

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-09 Medicare Contractor Beneficiary and Provider Communications	Centers for Medicare & Medicaid Services (CMS)
Transmittal 40	Date: November 9, 2018
	Change Request 10951

SUBJECT: Medicare Contractor Beneficiary and Provider Communications Manual IOM Pub. 100-09 Chapter 5 Correct Coding Initiative

I. SUMMARY OF CHANGES: This Change Request (CR) will update the Medicare Contractor Beneficiary and Provider Communications Manual Chapter 5 - Correct Coding Initiative to seek further information about the National Correct Coding Initiative (NCCI) in IOM 100-04 Chapter 23, Section 20.9.

EFFECTIVE DATE: December 11, 2018

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: December 11, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	5/Table of Contents
R	5/10 Introduction
D	5/20 Correct Coding Initiative
D	5/20.1 Effective Date/Scope
D	5/20.2 MSN Messages
D	5/20.3 Remittance Notice Messages
D	5/20.4 Correct Coding Modifier Indicators and HCPCS Codes Modifiers
D	5/20.5 Limiting Charge
D	5/20.6 Appeals
D	5/20.7 Savings Report
D	5/20.8 National Technical Information Service (NTIS), Department of Commerce
D	5/20.9 Adjustments
D	5/20.10 Professional Component Modifier
D	5/20.11 Ambulatory Surgical Center (ASC) Facility
D	5/20.12 Correspondence Language
D	5/20.13 Correct Coding Edit Files

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-09	Transmittal: 40	Date: November 9, 2018	Change Request: 10951
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IMPLEMENTATION DATE: December 11, 2018

I. GENERAL INFORMATION

A. Background: This Change Request (CR) will update the Medicare Contractor Beneficiary and Provider Communications Manual, Chapter 5 Correct Coding Initiative to instruct MACs to use the Internet Only Manual (IOM) Pub. 100-04, Chapter 23, Section 20.9 - Fee Schedule Administration and Coding Requirements.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
10951.1	Medicare Adminstrative Contractors (MAC) shall refer to IOM Pub 100-04, Chapter 23, Section 20.9 for information on the National Correct Coding initiative (NCCI).		X		X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Melissa Scafedi, 410-786-5426 or melissa.scafedi@cms.hhs.gov , Chawnte Ranadall, 410-786-7378 or chawnte.randall@cms.hhs.gov , Valeria Allen, 410-786-7378 or valeria.allen@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0

Medicare Contractor Beneficiary and Provider Communications Manual

Chapter 5 Correct Coding Initiative

Table of Contents

(Rev.40, Issued: 11- 09-18)

[Transmittals for Chapter 5](#)

[10 – Introduction](#)

10 - Introduction *(Rev.40, Issued: 11-09-18, Effective: 12-11-18, Implementation: 12- 11-18)*

Refer to IOM Pub 100-04 Chapter 23 Section 20.9 for information on the National Correct Coding initiative (NCCI).

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c23.pdf>