Overview of CCI Edits

Reference guide

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Assurance Reimbursement Management™

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Overview

Assurance's Correct Coding Initiative Edit (CCI Edit) is designed to help you detect specific possible fraud and abuse issues as defined by the Medicare and Medicaid programs for outpatient claims. CCI Edit for outpatient Medicare claims are part of the basic product. By default, this CCI Edit is turned on.

Because many payers implement the same anti-fraud claim edits that are used by Medicare, clients can also apply the Medicare CCI Edits to claims going to non-Medicare lines of business. CCI edit for non-Medicare lines of business turned off by default. When CCI Edits for are set up for payers and LOBs other than Medicare, Medicaid uses the Medicaid NCCI rules, and all others use the Medicare CCI rules.

CCI Edit compares service line procedure codes, dates, and modifiers on qualifying claims against the appropriate rule file: Medicaid NCCI for Medicaid claims and Medicare CCI rules for all others. The edit checks for mutually exclusive procedures as well as components of a comprehensive procedure as related to edits 19, 20, 39, and 40 in the *Outpatient Claims Editor* software used by fiscal intermediaries to process these claims.

Where does CCI data come from?

The CCI rules to check Medicaid claims are the Medicaid NCCI rules. The CCI edits used to check all other claims are the Medicare CCI rules. The rules are not customizable. Both sets of rules are kept current because changes are applied to your system when EPD updates your editmasters.

What do CCI Edits do?

- Checks all HCPCS codes on qualifying claim against the Medicare CCI rules or the Medicaid NCCI rules, as appropriate.
- When a pair of codes that violates the CCI rule set is encountered, a standard error is attached to both codes.
- The error messages generated because of a CCI error contain information to explain which policy the errored pair violates.

Working with CCI Edits

The basic strategy for using CCI Edits is customizable for your site through several product features:

- **Suppress all CCI edits** - for your entire site. Global Suppression applies to all claims at your site. (Claim Options, Main tab)
- **Suppress CCI Edits** based on claim data. (Claim Options, CCI tab)
- **Apply CCI Edits** to specific LOBs or payers. (Claim Options, CCI tab)
- **Suppress CCI Edits by facility** (UB) or physician (HCFA) - in Facility master and Physician master. Suppression that is set up in the masters does not affect settings for CCI Edits for other LOBs.

Customizing CCI Edits

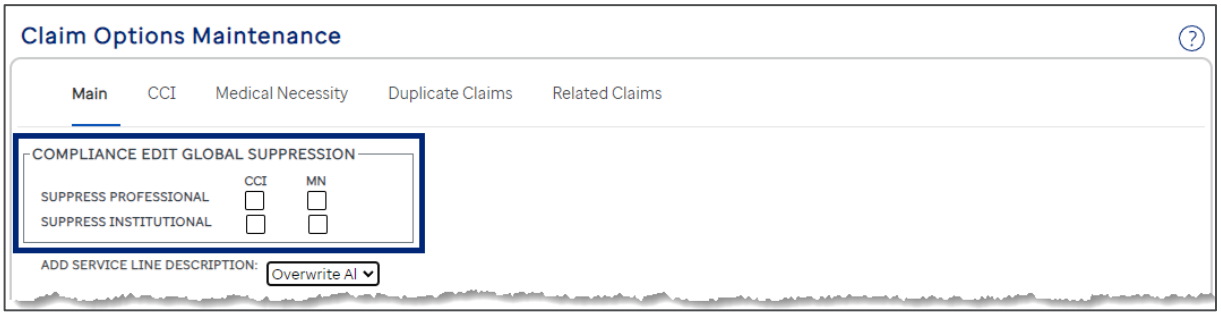
Path: Maintenance > System Administration > Claim Options

Under normal conditions, CCI Edits validates all Medicare claims through the standard Medicare-prescribed rules, marking all errors as they apply. When CCI edits are suppressed in the Main tab, no checks are performed on any claim. That is a blanket approach to disabling CCI Edit as a whole. Use the features in CCI tab of *Claim Options* to instead **specify** which edits to disable.

