



Test Your Medicare Claims Now! After you have submitted claims containing both National Provider Identifiers (NPIs) and legacy identifiers and those claims have been paid, Medicare urges you to send a small batch of claims now with only the NPI in the primary provider fields. If the results are positive, begin increasing the number of claims in the batch. (Reminder: For institutional claims, the primary provider fields are the Billing and Pay-to Provider fields. For professional claims, the primary provider fields are the Billing, Pay-to, and Rendering Provider fields. If the Pay-to Provider is the same as the Billing Provider, the Pay-to Provider does not need to be identified.)

MLN Matters Number: MM5936

Related Change Request (CR) #: 5936

Related CR Release Date: February 22, 2008

Effective Date: April 1, 2008

Related CR Transmittal #: R1464CP

Implementation Date: April 7, 2008

Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 14.1, Effective April 1, 2008

Note: This article was updated on July 12, 2013, to reflect current Web addresses. All other information remains unchanged.

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) 5936, 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 14.1, will be effective April 1, 2008. Version 14.1 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", 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, CR5936, issued to carriers and A/B MACs regarding this update may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1464CP.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. on the CMS website.

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