NCCI PTP with Modifiers

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

NCCI Procedure-to-Procedure (PTP) edits are code pair edits designed to prevent improper payment when certain codes are submitted together.

Each NCCI PTP edit has an assigned modifier indicator.

- A modifier indicator of "0" indicates that NCCI-associated modifiers cannot be used to bypass the edit.
- A modifier indicator of "1" indicates that NCCI-associated modifiers may be used to bypass an edit under appropriate circumstances.

Reimbursement Guidelines

CMS defines modifiers that may be used under appropriate clinical circumstances to bypass certain NCCI PTP edits.

Allowed modifiers 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 should only be appended to HCPCS/CPT codes if justified by the clinical circumstances.

- Modifiers should not be appended solely to bypass an NCCI PTP edit without valid clinical justification.
- Appending a modifier indicates that records supporting the use of the modifier are available for review.

NCCI PTP-associated modifiers should only be used when appropriate, generally in relation to separate patient encounters, time units, anatomic sites, or specimens.

If a state Medicaid program imposes restrictions on the use of a modifier, it may only be used to bypass an NCCI PTP edit if those restrictions are fulfilled. When clinically appropriate, an NCCI bypass modifier

appended to the service that would have been denied (noted as Column 2 code in the PTP listing) will result in a bypass of the PTP edit. For Medicare bundling edits, if both codes in the edit pair have the

same modifier, the PTP edit is not bypassed. For Medicaid bundling edits, if both codes in the edit pair have the same anatomic modifier and neither code has modifier 58, 59, 78, 79, XE, XP, XS, or XU, the PTP edit is not bypassed.

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Initial Creation Date	11/20/2020	New Policy
Revised Date	10/19/2022	Updated links
Revised Date	08/16/2023	Verified links- TP
Revised Date	12/12/2024	Verified Links and Updated Template
Revised Date	08/05/2025	Updated Template

References

References This policy was developed using:

• CMS
• State Medicaid Regulatory Guidance
• State Contracts

Reference	Link
CMS	https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci/ncci-medicare

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***CODING DISCLAIMER**. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.*