
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 66

Date: JANUARY 16, 2004

CHANGE REQUEST 2997

I. SUMMARY OF CHANGES: Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 10.1, Effective April 1, 2004.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2004

***IMPLEMENTATION DATE: April 5, 2004**

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N	23/20.9.7/Correct Coding Initiative (Edits) Quarterly Updates

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

***Medicare contractors only**

Attachment – Recurring Update Notification

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SUBJECT: Quarterly Update to Correct Coding Initiative (CCI) edits, Version 10.1, Effective April 1, 2004

I. GENERAL INFORMATION

The latest package of Correct Coding Initiative (CCI) edits, Version 10.1, effective April 1, 2004, will be available via the CMS Data Center (CDC). A test file will be available on or about February 2, 2004, and the final file will be available on or about February 16, 2004.

Version 10.1 will include all previous versions and updates from January 1, 1996, to the present and will be organized in two tables: Column 1/ Column 2 Correct Coding Edits and Mutually Exclusive Code (MEC) Edits.

ATTENTION: The heading “Comprehensive/Component Edits” has been changed to the heading “Column 1/ Column 2 Correct Coding Edits”. The table containing comprehensive/component edits also includes edits which do not involve a comprehensive/component relationship but are codes that should simply not be reported together for other reasons, for example “misuse of the code”, etc. The headings have been changed to more accurately reflect the overall category of the edits within the tables and to eliminate the confusion as the result of using the term(s) “comprehensive/component”. For more detailed information, please refer to Chapter 1 – General Correct Coding Policies - Section A, Pages 1 and 2.

A. Background: The Centers for Medicare and Medicaid Services developed the National Correct Coding Initiative to promote national correct coding methodologies and to control improper coding that leads to inappropriate payment in Part B claims.

B. Policy: The coding policies developed are based on coding conventions defined in the American Medical Association’s CPT manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practice and review of current coding practice.

C. Provider Education: Carriers shall inform affected providers by posting either a summary or relevant portions of this document on their Web site within two weeks. Also, carriers shall publish this same information in their next regularly scheduled bulletin. If they have a listserv that targets affected providers, they shall use it to notify subscribers that information about title or description of the change is available on their Web site.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement #	Requirements	Responsibility
1	<p>The regional office correct coding initiative (ROCCI) representatives should access the files from the CDC in the same manner they download the previous versions. The filenames for the regions are:</p> <p>Test File:</p> <p>MU00.@BF12372.CCIALl.MEEDITS.TEST01.V101 MU00.@BF12372.CCIALl.CMPEDITS.TEST01.V101</p> <p>Final File:</p> <p>MU00.@BF12372.CCIALl.MEEDITS.FINAL01.V101 MU00.@BF12372.CCIALl.CMPEDITS.FINAL01.V101</p>	ROCCI Carriers
2	<p>The carriers shall use specific job control language in order to access Version 10.1 through the Network Data Mover. The filenames for the carriers are:</p> <p>Test File:</p> <p>MU00.@BF12372.CCINDM.MEEDITS.TEST01.V101 MU00.@BF12372.CCINDM.CMPEDITS.TEST01.V101</p> <p>Final File:</p> <p>MU00.@BF12372.CCINDM.MEEDITS.FINAL01.V101 MU00.@BF12372.CCINDM.CMPEDITS.FINAL01.V101</p>	Carriers
3	<p>The CCI and MEC files will maintain the file formats contained in the Medicare Carriers Manual, Part 3, §4630.M. The CCI adds, deletes, and modifier indicator change lists will be forthcoming via electronic mail on or about February 24, 2004.</p>	
4	<p>Carriers should not search their files to either retract payment or to retroactively pay claims.</p>	Carriers
5	<p>Carriers shall adjust claims if they are brought to their attention.</p>	Carriers

6	If carriers foresee any problems with loading the CCI files, they should load the files 2 - 3 days prior to the effective date (including weekends).	Carriers
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Due to Current Procedure Terminology copyrights, immediate corrections, if any, will be included in one of the above notifications.

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: April 1, 2004</p> <p>Implementation Date: April 5, 2004</p> <p>Pre-Implementation Contact(s): Val Allen (410) 786-7443</p> <p>Post-Implementation Contact(s): Val Allen (410) 786-7443</p>	<p>These instructions should be implemented within your current operating budget.</p>
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20.9.7 - Correct Coding Initiative (Edits) Quarterly Updates

(Rev. 66, 01-16-04)

The latest package of Correct Coding Initiative (CCI) edits, Version 10.1, effective April 1, 2004, will be available via the CMS Data Center (CDC). A test file will be available on or about February 2, 2004, and the final file will be available on or about February 16, 2004.

Version 10.1 will include all previous versions and updates from January 1, 1996, to the present and will be organized in two tables: Column 1/ Column 2 Correct Coding Edits and Mutually Exclusive Code (MEC) Edits.

In the future, Medicare Contractors will receive quarterly updates to Correct Coding Initiative (CCI) edits, indicating the version and the effective date, through a recurring update notification.