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Set Global CCI Edit suppression

Use the check boxes in the *Compliance Edit Global Suppression* group on the **Main tab** of *Claim Options* to suppress all CCI Edits on either or both Institutional or Professional claims. CCI Edits will not run on any claim type that is checked.

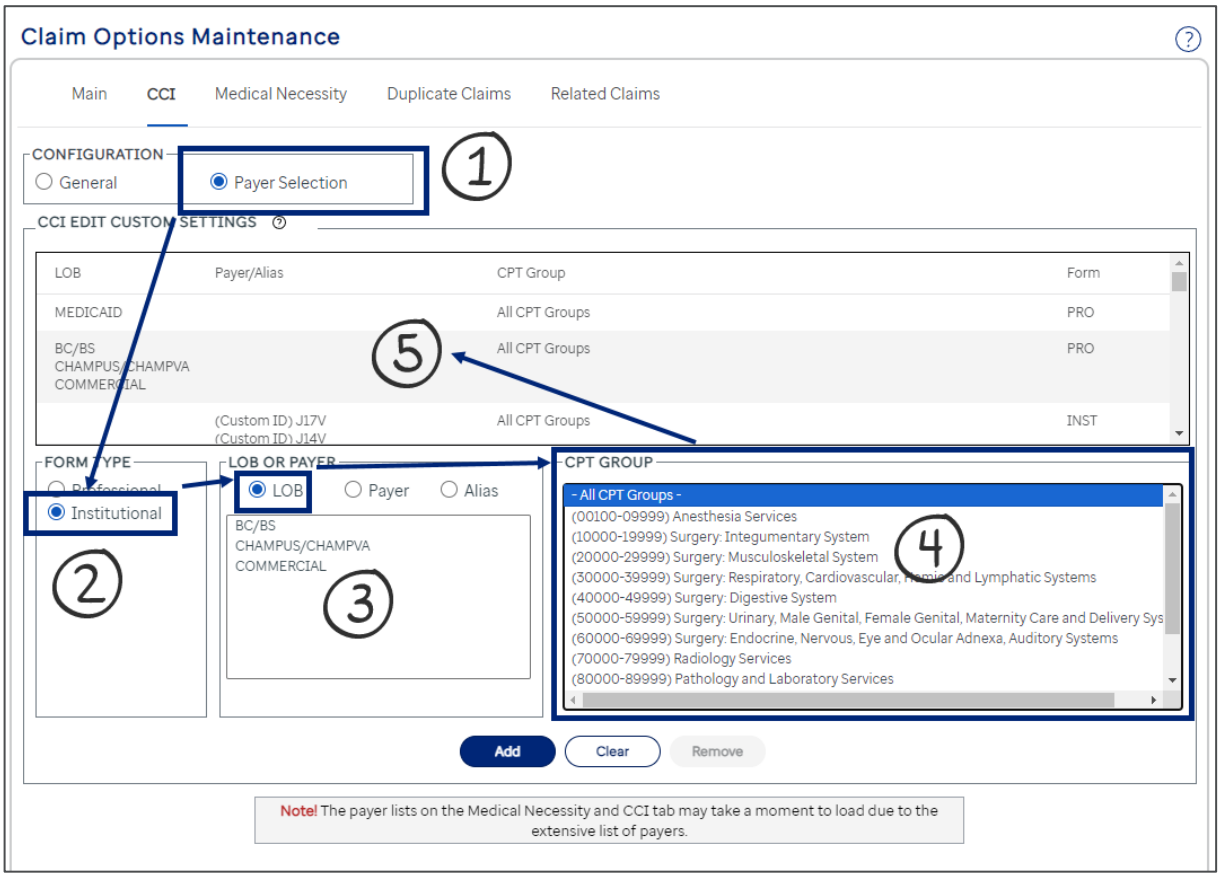


Configure CCI Edits for non-Medicare claims

If you want to validate claims going to other payers or LOBs, including Medicaid, use the ***CCI tab*** to set up *CCI Edit Custom Settings*. Click ***Payer Selection*** to open the items you need to set up checking non-Medicare claims against the appropriate set of CCI rules.

