

Educational Sheet for Column Two Procedure Code with Column One Procedure Code

Column Two Procedure with Column One Procedure Code

According to the National Council on Compensation Insurance (NCCI): the Centers for Medicare & Medicaid Services (CMS) manuals and instructions often describe groups of HCPCS/CPT® codes that should not be reported together for the Medicare program. Edits based on these instructions are often included as misuse of a Column Two code with a Column One code.

A HCPCS/CPT® code descriptor does not include exhaustive information about the code. Physicians who are not familiar with a HCPCS/CPT® code may incorrectly report the code in a context different than intended. The NCCI program has identified HCPCS/CPT® codes that are incorrectly reported with other HCPCS/CPT® codes as a result of the misuse of the Column Two code with the Column One code. If these edits allow use of NCCI Procedure to Procedure (PTP) associated modifiers (modifier indicator of “1”), there are limited circumstances when the Column Two code may be reported on the same date of service as the Column One code.

Misuse of code as an edit rationale may be applied to PTP edits where the Column Two code is not separately reportable with the Column One code based on the nature of the Column One coded procedure. This edit rationale may also be applied to code pairs where use of the Column Two code with the Column One code is deemed to be a coding error.

This rule will apply when a Column Two procedure is billed with a Column One procedure.

Additional References

NCCI Manual