



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



<https://www.medicaid.gov/medicaid/program-integrity/national-correct-coding-initiative-medicaid/index.html>

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Introduction

What is the Medicaid National Correct Coding Initiative (NCCI)?

The Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) promotes national correct coding methodologies and reduces improper coding, which may result in inappropriate payments of Medicaid claims.

The Medicaid NCCI contains two types of edits:

1. **Procedure-to-procedure (PTP) edits** define pairs of Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes that providers should not report together for a variety of reasons. The purpose of the PTP edits is to prevent improper payments when incorrect code combinations are reported. Each edit has a Column One and a Column Two HCPCS/CPT code. If a provider reports the two codes of an edit pair for the same beneficiary on the same date of service, the Column One code is eligible for payment but the Column Two code is denied, unless an appropriate modifier is used. We will learn more about modifiers on page 11 of this booklet.
2. **Medically Unlikely Edits (MUEs)** define for each HCPCS/CPT code the maximum units of service (UOS) that a provider would report under most circumstances for a single beneficiary on a single date of service. MUEs prevent payment for an inappropriate number or quantity of the same service on a single day.

Note that [The National Correct Coding Initiative in Medicaid](#) program has significant differences from the Medicare NCCI program. This booklet will focus on how to access and use the Medicaid NCCI files available to the general public. If you are looking for information on the [Medicare NCCI program](#), visit the Medicare NCCI program webpage.

Background

The Social Security Act requires state Medicaid programs to incorporate compatible NCCI methodologies in their systems for processing Medicaid claims. The six methodologies are:

1. PTP edits for practitioner and ambulatory surgical center (ASC) services
2. PTP edits for outpatient services in hospitals (including services offered in emergency and radiology departments, observation units, clinics, and laboratories)
3. PTP edits for durable medical equipment (DME)
4. MUE edits for practitioner and ASC services
5. MUE edits for outpatient services in hospitals
6. MUE edits for DME

Add-On Codes (AOCS)

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 it is the only procedure reported by a practitioner. An add-on code edit would deny an add-on code, if the related primary code is not reported or is reported but not paid.

Add-on code edits are part of the Medicare NCCI Program but are optional under the Medicaid NCCI Program. If a state Medicaid agency (SMA) chooses to apply AOC edits, the SMA should characterize these edits and any resulting denials as state-specific edits/denials, not NCCI edits/denials.

The Medicaid NCCI methodologies apply only to Medicaid Fee-for-Service (FFS) claims that are paid based on HCPCS/CPT codes. This includes claims paid on a FFS basis in State Medicaid Primary Care Case Management managed care programs. Application of NCCI methodologies to FFS claims processed by limited benefit plans or Managed Care Organizations (MCOs) is recommended but not required.

Why Would a Medicaid Health Care Professional or Provider Use the Medicaid NCCI Webpage, Tables, and Manual?

Correct coding and reporting of services are critical aspects of proper billing. Providers cannot bill Medicaid beneficiaries for a service denied based on Medicaid PTP code pair edits or MUEs. The NCCI documents found on [The National Correct Coding Initiative in Medicaid](#) webpage help providers avoid coding and billing errors and subsequent payment denials.

Note: NCCI does not include all possible combinations of correct coding edits or types of unbundling. Providers are obligated to code correctly even if edits do not exist to prevent inappropriate code combinations. If providers determine that claims were coded incorrectly, they must contact their SMA about potential payment adjustments.

How Up-to-Date Are the Medicaid NCCI Tables?

The complete updated Medicaid NCCI publicly available edit files are posted on the [Medicaid NCCI Edit Files](#) webpage at the beginning of each calendar quarter. Upon release, new edit files replace the Medicaid NCCI edit files from previous calendar quarters. The presence of a HCPCS/CPT code in a PTP edit or an MUE value for a HCPCS/CPT code does not indicate that the code is covered by any state Medicaid program or by all state Medicaid programs. Individual SMAs may have state-specific edits that are not NCCI edits.

Note: SMAs must download NCCI edit files available on the secure [Regional Information Sharing System \(RISSNET\) portal](#) rather than using the publicly available files on [Medicaid.gov](#) because SMAs must ensure that they or their vendor are using the appropriate Medicaid NCCI edits to adjudicate Medicaid claims. The publicly available files on the NCCI Medicaid webpages are for providers and the general public. States cannot use the publicly available files for processing and paying Medicaid claims. NCCI edit files available on the RISSNET secure portal contain additional information necessary for correct claims processing by SMAs. SMA use of the publicly available files that do not contain edit history may result in improper payment or inappropriate denials. The public files do not contain the Correspondence Language Example Identifiers (CLEID) contained in the files on the RISSNET secure portal. CLEIDs support the rationale for each edit during the claims processing and adjudication process. General information on CLEIDs and examples of CLEIDs are available in the [NCCI Correspondence Language Manual for Medicaid Services](#) on the Medicaid NCCI Reference Documents webpage.

How to Locate the Medicaid NCCI Tables and Medicaid NCCI Manuals

The Medicaid NCCI Policy Manual, the Medicaid NCCI Technical Guidance Manual (TGM), and the NCCI Correspondence Language Manual for Medicaid Services are available on the [Medicaid NCCI Reference Documents](#) webpage. CMS updates these manuals annually. More information about the manuals is on page 12 of this booklet.

