

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



REVISED product from the Medicare Learning Network® (MLN):

- "[Medicare Enrollment and Claim Submission Guidelines](#)", Booklet, ICN 906764, Downloadable and hard copy

MLN Matters® Number: MM8477

Related Change Request (CR) #: CR 8477

Related CR Release Date: November 15, 2013

Effective Date: January 1, 2014

Related CR Transmittal #: R2817CP

Implementation Date: January 6, 2014

Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 20.0, Effective January 1, 2014

Provider Types Affected

This MLN Matters® Article is intended 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) 8477 which informs Medicare contractors about the release of the latest package of National CCI edits, Version 20.0, effective January 1, 2014. See the Background and Additional Information Sections of this article for further details regarding these changes, and make sure that your billing staffs are aware of these changes.

Background

The Centers for Medicare & Medicaid Services (CMS) developed the National 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 Current Procedural Terminology manual, national and local policies

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and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practice, and review of current coding practice.

The latest package of CCI edits, Version 20.0, effective January 1, 2014, will be available via the CMS Data Center (CDC). A test file will be available on or about November 2, 2013, and a final file will be available on or about November 17, 2013.

Version 20.0 will include all previous versions and updates from January 1, 1996, to the present. In the past, CCI was organized in two tables: Column 1/Column 2, Correct Coding Edits and Mutually Exclusive Code (MEC) Edits. In order to simplify the use of NCCI edit files (two tables), on April 1, 2012, CMS consolidated these two edit files into the Column One/Column Two Correct Coding edit file. Separate consolidations have occurred for the two practitioner NCCI edit files and the two NCCI edit files used for OCE. It will only be necessary to search the Column One/Column Two Correct Coding edit file for active or previously deleted edits.

CMS no longer publishes a Mutually Exclusive edit file on its website for either practitioner or outpatient hospital services, since all active and deleted edits will appear in the single Column One/Column Two Correct Coding edit file on each website.

Note: The edits previously contained in the Mutually Exclusive edit file are NOT being deleted but are being moved to the Column One/Column Two Correct Coding edit file.

Additional Information

The official instruction, CR 8477 issued to your carriers and Part B MACs regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2817CP.pdf> on the CMS website.

For more information, visit the CMS NCCI web page at <http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html> on the CMS website.

If you have any questions, please contact your carriers or Part B MACs 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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