

2011 (old version)	2013 (new version)	Type of Change	Reason for Change	Burden Change
p. 2, one hour per response	one hour per response for each Part	Add	clarification	no
pp. 4, 8, 12 - 14, NCCI edits	Procedure-to-Procedure (PTP) edits	Rev	update to Medicaid NCCI terminology	no
<p>pp. 4 -5, This type of request must be submitted by a State to its CMS Regional Office no later than March 1, 2011, if it wishes to deactivate, or continue to deactivate, NCCI edits or MUEs by April 1, 2011.</p> <p>- if it does not pay its Medicaid claims on the basis of Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes;</p> <p>- by February 1, 2011, information on the edits that the State has deactivated from October 2010 through January 2011;</p> <p>- information on the edits that the State has deactivated after March 31, 2011, for the remaining three calendar quarter in 2011; and</p> <p>- information on other correct coding methodologies and edits that the State has added to its MMIS for each calendar quarter until the end of 2011.</p>		Del	out of date, no longer required	yes, reduced
p. 6, over the time period from March 23, 2010, to March 31, 2011		Del	out of date, enhanced FFP available indefinitely	no
p. 6, If this is the case, please identify the edits being added and describe the rationale, as this is helpful and useful information.		Del	out of date, no longer required	yes, reduced
p. 9, The period of the FFP should cover March 23, 2010, to March 31, 2011.		Del	out of date, enhanced FFP available indefinitely	no
p. 12, five Medicaid NCCI methodologies	five (now six) Medicaid NCCI methodologies	Add	update	no

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<p>p. 12, A State must have submitted this Part of this APD to its CMS Regional Office by March 1, 2011, if it wishes to deactivate, or continue to deactivate, NCCI edits and / or MUEs by April 1, 2011. If a State submits this Part of this APD after March 1, 2011, CMS may not approve deactivation of the requested NCCI edits and / or MUEs until after March 31, 2011. If this is the case, then the State must have the requested edits activated as of April 1, 2011, and cannot deactivate the edits unless and until CMS approval is received.</p>		Del	out of date	no
<p>p. 16, REIMBURSEMENT OF STATE MEDICAID CLAIMS NOT BASED ON HCPCS AND CPT CODES The NCCI edits and MUEs contained in the NCCI methodologies are based on the Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes. However, some States do not reimburse their Medicaid claims on the basis of HCPCS and CPT codes. For example, some States reimburse their Medicaid claims on the basis of "revenue code". A State that does not reimburse its Medicaid claims on the basis of HCPCS or CPT codes is required to report to its CMS Regional Office the basis that it uses (e.g., "revenue code") to reimburse its Medicaid claims.</p>		Del	no longer required	yes, reduced
<p>p. 16, until the end of calendar year 2011</p>		Del	requirement now indefinite	yes
<p>p. 16, the savings in Medicaid claims payments</p>	<p>the estimated savings in Medicaid claims payments</p>	Add	clarification	no

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<p>pp. 16 - 17, STATE DEACTIVATION OF EDITS  A State which has deactivated edits before February 1, 2011, is required to report to its CMS Regional Office the following information for the period October 1, 2010, to January 31, 2011:</p> <ul style="list-style-type: none"> <li>- the number edits that were deactivated;</li> <li>- the types of edits that were deactivated;</li> <li>- the rationale for deactivating the edits;</li> <li>- the process and the workload for State staff that deactivating edits created;</li> <li>- the number and dollar amount of claims that would have been denied, if the edits were not deactivated;</li> <li>- the number and dollar amount of claims that would have gone to appeal, if the edits were not deactivated;</li> <li>- the number and dollar amount of claims that were paid as a result of the deactivations;</li> <li>- the total number of providers that would have had denied claims, if the edits were not deactivated; and</li> <li>- any additional information that is necessary in order to determine the impact that deactivation of the edits has had on both providers and the State.</li> </ul> <p>A State which receives CMS approval for deactivating Medicaid NCCI / MUE edits after March 31, 2011, must report the same information to its CMS Regional Office for each calendar quarter until the end of calendar year 2011.</p>		Del	out of date	yes, reduced

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<p>p. 17, ADDITIONAL CORRECT CODING METHODOLOGIES AND EDITS INCORPORATED INTO A STATE'S MMIS</p> <p>The CMS encourages States to develop and incorporate additional correct coding methodologies and edits that go beyond those contained in the Medicaid NCCI methodologies to promote correct coding and to control improper coding leading to inappropriate payment of Medicaid claims. For example, a State may want to extend Medicaid NCCI methodologies to claims for additional types of services (e.g., managed care) and claims from additional sites of services (e.g., long-term care facilities, Critical Access Hospitals (CAHs), Comprehensive Outpatient Rehabilitation Facilities (CORFs), etc.).</p> <p>If a State's Medicaid managed care program uses managed care organizations (MCOs), then the Medicaid NCCI methodologies generally would not apply to the extent that the MCOs generate no claims for Medicaid reimbursement. However, if a State's Medicaid managed care program uses Primary Care Case Management (PCCM), in which the provider receives a small capitation fee, but bills the State's Medicaid program for services provided, then the Medicaid NCCI methodologies would be applied to those claims. A State may incorporate additional correct coding methodologies and / or edits into its MMIS that go beyond the Medicaid NCCI methodologies and edits without prior CMS approval. However, if it does so, these additional correct coding methodologies and edits will not be part of the Medicaid NCCI methodologies. If a State believes that these additional correct coding methodologies or edits should be part of the national Medicaid NCCI methodologies, the State should submit its rationale to CMS' technical contractor for the NCCI, Correct Coding Solutions, LLC, for review by the CMS Medicaid NCCI Workgroup.</p>		Del	no longer required	yes, reduced

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<p>pp. 17 - 18, The CMS requests that a State which incorporates additional correct coding methodologies and / or edits into its MMIS that go beyond the Medicaid NCCI methodologies and edits report to its CMS Regional Office what these additional correct coding methodologies and edits are and the reason or rationale for adding them to its MMIS.</p> <p>A State's MMIS may contain edits for processing Medicaid claims from a variety of sources, e.g., the Medicaid NCCI methodologies, additional State-specific correct coding methodologies and edits, edits from commercial off-the-shelf (COTS) software used by the State to process Medicaid claims, and edits from the vendor the State contracts with to process Medicaid claims. Denials for payments of Medicaid claims that are due to edits from these other sources that are not contained in the Medicaid NCCI methodologies should not be attributed to the Medicaid NCCI methodologies.</p> <p>A State which has incorporated additional correct coding methodologies and edits into its MMIS is required to report to its CMS Regional Office for each calendar quarter until the end of calendar year 2011 the following information:</p> <ul style="list-style-type: none"> <li>- a description of the additional correct coding methodologies and edits the State has incorporated into its MMIS and</li> <li>- the savings in Medicaid claims payments that the State achieved as a result of using the additional correct coding methodologies and edits in processing its Medicaid claims.</li> </ul>		Del	no longer required	yes, reduced

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