You can search the files on the [Data.Medicaid.gov](#) website or download the files to a variety of formats. We will discuss the download options more on page 14 in this booklet.

Note: Coding decisions for edits are based on conventions defined in the AMA's CPT Manual, national and local policies and edits, coding guidelines developed by national health care organizations, 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 nonphysician professional societies, hospital organizations, laboratory organizations, and DME organizations. Similarly, proposed PTP code pair edits are released to various national health care organizations for review and comment prior to implementation.

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 Code
- 0001U-0034U: PLA Codes

Using the Medicaid NCCI Tools

The first step in looking up an edit is to select the Edit Files link in the menu on the left side of [The National Correct Coding Initiative in Medicaid](#) webpage as shown in Figure 1.

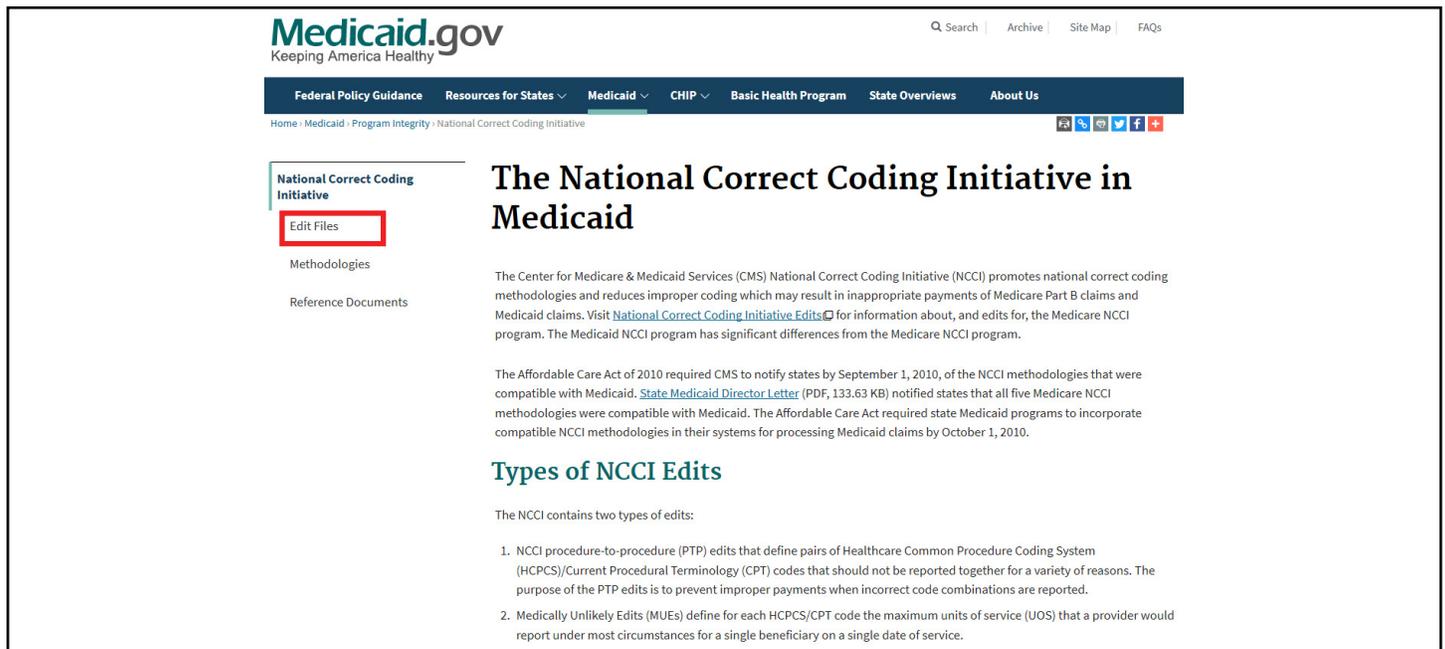


Figure 1: NCCI in Medicaid Webpage



The [Medicaid NCCI Edit Files](#) webpage will appear. Select the [Data.Medicaid.gov](#) link under the How to Access the Files heading as shown in Figure 2.

Figure 2: Medicaid NCCI Edit Files Webpage

The [Medicaid NCCI dataset webpage](#) will appear. As shown in Figure 3, select the NCCI Procedure to Procedure Edits (PTP) link to access the Medicaid PTP tables or the NCCI Medically Unlikely Edits (MUEs) link to access the Medicaid MUE tables.

Figure 3: NCCI Edit Tables Links

Helpful Hint

Remember that PTP and MUE tables are updated quarterly, and you must completely replace saved tables to ensure the most current files are used.

Let's start with a review of the Medicaid PTP dataset.

Looking up PTP Code Pair Edits

Go to the [NCCI Medicaid dataset](#) webpage and select the NCCI Procedure to Procedure Edits (PTP) link. Figure 4 shows the top of the NCCI Procedure to Procedure Edits (PTP) webpage in the Medicaid dataset.

