CMS Manual System	Department of Health & Human Services (DHHS)
Pub. 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)

Transmittal 466	Date: FEBRIARY 4, 2005

CHANGE REQUEST   3688

SUBJECT: Quarterly Update to Correct Coding Initiative (CCI) edits, Version 11.1, Effective April 1, 2005.

I. SUMMARY OF CHANGES: Quarterly Update to Correct Coding Initiative (CCI) edits, Version 11.1, Effective April 1, 2005.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2005
                                        *IMPLEMENTATION DATE: April 4, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.*)
    (R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	**Recurring Update Notification**

*Medicare contractors only

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 466	Date: February 4, 2005	Change Request 3688

SUBJECT: Quarterly Update to Correct Coding Initiative (CCI) edits, Version 11.1, Effective April 1, 2005.

I.   GENERAL INFORMATION

The latest package of Correct Coding Initiative (CCI) edits, Version 11.1, effective April 1, 2005, will be available via the CMS Data Center (CDC). A test file will be available on or about January 31, 2005, and the final file will be available on or about February 14, 2005.

Version 11.1 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.

C.   Provider Education: A Medlearn Matters 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 must be included in your next regularly scheduled bulletin. 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.

II.   BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	FI	RHHI	Carrier	DMERC	Shared System Maintainers FISS	MCS	VMS	CWF	Other
3688.1	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: Test File: MU00.@BF12372.CCIALL.MEEDITS.TEST01.V111 MU00.@BF12372.CCIALL.CMPEDITS.TEST01.V111 Final File: MU00.@BF12372.CCIALL.MEEDITS.FINAL01.V111 MU00.@BF12372.CCIALL.CMPEDITS.FINAL01.V111			X						RO
3688.2	The carriers shall use specific job control language in order to access Version 11.1 through the Network Data Mover. The filenames for the carriers are: Test File: MU00.@BF12372.CCINDM.MEEDITS.TEST01.V111 MU00.@BF12372.CCINDM.CMPEDITS.TEST01.V111 Final File: MU00.@BF12372.CCINDM.MEEDITS.FINAL01.V111 MU00.@BF12372.CCINDM.CMPEDITS.FINAL01.V111			X						
3688.3	The CCI and MEC files will maintain the file formats contained in the Internet Only Manual Chapter 23, Section 20.9. The CCI adds, deletes, and modifier indicator change lists will be forthcoming via electronic mail on or about February 22, 2005.			X						RO

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3688.4	Carriers should not search their files to either retract payment or to retroactively pay claims.			X						
3688.5	Carriers shall adjust claims if they are brought to their attention.			X						
3688.6	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. 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

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: April 1, 2005	Medicare contractors shall implement these instructions within their current operating budgets.
Implementation Date: April 4, 2005	
Pre-Implementation Contact(s): Val Allen (410) 786-7443 Post-Implementation Contact(s): Val Allen	

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