If you select Payer or Alias, the load may take a few seconds because of the number of payers that are loaded into the list.

Note: To check Medicaid claims against the Medicaid NCCI edits, you must add the Medicaid LOB to the list of Custom Settings.



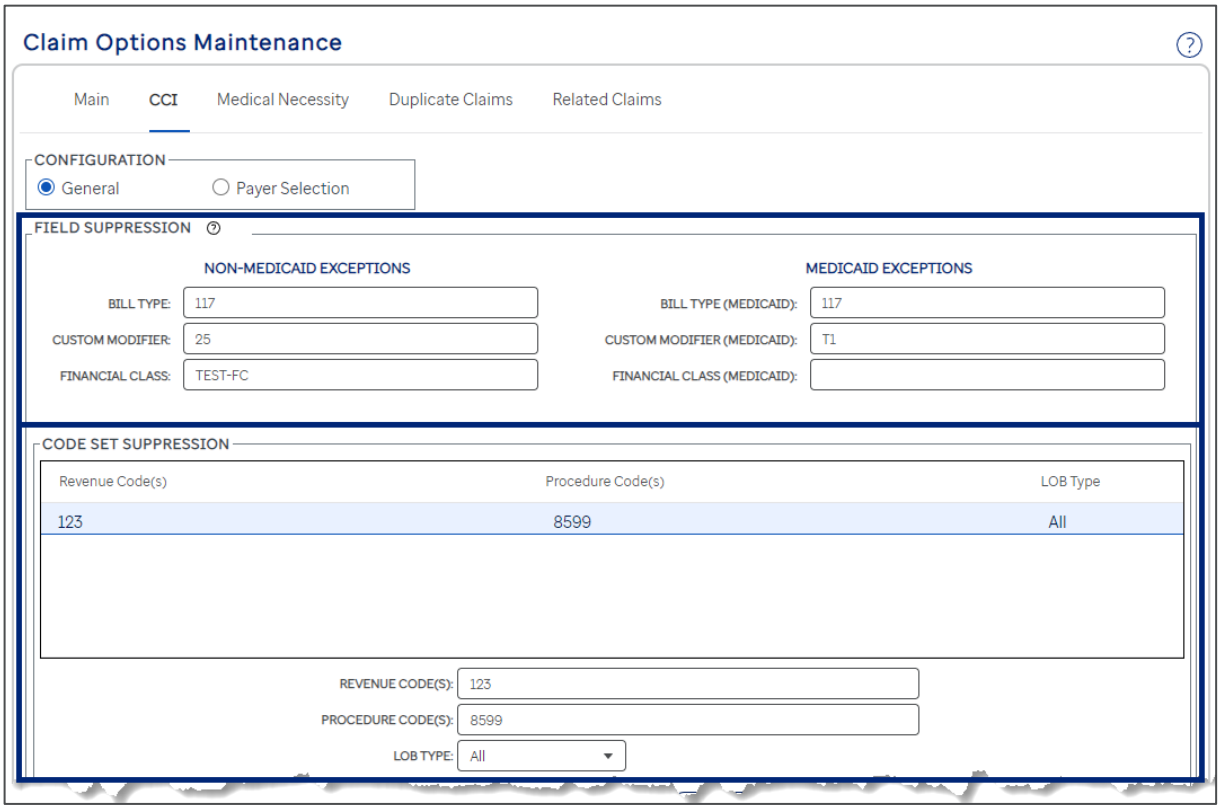
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To set up a custom CCI Edits for another LOB/payer