The screenshot shows the Data.Medicaid.gov website. The main heading is "Data.Medicaid.gov" with a search bar to the right. Below the heading is a navigation menu with links for Home, Data Catalog, Help, For Developers, and Medicaid.gov, and a Sign In button. The main content area is titled "NCCI Procedure to Procedure Edits (PTP)" and includes a "View Data" button, a "Visualize" dropdown menu, and "Export" and "API" buttons. Below the title is a "Uncategorized" tag and a description: "The CMS National Correct Coding Initiative (NCCI) promotes national correct coding methodologies and reduces improper coding which may result in inappropriate payments of Medicare Part B claims and Medicaid claims." There is also a "More" link. On the right side, there is a "Updated" section with the date "December 11, 2020" and a "Data Provided by" section with the text "Centers for Medicare and Medicaid Services".

Figure 4: NCCI PTP Edits Webpage

The [NCCI Procedure to Procedure Edits \(PTP\)](#) webpage offers information about the dataset, including the number of rows and columns. Scroll down the webpage to see the Table Preview.

PTP data files for the previous quarter are found at the bottom of the [Medicaid NCCI Edit Files](#) webpage using links provided under the Complete Medicaid NCCI Edit Files for Calendar Quarter headings and the Medicaid Change Report Files heading.

How to Use PTP Code Pair Edits

The Column One and Column Two columns in the dataset indicate PTP code pairs. We will demonstrate how to use the PTP code pair tables, using an example code 99215. Our examples using the Medicaid NCCI PTP Edits tables and code 99215 will show:

How to Use the Column One/Column Two 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 is an appropriate modifier used?

What are the Column One/Column Two PTP code pair tables?

Although the Column Two code is often a component of a more comprehensive Column One code, this relationship is not true for many edits. In some types of edits, the PTP code pair edit simply represents two codes that providers should not report together, unless an appropriate modifier is used. We will learn more about modifiers on page 11 of this booklet.

Providers should not report certain procedure codes together because the procedure codes are mutually exclusive of each other. Mutually exclusive procedures are defined as procedures that a provider cannot reasonably perform on the same anatomic site or in the same beneficiary encounter.

An example of a mutually exclusive situation is the repair of an organ that can be performed by two different methods. A provider can choose only one method to repair the organ. A second example is that an “initial” procedure is not separately reportable with a “subsequent” procedure. With the exception of drug administration services, a provider cannot report the initial service and subsequent service at the same patient encounter. For example, a provider should not report Skilled Nursing Facility Evaluation and Management service 99304 (Initial nursing facility care, per day) and 99307 (Subsequent nursing facility care, per day) together on the same day for the same beneficiary by the same practitioner.

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

The Medicaid NCCI PTP code tables include Column One and Column Two 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 One code is eligible for payment and the Column Two code is denied. However, in some cases, if both codes are clinically appropriate and an appropriate NCCI PTP-associated modifier is used, the codes in both columns are eligible for payment. The beneficiary’s medical record must include supporting documentation.

To determine when our example code 99215 is the reimbursable code of a PTP code pair, we open the Medicaid NCCI PTP edits dataset and use the Filter menu option to search for 99215 in the Column One column. (More information about the Filter tool and other menu options in the dataset is available on page 14 in the booklet.)

Figure 5 shows part of the Medicaid PTP edits dataset, with our example code 99215 in the Column One column.

1	2	3	4	5	6	7	8
Quarter Begin Date	Category	Column 1	Column 2	Effective Date	Deletion Date	Modifier Indicator	PTP Edit Rationale
01/01/2020	Practitioner Services	99215	G0426	01/01/2017		0	Mutually exclusive procedures
01/01/2020	Practitioner Services	99215	G0427	01/01/2017		0	Mutually exclusive procedures
01/01/2021	Outpatient Hospital Services	99215	0359T	10/01/2014	12/31/2018	1	Misuse of column two code with column one code
01/01/2021	Outpatient Hospital Services	99215	0360T	10/01/2014	12/31/2018	1	Misuse of column two code with column one code
01/01/2021	Outpatient Hospital Services	99215	0361T	10/01/2014	12/31/2018	1	Misuse of column two code with column one code
01/01/2021	Outpatient Hospital Services	99215	0362T	10/01/2014	12/31/2019	1	Misuse of column two code with column one code
01/01/2021	Outpatient Hospital Services	99215	0362T	10/01/2020		1	Misuse of column two code with column one code
01/01/2021	Outpatient Hospital Services	99215	0363T	10/01/2014	12/31/2018	1	Misuse of column two code with column one code

Figure 5: Portion of Medicaid NCCI PTP Dataset

- 1 Quarter Begin Date: The first date that this quarterly edit file is effective
- 2 Category: The category of service offered
- 3 Column One: Indicates the payable code
- 4 Column Two: Contains the code that is not payable with this particular Column One code, unless a modifier is permitted and submitted
- 5 Effective Date: Indicates the effective date of the PTP edit (month, day, year)
- 6 Deletion Date: Deletion date of the PTP edit
- 7 Modifier Indicator: Indicates if a modifier is permitted to override the PTP edit (The Modifier Indicator Table, shown on page 11 of this booklet, defines the modifier indicators.)
- 8 PTP Edit Rationale: Indicates the rationale for each PTP edit

Our search shows a portion of all Column One and Column Two 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 One/Column Two edits.

