



News Flash – Medicare paid over \$92 million in incentives for 2008 under the Physician Quality Reporting Initiative (PQRI). More than 85,000 physicians and other eligible professionals who successfully reported quality-related data to Medicare under the 2008 PQRI received these payments, which were well above the \$36 million paid in 2007. The number of eligible professionals who earned an incentive payment increased by one-third from 2007, when 56,700 eligible professionals earned an incentive payment. More information about the PQRI program, including participation guidance and the criteria to qualify for an incentive payment is available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html> on the CMS website.

MLN Matters® Number: MM6819

Related Change Request (CR) #: 6819

Related CR Release Date: February 5, 2010

Effective Date: April 1, 2010

Related CR Transmittal #: R1916CP

Implementation Date: April 5, 2010

Note: This article was updated on November 23, 2012, to reflect current Web addresses. All other information remains unchanged.

Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 16.1, effective April 1, 2010

Provider Types Affected

This article is for physicians submitting claims to Medicare Carriers and/or Part A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries.

What You Need to Know

This article is based on Change Request (CR) 6819, which provides a reminder for physicians to take note of the quarterly updates to Correct Coding Initiative (CCI) edits. The last quarterly release of the edit module was issued in January 2010.

Background

The Centers for Medicare & Medicaid Services (CMS) developed the National Correct Coding Initiative (CCI) to promote national correct coding methodologies

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and to control improper coding that leads to inappropriate payment in Part B claims.

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

The latest package of CCI edits, Version 16.1, is effective April 1, 2010, and includes all previous versions and updates from January 1, 1996, to the present. It will be organized in the following 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 MEC file formats are defined in the Medicare Claims Processing Manual, Chapter 23, Section 20.9, which is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf> on the CMS website. The official instruction (CR 6819) issued to your carrier and A/B MAC, RHHI regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1916CP.pdf> on the CMS website.

If you have any questions, please contact your 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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