1. **Configuration:** Click *Payer Selection*
2. **Form Type:** Click *Professional* (1500s) or *Institutional* (UBs).
3. **LOB or Payer:** Click either LOB or Payer, then select from the list that displays.
   - Use *LOB* to apply the CCI Edits to all payers that pay for the LOB.
   - Use *Payer* to apply the CCI Edits to all LOBs handled by the selected payer. A list of eligible LOBs or Payers displays.
   - Use *Payer Alias* to apply the CCI Edits to only the payer identified by your alias name.
4. **CPT Group:** To create a CCI Edit that checks all CPT Groups, do not select anything in this list. To suppress CCI check for specific CPT Groups, click on each range of CPT codes for which you suppress the CCI check.
5. Click ***Add*** to add the payer/LOB to the list of *CCI Edit Custom Settings*.
   Note: Follow steps 1-4 to add other payers/LOBs to your lists.
6. Click ***OK*** to save your edit information.

General CCI configuration

After CCI Edits have been customized to include all claims that should be checked, you can fine-tune the check by suppressing CCI Edits globally by ***Type of Bill*** or ***Modifier code***. Set up this suppression on the General view of the CCI tab:



Suppression by fields

In the *Field Suppression* section, you can name bill types and modifiers whose presence will suppress CCI checks. The Medicare and Medicaid lists do not need to match.

- The triggers in the Medicare boxes are used when checking all non-Medicaid claims, including Medicare. The triggers in the Medicaid boxes are used only when checking Medicaid claims.

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- Items entered into the suppression boxes are global and override any other settings. For instance, if bill type 117 is entered in the Medicare Bill Type Exceptions, no CCI checks are performed on any Medicare or non-Medicaid claim that contains a bill type of 117. Likewise, if a named modifier is on a code that would otherwise fail the CCI check, the error is suppressed for that CCI check. *If other codes on the claim fail a CCI check, they will be marked as CCI Errors.*

To suppress the CCI check on claims that contain a specific bill type, enter the bill type(s) in *Bill Type Exceptions*. Separate multiple bill types with commas.

To suppress the CCI check on code pairs that have a specific modifier attached to the second HCPCS in the comprehensive/component pair, enter the modifier(s) in *Custom Modifier Exceptions*. Separate multiple modifiers with commas.

Suppression by revenue code/procedure code pairs

You can designate sets of Revenue Codes and Procedure Codes that, when present together on a claim will suppress a CCI Edit that would ordinarily be applied to the claim. *Code Set Suppression* applies to UB claims only. The suppression covers Medicare and all custom LOB/payer rules that have been set up on the *Payer Selection* view.

To set up general suppressions based on data:

1. **Configuration:** Click *General*
2. **Field Suppression:** Enter *Bill Types* or *Modifiers* that should suppress CCI Edits on a claim.
3. **Code Set Suppression:** Enter Revenue Code/Procedure Code combinations that should be ignored by CCI Edits. When you click ***Add***, the set that you have entered will display in the *Code Set Suppression* list. See the Help for Claim Options for details on what you can type in the two fields.
4. Click ***OK*** to save your work.

Notes:

