

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



News Flash – Beginning January 1, 2012, eligible professionals and group practices participating under the group practice reporting option (GPRO) that have not successfully met the requirements of the eRx incentive program (or, alternately, qualify for a significant hardship exemption) will be subject to the 2012 Medicare eRx payment adjustment. The adjustment will reduce Medicare payment rates by 1% of the provider's allowable Medicare Part B charges. Individual eligible professionals must submit their hardship exemption requests through the [Quality Communications Support Page](#) and group practices participating under the group practice reporting option (GPRO) must submit hardship exemption requests via a letter to CMS. The deadline to submit a hardship exemption request is Tuesday November 1, 2011.

MLN Matters® Number: MM7616

Related Change Request (CR) #: CR 7616

Related CR Release Date: October 21, 2011

Effective Date: January 1, 2012

Related CR Transmittal #: R2322CP

Implementation Date: January 3, 2012

Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 18.0, Effective January 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) 7616 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, 2011.

Background

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 2010 American Medical Association.

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 18.0, is effective January 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, CR 7616, issued to your carrier or and A/B MAC regarding this change may be viewed at

<http://www.cms.gov/Transmittals/downloads/R2322CP.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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