

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 965

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: MAY 26, 2006

Change Request 5064

SUBJECT: Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 12.2, Effective July 1, 2006

I. SUMMARY OF CHANGES: This is a recurring update to Correct Coding Initiative (CCI) Edits, V12.2, Effective July 1, 2006.

NEW/REVISED MATERIAL

EFFECTIVE DATE: July 01, 2006

IMPLEMENTATION DATE: July 03, 2006

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
N/A	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 965	Date: May 26, 2006	Change Request 5064
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SUBJECT: Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 12.2, Effective July 1, 2006

I. GENERAL INFORMATION

The latest package of Correct Coding Initiative (CCI) edits, Version 12.2, effective July 1, 2006, will be available via the CMS Data Center (CDC). A test file will be available on or about May 2, 2006, and the final file will be available on or about May 17, 2006.

Version 12.2 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

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5064.1	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:			X						RO

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	<p>Test File:</p> <p>MU00.@BF12372.CCIALL.MEEDITS.TEST01.V122 MU00.@BF12372.CCIALL.CMPEDITS.TEST01.V122</p> <p>Final File:</p> <p>MU00.@BF12372.CCIALL.MEEDITS.FINAL01.V122 MU00.@BF12372.CCIALL.CMPEDITS.FINAL01.V122</p>								
5064.2	<p>Carriers shall use specific job control language in order to access Version 12.2 through the Network Data Mover. The filenames for the carriers are:</p> <p>Test File:</p> <p>MU00.@BF12372.CCINDM.MEEDITS.TEST01.V122 MU00.@BF12372.CCINDM.CMPEDITS.TEST01.V122</p> <p>Final File:</p> <p>MU00.@BF12372.CCINDM.MEEDITS.FINAL01.V122 MU00.@BF12372.CCINDM.CMPEDITS.FINAL01.V122</p>			X					
5064.3	<p>The CCI adds, deletes, and modifier indicator change lists will be forthcoming via electronic mail on or about May 25, 2006. The RO CCI representatives shall forward this listing to the carriers.</p>			X					RO
5064.4	<p>Carriers shall maintain the CCI and MEC file formats contained in Pub. 100-04, Chapter 23, Section 20.9.</p>			X					

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
5064.5	Carriers should not search their files to either retract payment or to retroactively pay claims.			X						
5064.6	Carriers shall adjust claims if they are brought to their attention.			X						
5064.7	If carriers foresee any problems with loading the CCI files, they should load the files 2 - 3 days prior to the effective date (including weekends).			X						

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
5064.8	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 Medlearn			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.								

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: July 1, 2006 Implementation Date: July 3, 2006 Pre-Implementation Contact(s): Val Allen (410) 786-7443 Post-Implementation Contact(s): Val Allen	No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.
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