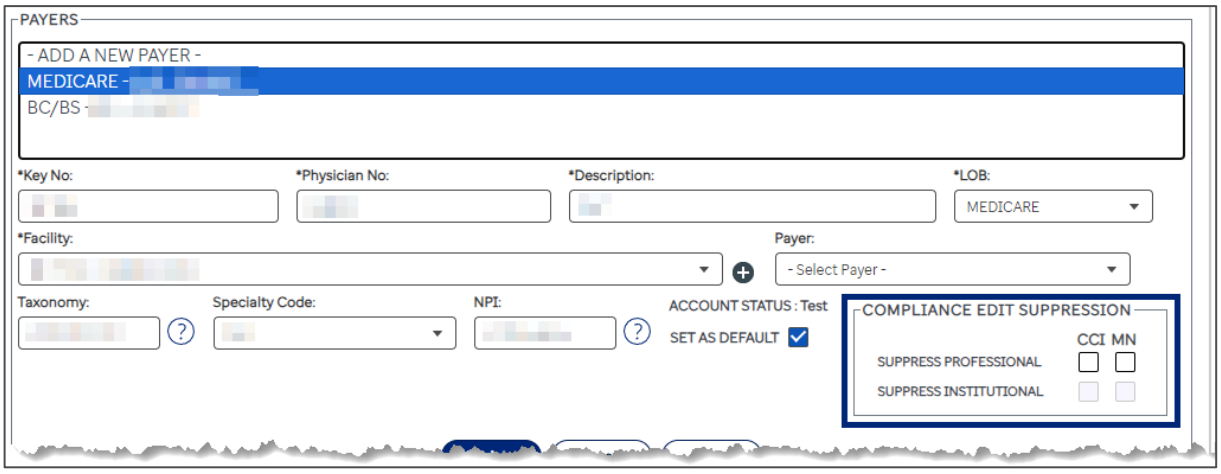
- The CCI rules themselves cannot be customized for individual payers or LOBs. The rules are the standard Medicare CCI and Medicaid NCCI rules.
- Only one CCI Edit set can be created for an LOB or payer per *Form Type*. When the edit is Added, the LOB or payer is removed from your list of choices.
- If you create a CCI Edit set for a payer, all LOBs that use the payer are removed from the LOB list. Therefore, if one payer handles multiple LOBs at your site, set up the CCI Edit by LOB, not payer.
- To create a printed copy of your CCI Edit sets, create the *Claim Options Maintenance Setup* report (*Reports, Create Reports, System reports.*)
- Remember, any CCI error can be overridden when the claim is open in Claim Display.
- By default, CCI Edit automatically downgrades a CCI error to a CCI Warning if one of these modifiers is on the second HCPCS code: 25, 58, 59, 78, 79, 91, E1-E4, F1-F9, FA, LC, LD, LT, RC, RT, T1-T9, and TA. When one of these codes is present, a CCIWarn is added to the HCPCS field, but because nothing needs to be changed, the field color does not change. If you don't even want to see the CCI Warning, enter the modifiers into the *Custom Modifier Exceptions* box.
- Changes to CCI Editing are not applied to existing claims unless they are validated after the change is made. All changes will be applied to all claims submitted after the changes are made.
- Set up customized CCI Edits that cover the bulk of your needs and then use the Override Error in CFI to eliminate the few that are not appropriate.

Suppress CCI Edits by provider/LOB

Both ***Facility Master*** and ***Physician Master*** contain check boxes in their Payer Information group that allow suppression of CCI and Medical Necessity edits on Medicare claims by payer. An edit check suppressed here applies only to claims going to the specific payer from the selected facility.

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Note: CCI Edits on non-Medicare claims cannot be suppressed at the facility or physician level.

