CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1971	**Date: MAY 21, 2010**
	Change Request 6930

SUBJECT: Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 16.2, Effective July 1, 2010

I. SUMMARY OF CHANGES: This is the normal update to the CCI procedure to procedure edits. The attached Recurring Update Notification applies to Chapter 23, Section 20.9.

EFFECTIVE DATE: *July 1, 2010
IMPLEMENTATION DATE: July 6, 2010

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	N/A

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

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

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. ATTACHMENT:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1971	Date: May 21, 2010	Change Request: 6930

SUBJECT: Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 16.2, Effective July 1, 2010

Effective Date: **July 1, 2010**

Implementation Date: July 6, 2010

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & 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.

The latest package of CCI edits, Version 16.2, effective July 1, 2010, will be available via the CMS Data Center (CDC). A test file will be available on or about May 4, 2010, and a final file will be available on or about May 18, 2010.

Version 16.2 will include all previous versions and updates from January 1, 1996, to the present and will be organized in two tables: Column I/Column 2 Correct Coding Edits and Mutually Exclusive Code (MEC) Edits.

B. Policy: The coding policies developed are based on coding conventions defined in the American Medical Association's Current Procedural Terminology 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/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6930.1	The regional office correct coding initiative representatives (RO CCI) should access the file from the CDC in the same manner they downloaded the previous versions. The filenames for the regions are: Test File:										RO

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	MU00.@BF12372.CCIALL.MEEDITS.TEST01.V162 MU00.@BF12372.CCIALL.CMPEDITS.TEST01.V162 Final File: MU00.@BF12372.CCIALL.MEEDITS.FINAL01.V162 MU00.@BF12372.CCIALL.CMPEDITS.FINAL01.V162										
6930.2	Contractors shall use the specific job control language in order to access Version 16.2 through the Network Data Mover and load the files into the system. The filenames for the contractors are: Test File: MU00.@BF12372.CCINDM.MEEDITS.TEST01.V1612 MU00.@BF12372.CCINDM.CMPEDITS.TEST01.V162 Final File: MU00.@BF12372.CCINDM.MEEDITS.FINAL01.V162 MU00.@BF12372.CCINDM.CMPEDITS.FINAL01.V162	X			X						
6930.3	The CCI adds, deletes, and modifier indicator change lists will be forthcoming via electronic mail on or about May 26, 2010. The RO CCI representative shall forward this listing to the contractors.										RO
6930.4	Contractors shall maintain the CCI and MEC file formats contained in Pub.100-04, Medicare Claims Processing, Chapter 23, Section 20.9.	X			X						
6930.5	Contractors shall not search their files to either retract payment or to retroactively pay claims.	X			X						
6930.6	Contractors shall adjust claims if they are brought to their attention.	X			X						
6930.7	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

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6930.8	A provider education article related to this instruction will be available at http://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 one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. 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

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Val Allen, 410-786-7443, Valeria.Allen@cms.hhs.gov

Post-Implementation Contact(s): Val Allen, 410-786-7443, Valeria.Allen@cms.hhs.gov

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers:*

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

Section B: *For Medicare Administrative Contractors (MACs),* include the following statement:

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.