24, 25, 27, 57, 58, 78, 79, or 91

Modifier 59 or XS

Example 1: Column 1 Code/Column 2 Code - 11102/17000

- CPT Code - 11102 - Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion
- CPT Code - 17000 - Destruction (g, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion

You may report modifiers **59 or -XS** with either the Column 1 or Column 2 code if you did the procedures at different anatomic sites on the same side of the body and a specific anatomic modifier isn't applicable. **If you did the procedures on different sides of the body, use modifiers RT and LT or another pair of anatomic modifiers. Don't use modifiers 59 or -XS.**

The use of modifier 59 or -XS is appropriate for different anatomic sites during the same encounter only when procedures (which aren't ordinarily performed or encountered on the same day) are performed on different organs, or different anatomic regions, or in limited situations on different, non-contiguous lesions in different anatomic regions of the same organ.

Modifier 59 or XE

Example 7: 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 supervision, interpretation, and report
- CPT Code - 93040 - Rhythm ECG, 1-3 leads; with interpretation and report

You may report modifiers **59 or –XE** if you interpret and report the rhythm ECG at a different encounter than the cardiovascular stress test. **If you interpret and report a rhythm ECG during the cardiovascular stress test encounter, don't report 93040 with or without modifier 59.** **You may report modifiers 59 or –XE when you interpret and report the procedures in different encounters on the same day.**

Modifier 59 or XU

Example 10: Column 1 Code/Column 2 Code - 37220/75710

- CPT Code - 37220 - Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
- CPT Code - 75710 - Angiography, extremity, unilateral, radiological supervision, and interpretation

You may report modifier **59 or –XU** with CPT code 75710 if you haven't already performed a diagnostic angiography and you base the decision to perform the revascularization on the result of the diagnostic angiography. The CPT Manual defines additional circumstances under which you may report diagnostic angiography with an interventional vascular procedure on the same artery. **You may report modifier 59 or –XU for a diagnostic procedure performed before a therapeutic procedure only when the diagnostic procedure is the basis for performing the therapeutic procedure.**

Other Modifier Situations

Case codes:

38525 Biopsy or excision of lymph node(s); open deep axillary node(s)

11606 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm

13121 Repair, complex, leg; 2.6-7.5 cm

+13122 Repair complex, each additional 5 cm or less

NCCI Edits:

38525 edits with 13121

- modifier allowed

38525 edits with 13122

- modifier allowed

Case codes for billing:

38525 Biopsy or excision of lymph node(s); open deep axillary node(s)

11606 51 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm

13121 XS,51 Repair, complex, leg; 2.6-7.5 cm

+13122 XS Repair complex, each additional 5 cm or less

Case codes:

47120 Hepatectomy, resection of liver; partial lobectomy

47380 Ablation, open, of 1 or more liver tumor(s); radiofrequency

NCCI Edits:

47120 edits with 47380

- modifier allowed

Case codes for billing:

47120 Hepatectomy, resection of liver; partial lobectomy

47380 XS Ablation, open, of 1 or more liver tumor(s); radiofrequency

MUES

G. Medically Unlikely Edits (MUEs)

1. Medically Unlikely Edits (MUEs) are described in Chapter I, Section V.
2. Providers/suppliers should be cautious about reporting services on multiple lines of a claim using modifiers to bypass MUEs. The MUE values are set so that such occurrences should be uncommon. If a provider/supplier does this frequently for any HCPCS/CPT code, the provider/supplier may be coding units of service (UOS) incorrectly. The provider/supplier **may** consider contacting their national healthcare organization or the national medical/surgical society whose members commonly perform the procedure to clarify the correct reporting of UOS.

CMS – Medically Unlikely Edits – Homepage

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Training & Education

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Medicare

Coding & billing

National Correct Coding Initiative (NCCI) edits

Medicare NCCI Medically Unlikely Edits (MUEs)

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



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](#).

