CMS Manual System Pub 100-04 Medicare Claims Processing

Department of Health & Human Services Center for Medicare and & Medicaid Services Date: MAY 20, 2005 Change Request 3823

Transmittal 563

SUBJECT: Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 11.2, Effective July 1, 2005

I. SUMMARY OF CHANGES: Quarterly Update to Correct Coding Initiative (CCI) edits, Version 11.2, Effective July 1, 2005.

NEW/REVISED MATERIAL : EFFECTIVE DATE : July 01, 2005 IMPLEMENTATION DATE : July 05, 2005

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**

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 2005 operating budgets.

IV. ATTACHMENTS:

Recurring Update Notification

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

Attachment – Recurring Update Notification

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I. GENERAL INFORMATION

The latest package of Correct Coding Initiative (CCI) edits, Version 11.2, effective July 1, 2005, will be available via the CMS Data Center (CDC). A test file will be available on or about May 2, 2005, and the final file will be available on or about May 17, 2005.

Version 11.2 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 CMS 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)						es the	
		FI	R H H I	C a r r i e r	D M E R C	Sha Mai F I S S	red S intair M C S		Other
3823.1	The regional office correct coding initiative (ROCCI) representatives should access the files from the CDC in the same manner they download the previous versions. The filenames for the regions are:			X					RO

-	Requirements		-			•		indi	cate	es the
Number		CO	lum	Ins 1	that	app	oly)			
		F I	R H	C a	D M	Sha	red S intaii		m	Other
			H I	r r i e r	E R C	F I S S	M C S	V M S		
	Test File:				1					
	MU00.@BF12372.CCIALL.MEEDITS.TEST 01.V112 MU00.@BF12372.CCIALL.CMPEDITS.TEST 01.V112									
	Final File:									
	MU00.@BF12372.CCIALL.MEEDITS.FINAL 01.V112 MU00.@BF12372.CCIALL.CMPEDITS.FINA L01.V112									
3823.2	The carriers shall use specific job control language in order to access Version 11.2 through the Network Data Mover. The filenames for the carriers are:			X						
	Test File:									
	MU00.@BF12372.CCINDM.MEEDITS.TEST 01.V112 MU00.@BF12372.CCINDM.CMPEDITS.TES T01.V112									
	Final File:									
	MU00.@BF12372.CCINDM.MEEDITS.FINA L01.V112 MU00.@BF12372.CCINDM.CMPEDITS.FIN AL01.V112									
3823.3	The CCI and MEC files will maintain the file formats contained in Pub. 100-04, Chapter 23, Section 20.9. The CCI adds, deletes, and modifier indicator change lists will be forthcoming via electronic mail on or about May 25, 2005.			X						RO
3823.4	Carriers should not search their files to either retract payment or to retroactively pay claims.			X						
3823.5	Carriers shall adjust claims if they are brought to their attention.			X				<u> </u>		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							es the	
		FI	R H H I	C a r r i e r	D M E R C	Sha	red S intain M C S	ners	C	Other
3823.6	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			es the						
Number		F I	R H H I	C a r r i e r	D M E R C	Sha	intain M C S	C	Other
	A provider education article related to this instruction will be available at <u>www.cms.hhs.gov/medlearn/matters</u> 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 Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.			X					

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, 2005	No additional funding will be provided by CMS; Contractor
Implementation Date: July 5, 2005	activities are to be carried out within their FY 2005 operating
Pre-Implementation Contact(s): Val Allen	budgets.
(410) 786-7443	
Post-Implementation Contact(s): Val Allen	

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