Figure 5 shows, for example, that a physician is not reimbursed for code 0362T (Behavior identification supporting assessment for patient exhibiting destructive behavior, each 15 minutes of technicians’ face-to-face time) together with 99215 (Office or other outpatient visit) unless a modifier is appended to HCPCS/CPT code.



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 also may need to know when a code appears as a Column Two code.

To determine when our example code 99215 is the non-reimbursable code of a PTP code pair, we open the Medicaid NCCI Procedure to Procedure Edits (PTP) dataset and use the Filter menu option to search for 99215 in the Column Two column.

If you perform a filter for 99215 in Column Two, you will see that 99215 is not reimbursed with 99221, Initial hospital care, unless an appropriate modifier is billed.

How do you know when to use an appropriate modifier?

Providers can append modifiers to HCPCS/CPT codes only if the clinical circumstances and documentation justify appending a modifier. Providers cannot append a modifier to a HCPCS/CPT code solely to bypass a PTP code pair edit if the clinical circumstances do not justify its use. If a state Medicaid program imposes restrictions on a modifier, a provider can only use the modifier to bypass an NCCI PTP code pair edit if the Medicaid restrictions are fulfilled.

In the modifier indicator column in the Medicaid PTP tables, the indicator 0, 1, or 9 shows whether a PTP-associated modifier allows the PTP code pair to bypass the edit. Table 1 shows the definitions of the modifiers.

Table 1. Modifiers

MODIFICATION INDICATOR	DEFINITION
0 (Not Allowed)	No modifiers associated with NCCI are allowed with this PTP code pair.
1 (Allowed)	The modifiers associated with NCCI are allowed with this PTP code pair when appropriate.
9 (Not Applicable)	This indicator means an NCCI edit does not apply to this PTP code pair. It means the edit for this PTP code pair was deleted retroactive to the implementation date.

Table 1: Modifiers

Now that you have learned how to use the PTP code pair tables, we will learn how to search for MUEs.

Looking up Medically Unlikely Edits (MUEs)

An MUE for a HCPCS/CPT code is the maximum 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, coding instructions, anatomic considerations, established CMS policies, nature of service/procedure, nature of analyte, nature of equipment, prescribing information, and clinical judgment.

MUE values are not utilization or coverage guidelines and do not represent UOS that providers may report without concern about medical review. Providers should continue to only report services that are medically reasonable and necessary. A denial of services due to an MUE is a coding denial, not a coverage or medical necessity denial.

Return to the [Medicaid NCCI dataset webpage](#) and select the [NCCI Medically Unlikely Edits \(MUEs\) link](#) to access the Medicaid MUE tables.

Figure 6 shows the MUE table on the NCCI Medically Unlikely Edits (MUEs) dataset webpage.

1	2	3	4	5
Quarter Begin Date	Category	HCPCS/CPT Code	MUE Value	MUE Rationale
10/01/2020	DME Services	A7044		1 Clinical: Medicare Data
10/01/2020	DME Services	A7045		1 Clinical: Medicare Data
10/01/2020	DME Services	A7046		1 CMS Policy
10/01/2020	DME Services	A7047		1 Nature of Equipment

Figure 6: Portion of Medicaid NCCI MUE Dataset

1. Quarter Begin Date: The first date that this quarterly edit file is effective
2. Category: The category of service offered
3. HCPCS/CPT Code
4. MUE Value: MUEs define for HCPCS/CPT code the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service
5. MUE Rationale: Indicates the rationale for each MUE value

Manuals

The Medicaid NCCI Policy Manual, Medicaid NCCI TGM, and Medicaid NCCI Correspondence Language Manual are available on the [Medicaid NCCI Reference Documents](#) webpage as shown in Figure 7. You also can access the webpage by selecting Reference Documents in the menu on the left side of [The National Correct Coding Initiative in Medicaid](#) webpage.

The screenshot shows the Medicaid.gov website with the following content:

- Header: Medicaid.gov Keeping America Healthy. Navigation links: Search, Archive, Site Map, FAQs.
- Menu: Federal Policy Guidance, Resources for States, Medicaid, CHIP, Basic Health Program, State Overviews, About Us.
- Breadcrumbs: Home > Medicaid > Program Integrity > National Correct Coding Initiative > Reference Documents.
- Left sidebar: National Correct Coding Initiative (with sub-links: Edit Files, Methodologies, Reference Documents).
- Main heading: Medicaid NCCI Reference Documents.
- Text: Find answers to frequently asked questions about National Correct Coding Initiative (NCCI) Methodologies in the [FAQ library](#).
- Section: **Recent NCCI Manuals** (highlighted in a red box).
- List of documents:
 - NCCI Policy Manual for Medicaid Services, effective January 1, 2021, posted December 28, 2020
 - Complete Table of Contents (PDF, 126.36 KB)
 - Introduction (PDF, 156.02 KB)
 - Chapter 1: General Correct Coding Policies (PDF, 282.72 KB)
 - Chapter 2: Anesthesia Services (PDF, 215.9 KB)
 - Chapter 3: Surgery: Integumentary System (PDF, 199.67 KB)
 - Chapter 4: Surgery: Musculoskeletal System (PDF, 188.01 KB)
 - Chapter 5: Surgery: Respiratory, Cardiovascular, Hemic and Lymphatic Systems (PDF, 211.73 KB)
 - Chapter 6: Surgery: Digestive System (PDF, 201.28 KB)
 - Chapter 7: Surgery: Urinary, Male Genital, Female Genital, Maternity Care and Delivery Systems (PDF, 201.22 KB)
 - Chapter 8: Surgery: Endocrine, Nervous, Eye and Ocular, Adnexa and Auditory Systems (PDF, 215.83 KB)
 - Chapter 9: Radiology Services (PDF, 229.51 KB)

