



News Flash - Effective March 1, 2008, Medicare fee-for-service 837P and CMS-1500 claims must include an NPI in the primary fields on the claim (i.e., the billing, pay-to, and rendering fields). You may continue to submit NPI/legacy pairs in these fields or submit only your NPI on the claim. You may not submit claims containing only a legacy identifier in the primary fields. Failure to submit an NPI in the primary fields will result in your claim being rejected or returned as unprocessable beginning March 1, 2008. Until further notice, you may continue to include legacy identifiers only for the secondary fields.

MLN Matters Number: MM5824

Related Change Request (CR) #: 5824

Related CR Release Date: November 30, 2007

Effective Date: January 1, 2008

Related CR Transmittal #: R1386CP

Implementation Date: January 7, 2008

Note: This article was updated on September 25, 2012,, to reflect current Web addresses. All other information remains the same.

Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 14.0, Effective January 1, 2008

Provider Types Affected

Physicians who submit claims to Medicare Carriers and A/B Medicare Administrative Contractors (A/B MACs)

Background

This article is based on Change Request (CR) 5824, which provides a reminder for physicians to take note of the quarterly updates to Correct Coding Initiative (CCI) edits.

The National Correct Coding Initiative developed by the Centers for Medicare & Medicaid (CMS) helps promote national correct coding methodologies and controls improper coding. The coding policies developed are based on coding conventions defined in:

- The American Medical Association's (AMA's) Current Procedural Terminology (CPT) manual;
- National and local policies and edits;

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- Coding guidelines developed by national societies;
- Analysis of standard medical and surgical practice; and
- Review of current coding practice.

Key Points

The latest package of CCI edits, Version 14.0, will be effective January 1, 2008. Version 14.0 of the CCI edits will include all previous versions and updates from January 1, 1996 to the present and will be organized into two tables:

- Column 1/Column 2 Correct Coding Edits; and
- Mutually Exclusive Code (MEC) Edits

Additional information about CCI, including the current CCI and MEC edits, is available at

<http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html> on the CMS website.

Additional Information

The CCI and MED file formats are defined in the Medicare Claims Processing Manual, Publication 100-4, Chapter 23, Section 20.9, which can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c23.pdf> on the CMS website.

The official instruction, CR5824, issued to carriers and A/B MACs regarding this update may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1386CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare Carrier or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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