Mutually Unlikely Edits (MUE)-Practitioner Services

MicrosoftEdgeDownloads > 2b40ff9f-b1b4-4d1e-8055-ab0912e9b580 > PractitionerServicesMUETable-Effective-01-01-2024_R1 (1)

Sort View Extract all

Name	Type	Compressed size
MCR_MUE_PractitionerServices_Eff...	Microsoft Excel Comma S...	61 KB
MCR_MUE_PractitionerServices_Eff...	Microsoft Excel Worksheet	319 KB

	A	B	C	D
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2	HCPCS/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
5889	62270	2	3 Date of Service Edit: Clinical	Clinical: Data
5890	62272	1	3 Date of Service Edit: Clinical	Clinical: Data
5891	62273	2	3 Date of Service Edit: Clinical	Clinical: Data
5892	62280	1	3 Date of Service Edit: Clinical	Clinical: Data
5893	62281	1	3 Date of Service Edit: Clinical	Clinical: Data
5894	62282	1	3 Date of Service Edit: Clinical	Clinical: Data
5895	62284	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
5896	62287	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
5897	62290	5	2 Date of Service Edit: Policy	Anatomic Consideration
5898	62291	4	3 Date of Service Edit: Clinical	Clinical: Data
5899	62292	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
5900	62294	1	3 Date of Service Edit: Clinical	Clinical: Data
5901	62302	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
5902	62303	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
5903	62304	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
5904	62305	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
5905	62320	1	3 Date of Service Edit: Clinical	Clinical: Data
5906	62321	1	3 Date of Service Edit: Clinical	Clinical: Data
5907	62322	1	3 Date of Service Edit: Clinical	Clinical: Data
5908	62323	1	3 Date of Service Edit: Clinical	Clinical: Data
5909	62324	1	3 Date of Service Edit: Clinical	Clinical: Data
5910	62325	1	3 Date of Service Edit: Clinical	Clinical: Data
5911	62326	1	3 Date of Service Edit: Clinical	Clinical: Data
5912	62327	1	3 Date of Service Edit: Clinical	Clinical: Data

Introduced in 2013 - “MAI”

CPT code being edited

Unit of service – “UOS”

MUE MAI INDICATION:
1 claim line edit
2 absolute date of service edit – based on policy
3 date of service edit – based on clinical benchmarks

Mutually Unlikely Edits (MUE)-MAI Adjudication

99476 Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age

MAI 2 – Date of service MUE

- Per day edit
- Based on policy
- A UOS higher than the MUE value would be considered impossible

HCPCS/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
99476	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99477	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99478	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99479	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99480	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99483	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99484	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99485	1	3 Date of Service Edit: Clinical	Code Descriptor / CPT Instruction
99486	4	1 Line Edit	Clinical: CMS Workgroup
99487	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99489	10	3 Date of Service Edit: Clinical	Clinical: Data
99490	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99491	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99492	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99493	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99494	2	3 Date of Service Edit: Clinical	Clinical: Data

Mutually Unlikely Edits (MUE)-MAI Adjudication

+99486 Supervision by control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes

HCPCS/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
99476	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99477	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99478	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99479	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99480	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99483	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99484	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99485	1	3 Date of Service Edit: Clinical	Code Descriptor / CPT Instruction
99486	4	1 Line Edit	Clinical: CMS Workgroup
99487	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99489	10	3 Date of Service Edit: Clinical	Clinical: Data
99490	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99491	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99492	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99493	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99494	2	3 Date of Service Edit: Clinical	Clinical: Data

MAI 1 – Claim line edit

- Use appropriate modifiers (i.e., 59 or X{EPSU}, 76, 77, 91, anatomic)
- Report separate claim lines

Mutually Unlikely Edits (MUE)-MAI Adjudication

99485 Supervision by control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes

HCPCS/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
99476	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99477	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99478	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99479	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99480	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99483	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99484	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99485	1	3 Date of Service Edit: Clinical	Code Descriptor / CPT Instruction
99486	4	1 Line Edit	Clinical: CMS Workgroup
99487	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99489	10	3 Date of Service Edit: Clinical	Clinical: Data
99490	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99491	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99492	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99493	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
99494	2	3 Date of Service Edit: Clinical	Clinical: Data

MAI 3 – Date of service MUE

- Per day edit based on clinical benchmarks
- Highly unlikely the UOS would be higher MUE value
- If contractors have evidence that UOS was provided, correctly coded and were medically necessary, they may bypass the MUE during processing, reopening, or redetermination, or during higher-level appeal

