

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – The Centers for Medicare & Medicaid Services (CMS) has reevaluated the revalidation requirement in the Affordable Care Act, and believe it affords the flexibility to extend the revalidation period for another 2 years. Revalidation notices will now be sent through March 2015. **IMPORTANT:** This does not affect providers who have already received a revalidation notice. If you received a revalidation notice from your contractor, respond to that request. Remember, institutional providers (i.e., all providers except physicians, non-physicians practitioners, physician group practices and non-physician practitioner group practices) must submit the application fee with their revalidation. CMS will post a list of providers who were sent requests to revalidate on the [Medicare Provider-Supplier Enrollment web page](#). Notification will be sent via a CMS electronic mailing list when this information is posted. If you are signed up for your Medicare contractor's listserv you will get a notice that way. You may also sign up for a [national Fee-For-Service electronic mailing list](#).

MLN Matters® Number: MM7726

Related Change Request (CR) #: CR 7726

Related CR Release Date: January 13, 2012

Effective Date: April 1, 2012

Related CR Transmittal #:R2384CP

Implementation Date: April 2, 2012

Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 18.1, Effective April 1, 2012

Provider Types Affected

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

Provider Action Needed

This article is based on Change Request (CR) 7726 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, 2012.

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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 18.1, is effective April 1, 2012, and includes all previous versions and updates from January 1, 1996, to the present. It will be organized in two tables:

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

Additional information about the CCI, including the current CCI and Mutually Exclusive Code (MEC) edits, is available at

<http://www.cms.gov/NationalCorrectCodInitEd> 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/manuals/downloads/clm104c23.pdf> on the CMS website.

The official instruction, CR7726, issued to your carrier or and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R2384CP.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/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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