Figure 7: Medicaid NCCI Reference Documents Webpage

The Medicaid NCCI Reference Documents webpage also includes a link to [MLN Matters® article SE1418](#), Proper Use of Modifier 59, NCCI MUE and PTP Edit Savings Guidance for State Medicaid Agencies, reports to Congress, and an archive of past manuals.

Medicaid NCCI Policy Manual

The Medicaid NCCI Policy Manual is available on the [Medicaid NCCI Reference Documents](#) webpage. The manual is a reference tool for correct coding and to explain the rationale for NCCI edits. Each chapter corresponds to a separate category of HCPCS/CPT codes, except the Introduction, which includes general NCCI background information, and Chapter 1, which contains general correct coding policies for Medicaid.

The manual's Introduction and Chapter 1 are excellent resources for basic information about proper coding practices and the development of NCCI edits. Chapter 1, 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 clarify principles, issues, or policies, but do not represent the only codes to which the principles, issues, or policies apply.

Carefully review manual chapters that pertain to the code ranges you most often bill. These chapters include detailed information about correct coding and NCCI-associated modifiers for separately reportable services.

Medicaid NCCI Technical Guidance Manual (TGM)

The NCCI Program updates the [Medicaid NCCI TGM](#) annually. The TGM offers technical help for states on correctly and completely applying NCCI edits to claims.

Medicaid NCCI Correspondence Language Manual

The [Medicaid NCCI Correspondence Language Manual](#) offers guidance for when a Correspondence Language Example Identification Number (CLEID) is referenced in a response from an SMA or fiscal agent.

Filtering the NCCI Data Tables

As discussed earlier in the booklet, the Medicaid NCCI PTP and MUE tables are accessed from the [Medicaid NCCI Edit Files](#) webpage. Select the link under the How to Access the Files heading to access the Medicaid NCCI dataset with links to the NCCI Procedure to Procedure Edits (PTP) table and the NCCI Medically Unlikely Edits (MUEs) table.

The filtering and download functions on the PTP and MUE tables operate similarly. We will use the NCCI PTP table for our filtering examples.

Start with the Table Preview at the bottom of the [NCCI Procedure to Procedure Edits \(PTP\)](#) webpage. Select the View Data button as shown in Figure 8 to access the data from the Medicaid NCCI dataset.

Quarter Begi...	Category	Column 1	Column 2	Effective Date	Deletion Date	Modifier Ind...	PTP Edit Rati...
07/01/2018	Outpatient Hospi...	64726	64462	04/01/2017			1 Misuse of column...
07/01/2018	Outpatient Hospi...	57220	64517	10/01/2010			1 Standards of med...
07/01/2018	Outpatient Hospi...	L6920	L6682	01/01/2014			1 HCPCS/CPT proce...
07/01/2018	Outpatient Hospi...	50385	93041	10/01/2010			1 Standards of med...
07/01/2018	Outpatient Hospi...	44900	43830	10/01/2010			0 CPT "separate pr...
07/01/2018	Outpatient Hospi...	44603	36410	10/01/2010			1 Standards of med...
07/01/2018	Outpatient Hospi...	G6019	36011	01/01/2015	12/31/2015		1 Standards of med...
07/01/2018	Outpatient Hospi...	80338	80175	01/01/2015			1 Misuse of column...
07/01/2018	Outpatient Hospi...	90961	99354	01/01/2013			1 CPT Manual or C...
07/01/2018	Outpatient Hospi...	46761	93040	10/01/2010			1 Standards of med...
07/01/2018	Outpatient Hospi...	50750	95812	10/01/2010			1 Standards of med...
07/01/2018	Outpatient Hospi...	E1285	E2370	10/01/2012			0 More extensive p...

Figure 8: NCCI PTP Table Preview

Figure 9 shows menu options in the upper right corner of the NCCI Procedure to Procedure Edits (PTP) dataset.

Options include:

- More Views
- Filter
- Visualize
- Export
- Discuss
- Embed
- About



Figure 9: Medicaid NCCI PTP Menu Options

To download data as an Excel file, select the Export button and then choose CSV for Excel from the download list as shown in Figure 10.