Mutually Exclusive Edits - Rationale

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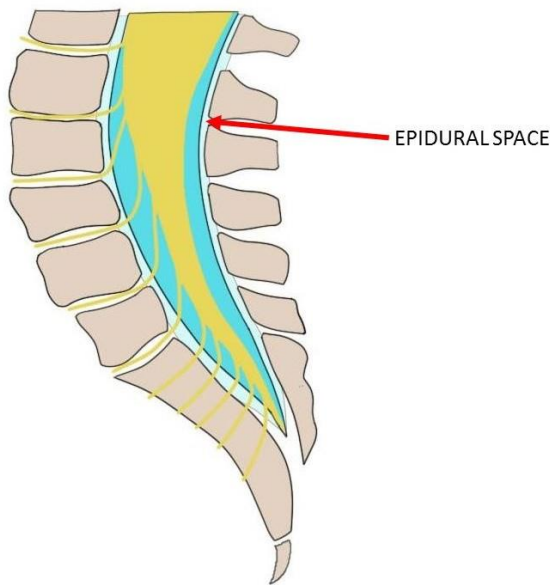
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HCPCS/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
62270	2	3 Date of Service Edit: Clinical	Clinical: Data
62272	1	3 Date of Service Edit: Clinical	Clinical: Data
62273	2	3 Date of Service Edit: Clinical	Clinical: Data
62280	1	3 Date of Service Edit: Clinical	Clinical: Data
62281	1	3 Date of Service Edit: Clinical	Clinical: Data
62282	1	3 Date of Service Edit: Clinical	Clinical: Data
62284	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
62287	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
62290	5	2 Date of Service Edit: Policy	Anatomic Consideration
62291	4	3 Date of Service Edit: Clinical	Clinical: Data
62292	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
62294	1	3 Date of Service Edit: Clinical	Clinical: Data
62302	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
62303	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
62304	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
62305	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
62320	1	3 Date of Service Edit: Clinical	Clinical: Data
62321	1	3 Date of Service Edit: Clinical	Clinical: Data
62322	1	3 Date of Service Edit: Clinical	Clinical: Data
62323	1	3 Date of Service Edit: Clinical	Clinical: Data
62324	1	3 Date of Service Edit: Clinical	Clinical: Data
62325	1	3 Date of Service Edit: Clinical	Clinical: Data
62326	1	3 Date of Service Edit: Clinical	Clinical: Data
62327	1	3 Date of Service Edit: Clinical	Clinical: Data

- Anatomical Consideration
- Clinical: CMS Workgroup
- Clinical: Data
- Clinical Society Comment
- CMS Policy
- Code Descriptor/CPT Instruction
- Compounded Drug Policy
- Drug discontinued
- Nature of Analyte
- Nature of Equipment
- Nature of Service/Procedure
- Oral Medication; Not Payable
- Prescribing Information
- Published Contractor Policy

MUE - Value

62264 Percutaneous lysis of epidural adhesions using solution injection including radiologic localization, multiple adhesiolysis sessions; 1 day

