Internal Medicine Coding Alert

Reader Question: Know When to Use Modifiers for Unbundled CPT® Codes

Question: If I cannot find my two code pairs in the CCI edits, how do I know which code would be considered a column 1 code and which would be considered a column 2 code so that I could put my modifier on the correct code?

New Orleans Subscriber

Answer: If you are looking through Correct Coding Initiative (CCI) edits to see if two CPT® codes are listed together (one as a column 1 code and the other as the column 2 code) and you do not find the code pairs in the list of CCI edits that indicates that these two codes are not bundled.

When you do not find any two code pairs in the list of CCI edits then you do not have to use a modifier on any of the two codes. You will have to use an appropriate modifier to one of the two codes only when these two codes are listed in the CCI edits with the modifier indicator '1,' which means that you can unbundle the codes using an appropriate modifier.

If two codes are listed under CCI with the modifier indicator '0' you cannot use any modifier to unbundle the two codes and if reported together only the code in column 1 of the CCI edit will be paid out and the claim for the code in column 2 will be denied.

So, in most circumstances, if you do not find two code pairs in the CCI list, you will not have to use any modifier with either of the two codes when you are reporting both these codes together.

However, some payers might require the use of modifiers in some cases even when no CCI edits are in place. Check for a black box edit when reporting the two codes for a private payer. In such circumstances, depending on payer preference, you might have to use a modifier on one of the codes. Check with the payer as to which code will have to be appended with the modifier (although it will usually be the lesser valued procedural code).