CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10535	**Date: December 23, 2020**
	Change Request 12110

SUBJECT: Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 27.1, Effective April 1, 2021

I. SUMMARY OF CHANGES: This is the quarterly update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits. The attached recurring update notification applies to publication 100-04, chapter 23, section 20.9.

EFFECTIVE DATE: April 1, 2021
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 5, 2021

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	N/A

III. FUNDING:
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. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 10535	Date: December 23, 2020	Change Request: 12110

SUBJECT: Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 27.1, Effective April 1, 2021

EFFECTIVE DATE: April 1, 2021
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 5, 2021

I.   GENERAL INFORMATION

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

 The latest package of NCCI Procedure-to-Procedure (PTP) edits, Version 27.1 effective April 1, 2021, will be available via the CMS Virtual Data Center (VDC). A test file will be available on or about January 31, 2021, and a final file will be available on or about February 14, 2021.

Version 27.1 will include all previous versions and updates from January 1, 1996 to the present. In the past, NCCI was organized in two tables: Column 1/Column 2 Correct Coding Edits and Mutually Exclusive Code (MEC) Edits. In order to simplify the use of NCCI edit files (two tables), on April 1, 2012, CMS consolidated these two edit files into the Column One/Column Two Correct Coding edit file. Separate consolidations have occurred for the two practitioner NCCI edit files and the two NCCI edit files used for the Outpatient Code Editor (OCE). It will only be necessary to search the Column One/Column Two Correct Coding edit file for active or previously deleted edits. CMS no longer publishes a Mutually Exclusive edit file on its website for either practitioner or outpatient hospital services, since all active and deleted edits will appear in the single Column One/Column Two Correct Coding edit file on each website. **The edits previously contained in the Mutually Exclusive edit file are NOT being deleted but are being moved to the Column One/Column Two Correct Coding edit file.** Refer to the CMS NCCI webpage for additional information at http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html.

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

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								Other
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12110.1	The Regional Office Correct Coding Initiative (RO CCI) representatives shall access the file from the VDC in the same manner they downloaded the previous versions. The filenames for the regions are: Test File: MU00.@BF12372.CCIALL.MEEDITS.TEST01.V271 MU00.@BF12372.CCIALL.CMPEDITS.TEST01.V271 Final File: MU00.@BF12372.CCIALL.MEEDITS.FINAL01.V271 MU00.@BF12372.CCIALL.CMPEDITS.FINAL01.V271									CMS, VDC
12110.2	Contractors shall use the specific job control language in order to access Version 26.2 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.V271 MU00.@BF12372.CCINDM.CMPEDITS.TEST01.V271 Final File:		X								VDC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	MU00.@BF12372.CCINDM.MEEDITS.FINAL01.V 271 MU00.@BF12372.CCINDM.CMPEDITS.FINAL01. V271									
12110.3	The NCCI adds, deletes, and modifier indicator change lists shall be forthcoming from the NCCI contractor to CMS via electronic mail, on or about February 14, 2021. The contractors shall receive the change reports via Technical Direction from CMS prior to this version effective date.	X								
12110.4	Contractors shall maintain the NCCI and MEC file formats contained in publication 100-04, Medicare Claims Processing Manual, chapter 23, section 20.9.	X								
12110.5	Contractors shall not search their files either to retract payment or to retroactively pay claims.	X								
12110.6	Contractors shall adjust claims if they are brought to their attention.	X								
12110.7	If contractors foresee any problems with loading the CCI files, they shall load the files 2-3 days prior to the effective date (including weekends).	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12110.8	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects		X			

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.					

IV.   SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Amin Koraganie, 410-786-9615 or amin.koraganie@cms.hhs.gov , Valeria Allen, 410-786-7443 or valeria.allen@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0