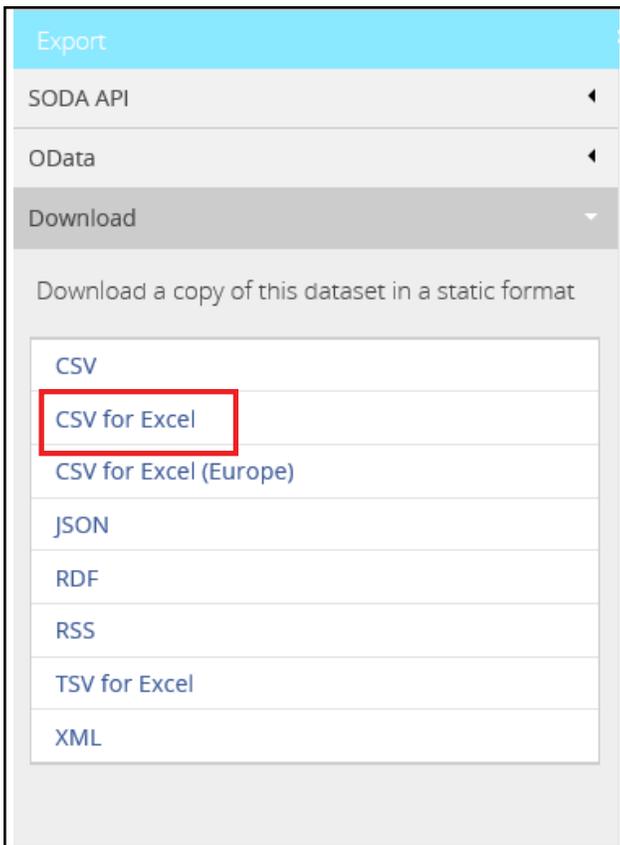


Figure 10: Export Menu Option

Helpful Hint

Excel limits the number of rows that you can export in a single CSV for Excel file to 1,048,576 rows. The Practitioner and Outpatient Hospital PTP edit files both contain significantly more rows than that. To download the complete Practitioner or Outpatient Hospital PTP edit file, use the Filter function to divide the complete file into two smaller files:

1. Effective date between October 1, 2010 and March 31, 2013
2. Effective date after March 31, 2013

You then can export each file in CSV for Excel. The Durable Medical Equipment PTP edit file and all three MUE files can be exported as single CSV for Excel files.

Let's take a closer look at the Filter menu option. Figure 11 shows the filter options that appear when you select the Filter menu option on the dataset page.

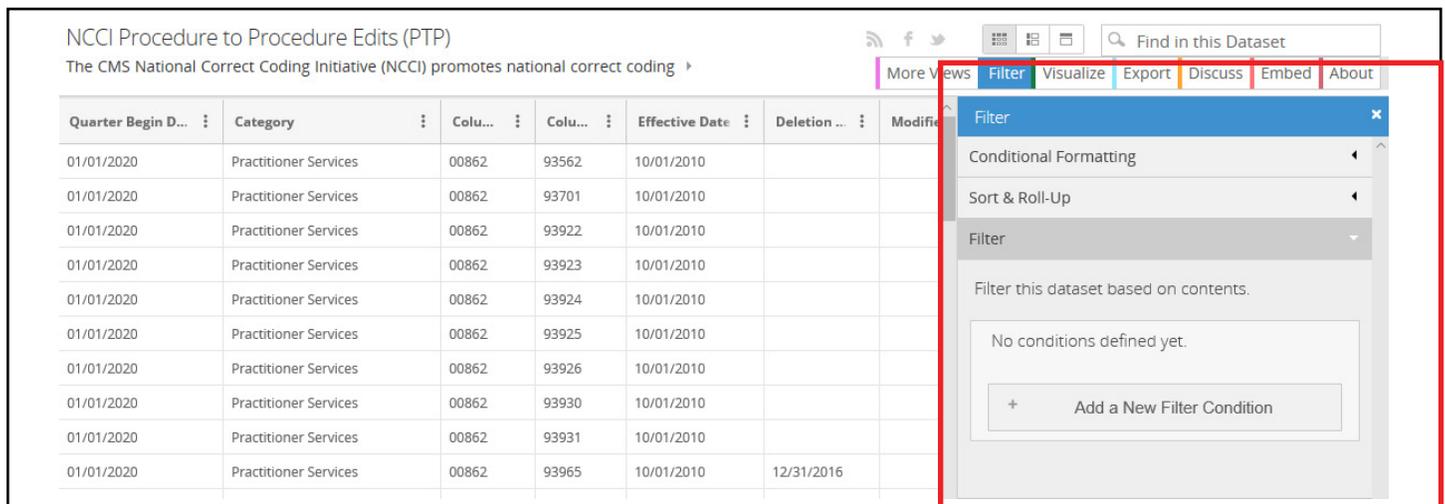


Figure 11: Medicaid NCCI PTP Filter Option

Select Conditional Formatting to change the background color of rows based on custom criteria. Select Sort & Roll-Up to group rows together and summarize data with a roll-up or sort one or more columns. Select Add a New Filter Condition to filter this data based on content.

You can filter by column name (Quarter Begin Date, Category, Column One, Column Two, Effective Date, Deletion Date, Modifier Indicator, and PTP Edit Rationale) or by verb content (is, is not, starts with, contains, does not contain, and is blank).

Figure 12 shows the filtering function using two conditions: Our example code 99215 is in Column One and the modifier 1 is in the Modifier Indicator column. Figure 13 shows the results of that filter search.