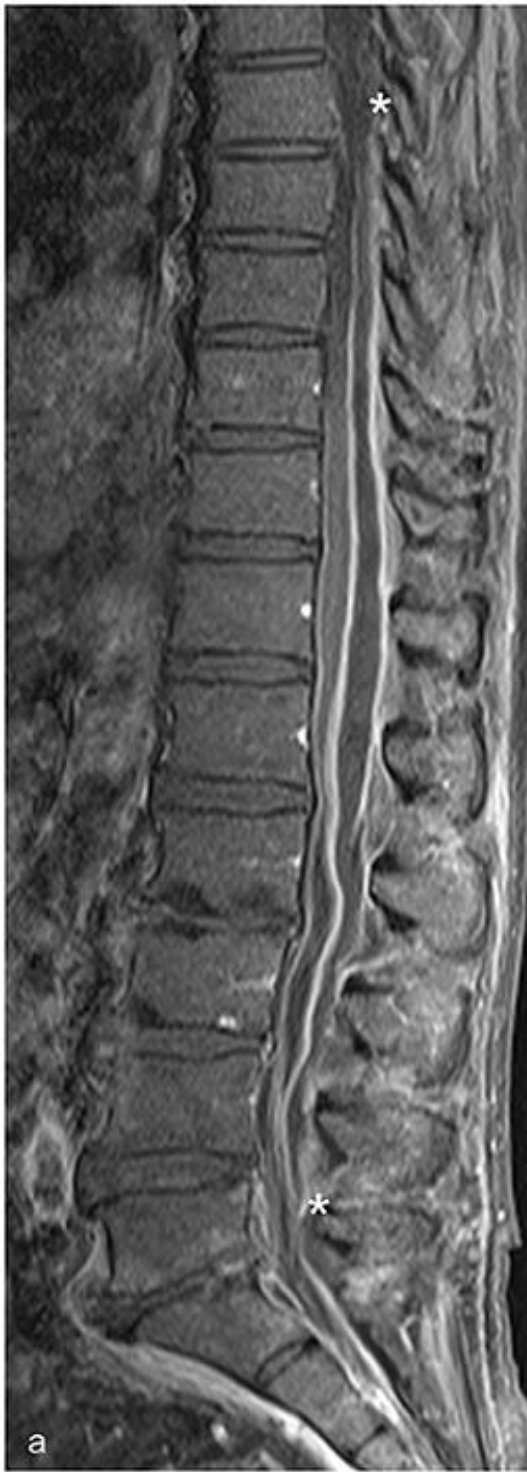


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HCPCS/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
62252	2	3 Date of Service Edit: Clinical	Clinical: Data
62256	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
62258	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
62263	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
62264	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
62267	2	3 Date of Service Edit: Clinical	Clinical: Data
62268	1	3 Date of Service Edit: Clinical	Clinical: Data
62269	2	3 Date of Service Edit: Clinical	Clinical: Data
62270	2	3 Date of Service Edit: Clinical	Clinical: Data

MUE - Value

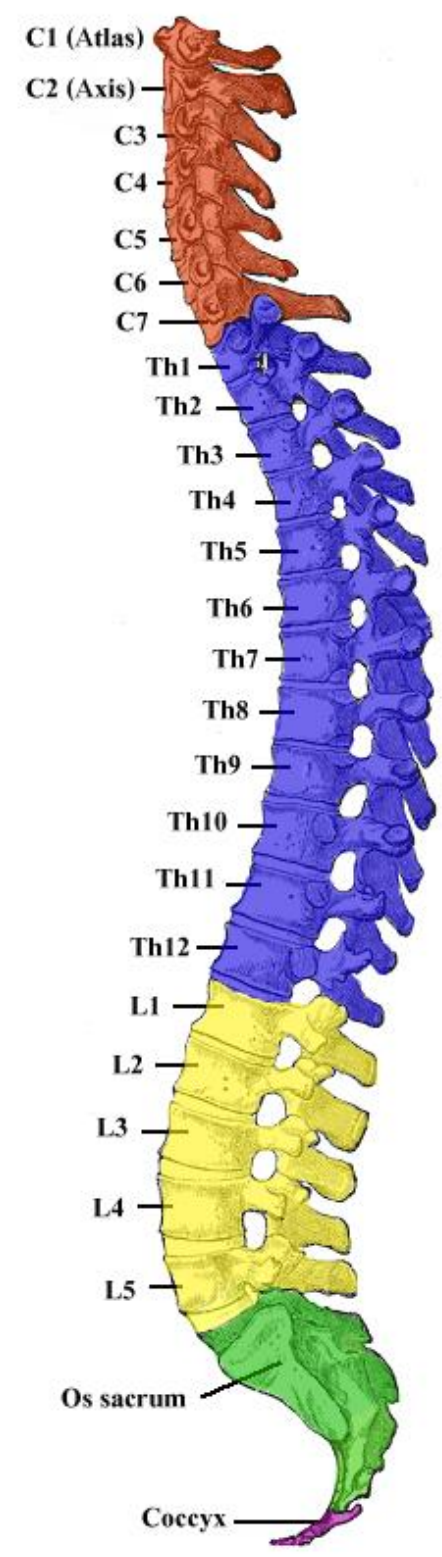
62269 Biopsy of spinal cord, percutaneous needle



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62269	2	3 Date of Service Edit: Clinical	Clinical: Data
62270	2	3 Date of Service Edit: Clinical	Clinical: Data
62272	1	3 Date of Service Edit: Clinical	Clinical: Data
62273	2	3 Date of Service Edit: Clinical	Clinical: Data

MUE - Value

62290 Injection procedure for discography, each level, lumbar



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62304	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
62305	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
62320	1	3 Date of Service Edit: Clinical	Clinical: Data



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[Proper Use of Modifiers 59 & -X{EPSU}](#)

[MLN1783722](#)

[MLN901346 — March 2022](#)

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