



News Flash – The Medicare Learning Network® has released a new educational tool titled “5010: Taking Electronic Billing and Electronic Data Interchange (EDI) to the Next Level.” This educational tool is designed to provide education on the upcoming implementation of Versions 5010 and D.0, which will replace the current version that covered entities must use when conducting electronic HIPPA transactions. It includes a timeline and list of resources related to the implementation. This product is suggested for all Medicare Fee-For-Service Providers and is available in downloadable format at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/5010EDI_RefCard_ICN904284.pdf on the CMS website.

MLN Matters® Number: MM7210

Related Change Request (CR) #: 7210

Related CR Release Date: November 19, 2010

Effective Date: January 1, 2011

Related CR Transmittal #: R2097CP

Implementation Date: January 3, 2011

Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 17.0, effective January 1, 2011

Note: This article was updated on September 4, 2012, to reflect current Web addresses. All other content remains the same.

Provider Types Affected

Physicians and providers submitting claims to Medicare Carriers and/or Part A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries are impacted by this issue.

Provider Action Needed

This article is based on Change Request (CR) 7210, 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 October 2010.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2009 American Medical Association.

Background

The Centers for Medicare & Medicaid Services (CMS) developed the National Correct Coding Initiative (CCI) to promote national correct coding methodologies 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 17.0, is effective January 1, 2011, 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 7210) issued to your carrier or A/B MAC regarding this change is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2097CP.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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