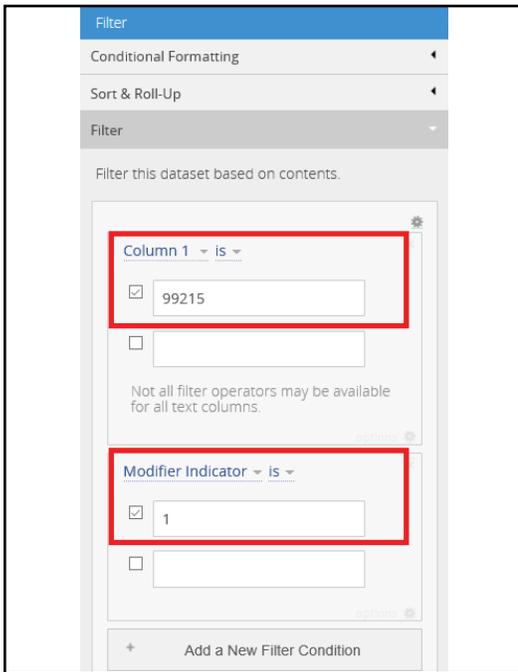


Figure 12: Medicaid NCCI PTP Filter Conditions

NCCI Procedure to Procedure Edits (PTP)
 Based on [NCCI Procedure to Procedure Edits \(PTP\)](#)
 The CMS National Correct Coding Initiative (NCCI) promotes national correct coding

More Views | Filter | Visualize | Export | Discuss | Embed | About

Quarter Begin Date	Category	Column 1	Column...	Effective Date	Deletion Da...	Modifier I...	PTP Edit Rationale
01/01/2021	Outpatient Hospital Services	99215	0359T	10/01/2014	12/31/2018	1	Misuse of column two code with column one code
01/01/2021	Outpatient Hospital Services	99215	0360T	10/01/2014	12/31/2018	1	Misuse of column two code with column one code
01/01/2021	Outpatient Hospital Services	99215	0361T	10/01/2014	12/31/2018	1	Misuse of column two code with column one code
01/01/2021	Outpatient Hospital Services	99215	0362T	10/01/2014	12/31/2019	1	Misuse of column two code with column one code
01/01/2021	Outpatient Hospital Services	99215	0362T	10/01/2020		1	Misuse of column two code with column one code
01/01/2021	Outpatient Hospital Services	99215	0363T	10/01/2014	12/31/2018	1	Misuse of column two code with column one code
01/01/2021	Outpatient Hospital Services	99215	0364T	10/01/2014	12/31/2018	1	Misuse of column two code with column one code
01/01/2021	Outpatient Hospital Services	99215	0365T	10/01/2014	12/31/2018	1	Misuse of column two code with column one code
01/01/2021	Outpatient Hospital Services	99215	0366T	10/01/2014	12/31/2018	1	Misuse of column two code with column one code

Figure 13: Medicaid NCCI PTP Filter Results

Now, let's discuss the Visualize menu option. Select the Visualize menu button and then the Launch New Visualization button that appears in the Visualize menu as shown in Figure 14.

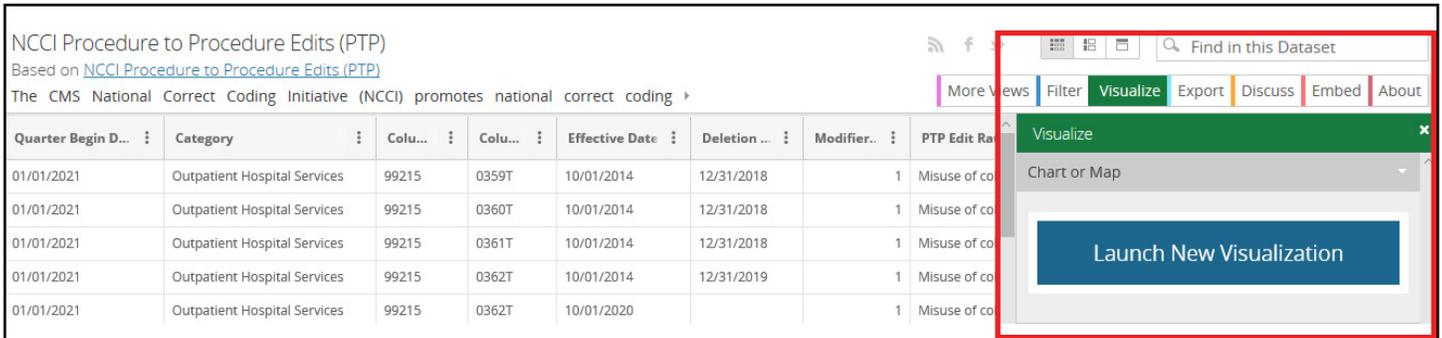


Figure 14: Medicaid NCCI PTP Visualize Menu

The Configure Visualization webpage will appear. You cannot save visualizations you create in the dataset to your account unless you first sign in to the Medicaid dataset website. If you do not want to save the visualization, select the No Thanks button and continue without signing in.

