



**News Flash** – The Centers for Medicare and Medicaid Services (CMS) will be conducting follow-up calls to providers regarding the Comprehensive Error Rate Testing (CERT) program. CMS staff may contact you to obtain all necessary medical record documentation for claims reviewed under the CERT program. Although you may have already received letters and telephone calls from the CERT contractor, these additional efforts by CMS to obtain adequate documentation may change your claim's status from "improper payment" to "proper payment." This will allow CMS to calculate a more accurate Medicare Fee-For-Service error rate, while also reducing the amount of improper payments.

MLN Matters<sup>®</sup> Number: MM7331

Related Change Request (CR) #: 7331

Related CR Release Date: March 18, 2011

Effective Date: April 1, 2011

Related CR Transmittal #: R2179CP

Implementation Date: April 4, 2011

## **Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 17.1, effective April 1, 2011**

**Note: This article was updated on August 17, 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) 7331, 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 2011.

### **Background**

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

#### **Disclaimer**

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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 17.1, is effective April 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

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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 7331) issued to your carrier or A/B MAC regarding this change is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2179CP.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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