

CMS Guidance Document	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Executive Guidance Number 0027	Date: August 16, 2007
Planned Web Site Address http://www.cms.hhs.gov/manuals/	Release planned: August 30, 2007

PROGRAM AREA: Claims Processing

SUBJECT: Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 13.3, Effective October 1, 2007

APPLIES TO: Physician

I. SUMMARY OF DOCUMENT: This is the normal update to the CCI procedure to procedure edits.

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Tim Hill/(410) 786-5448/OFM
Agency POC	Valeria Allen/(410)786-7743/ OFM/PIG/DBIMO

IV. TYPE (Check appropriate boxes for type of guidance)

<input type="checkbox"/>	Audit Guide
<input checked="" type="checkbox"/>	Change Request
<input type="checkbox"/>	HPMS
<input type="checkbox"/>	Joint Signature Memorandum/Technical Director Letter
<input type="checkbox"/>	Manual Transmittal/Non-Change Request
<input type="checkbox"/>	State Medicaid Director Letters
<input type="checkbox"/>	Other

V. STATUTORY OR REGULATORY AUTHORITY: N/A

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal:	Date:	Change Request: 5703
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SUBJECT (Change Request Title): Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 13.3, Effective October 1, 2007

Effective Date: October 1, 2007

Implementation Date: October 1, 2007

I. GENERAL INFORMATION

The latest package of Correct Coding Initiative (CCI) edits, Version 13.3, effective October 1, 2007, will be available via the CMS Data Center (CDC). A test file will be available on or about Aug 2, 2007, and the final file will be available on or about August 17, 2007.

Version 13.3 will include all previous versions and updates from January 1, 1996, to the present and will be organized in two tables: Column 1/ Column 2 Correct Coding Edits and Mutually Exclusive Code (MEC) Edits.

A. Background: The Centers for Medicare and Medicaid Services developed the National Correct Coding Initiative to promote national correct coding methodologies and to control improper coding that leads to inappropriate payment in Part B claims.

B. Policy: The coding policies developed are based on coding conventions defined in the American Medical Association’s CPT manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practice and review of current coding practice.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)										
		A	D	F	C	D	R	Shared-System Maintainers				OTHER
		/	M	I	A	M	H	F	M	V	C	
		B	E		R	R	I	I	C	S	W	
		M	M		I	C		S	S	S	F	
		A	A		E			S				
		C	C		R							
5703.1	The regional office correct coding initiative (RO CCI) representatives should access the files from the CDC in the same manner they downloaded the previous versions. The filenames for the regions are: Test File: MU00.@BF12372.CCIALL.MEEDIT S.TEST01.V133 MU00.@BF12372.CCIALL.CMPEDI											RO

	TS.TEST01.V133 Final File: MU00.@BF12372.CCIALL.MEEDIT S.FINAL01.V133 MU00.@BF12372.CCIALL.CMPEDI TS.FINAL01.V133																		
5703.2	Contractors shall use specific job control language in order to access Version 13.3 through the Network Data Mover. The filenames for the carriers are: Test File: MU00.@BF12372.CCINDM.MEEDI TS.TEST01.V133 MU00.@BF12372.CCINDM.CMPED ITS.TEST01.V133 Final File: MU00.@BF12372.CCINDM.MEEDI TS.FINAL01.V133 MU00.@BF12372.CCINDM.CMPED ITS.FINAL01.V133	X			X														
5703.3	The CCI adds, deletes, and modifier indicator change lists will be forthcoming via electronic mail on or about August 25, 2007. The RO CCI representatives shall forward this listing to the contractors.																		RO
5703.4	Contractors shall maintain the CCI and MEC file formats contained in Pub. 100-04, Chapter 23, Section 20.9.	X			X														
5703.5	Contractors shall not search their files to either retract payment or to retroactively pay claims.	X			X														
5703.6	Contractors shall adjust claims if they are brought to their attention.	X			X														
5703.7	If contractors foresee any problems with loading the CCI files, they should load the files 2 - 3 days prior to the effective date (including weekends).	X			X														

III. PROVIDER EDUCATION TABLE

[Note: When a CR has Provider impact, Option 2 is the preference.]

Number	Requirement	Responsibility (place an "X" in each applicable column)
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		A	D	F	C	D	R	Shared-System Maintainers				OTHER
		/	M	I	A	M	H	F	M	V	C	
		B	E		R	E	H	I	S	S	S	W
		M	M		R	R						F
		A	A		I	C						
		C	C		E							
5703.8	A provider education article related to this instruction will be available at www.cms.hhs.gov/MLNMattersArticles shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X			X							

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use the space below: N/A

V. CONTACTS

Pre-Implementation Contact(s): Val Allen, (410) 786-7443

Post-Implementation Contact(s): Val Allen, (410) 786-7443

VI. FUNDING

A. For TITLE XVIII Contractors, use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC), use only one of the following statements:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. We do not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.