Menu items across the top of the page include options for graphs. Customize the graphs using menu items on the left side of the page. Filter for certain criteria by selecting the Filters icon at the top of the page. Figure 15 shows a bar chart format for data filtered for the code 99215 in the Column One column.

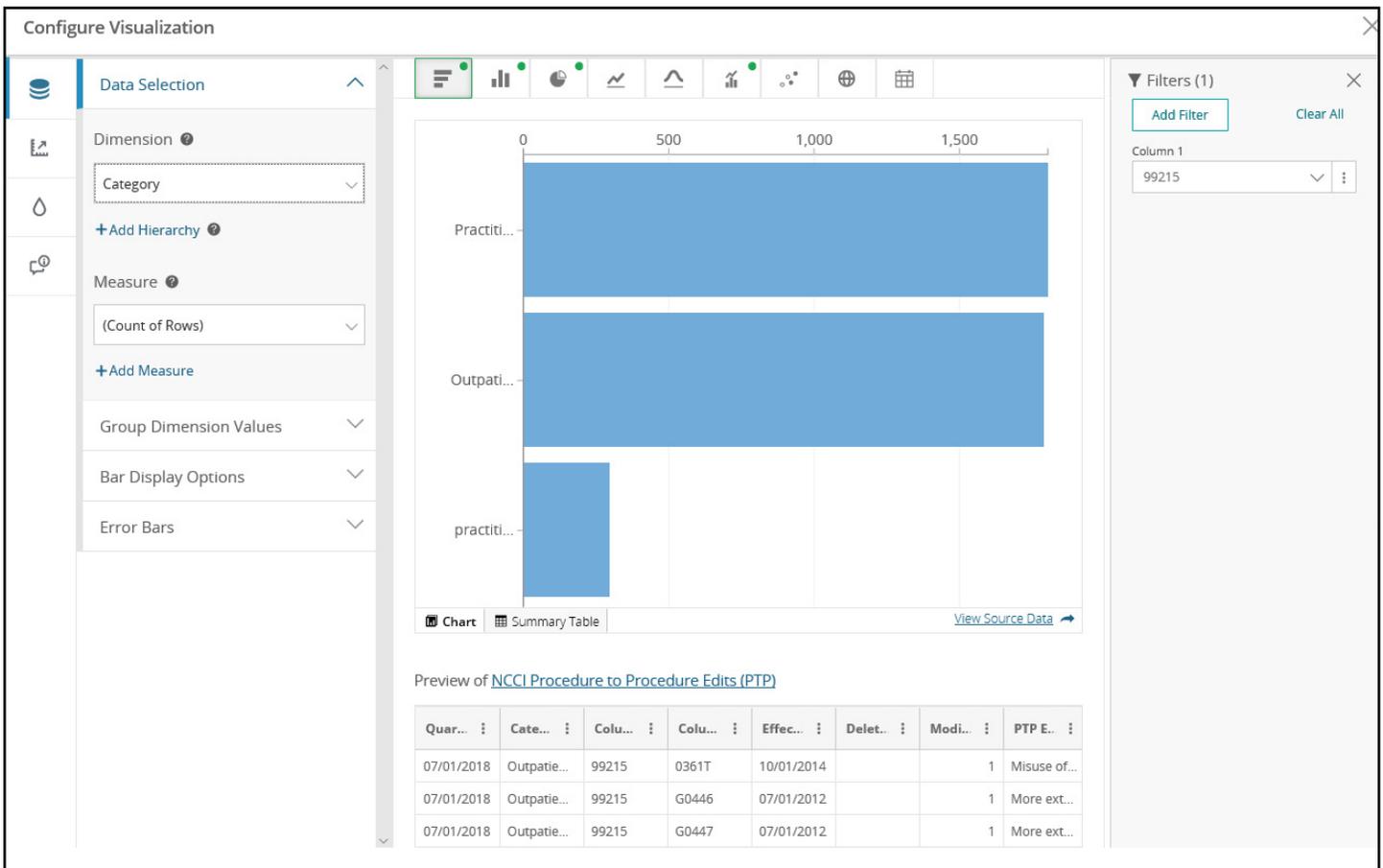


Figure 15: Medicaid NCCI PTP Visualize Bar Chart

Note: Send questions about the Medicaid NCCI program to NCCIPTMUE@cms.hhs.gov.

Resources

- [Data.Medicaid.gov](https://data.medicaid.gov)
- [Federal Register](https://www.federalregister.gov)
- [Medicaid.gov](https://www.medicaid.gov)
- [Medicaid National Correct Coding Initiative Technical Guidance Manual \(TGM\)](#)
- [Medicaid NCCI Edit Files](#)
- [Medicaid NCCI Medically Unlikely Edits \(MUEs\)](#)
- [Medicaid NCCI Procedure to Procedure Edits \(PTP\)](#)
- [Medicaid NCCI Reference Documents](#)
- [MLN Matters® Article #SE1418, Proper Use of Modifier 59](#)
- [MLN Publications](#)
- [The National Correct Coding Initiative in Medicaid](#)
- [National Correct Coding Initiative Edits in Medicare](#)
- [National Correct Coding Initiative Correspondence Language Manual for Medicaid Services](#)
- [NCCI Mailbox](#)
- [RISSNET Secure Portal](#)

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