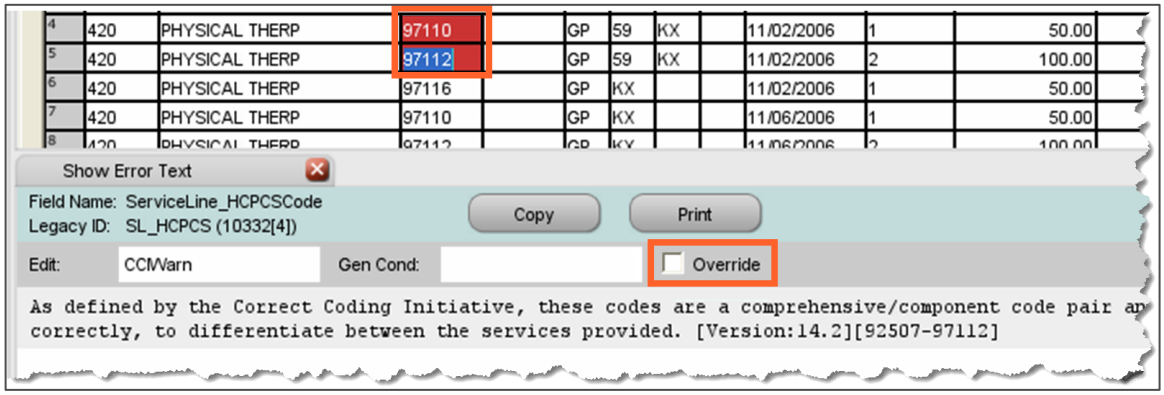


Working with CCI errors

Overriding CCI Edit errors

Regardless of how a CCI Edit Error is placed on a claim, when the claim is displayed on screen, a user who has override rights can override the error when working with the claim.

To override a CCI Edit Error, open the error message and check the Override Error check box:



Notes:

- The ability to override compliance edits is controlled in Group Master. Only users who belong to a group that includes the Override Compliance Edits function can override the edits when the claim is displayed. For all other users, the Override check box is always dimmed.
- When a CCI Edit error is overridden, the History table of the claim is updated with local code 739 and the User ID of the person who overrode the error. You can use the local code to find these claims with the Claim Filter.

Filtering for CCI claims

The user-selectable field list in Claim Filter allows you to locate claims to which a CCI status has been added:

- To find claims that contain CCI warnings, whether the field color has changed or not, select Edit Error and type **CCIWARN** in the text box.

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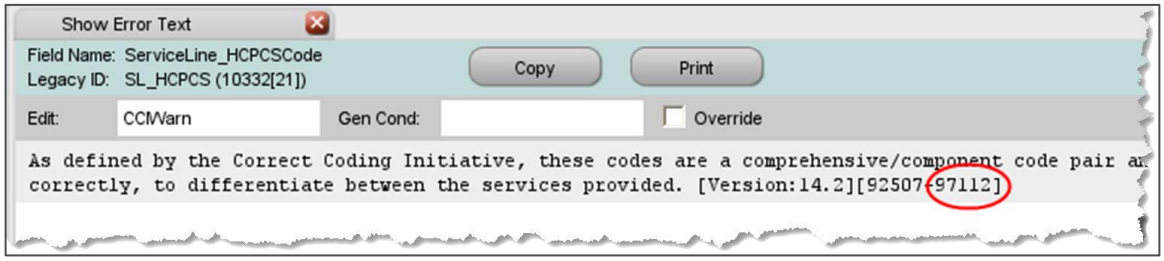
- To find claims that contain CCI errors, select Edit Error and type **CCIERROR** in the text box.
- To find claims that contain a suppressed CCI error, select Status: Local Code and type **736** in the text box.
- To find claims that either CCI Warnings or Errors, select Status: Local Code and type **734** in the text box.
- To find claims on which a user has overridden a CCI error, select Status: Local Code and type **739** in the text box.

Working with error severity

You can use *Error Severity* to downgrade CCI Edits for a specific payer from an error to a Warning. When *Warning* is in effect, the errors will not prevent a claim from being released. The errors are yellow on the claim. *Claims containing Warned errors will be sent to their payers as soon as all other errors are corrected.*

- **If Error Severity is set to Error**

  When two CPT's are in conflict both will error RED and the standard CCI error message will display. The user must either add the appropriate modifier to the CPT code that is second in the pair of codes at the end of the error text in CFI or Override the error and then validate the claim. Validation turns overridden error BLUE.



- **If Error Severity is set to Warn**

  When two CPTs are in conflict, both will error RED if the modifier is not present on the correct CPT. The standard CCI error message will display indicating a CCI conflict and naming the code pair in conflict. To correct the error, the user must add an appropriate modifier to the compound CPT code (the second code in the pair of codes at the end of the error text in CFI). This will turn the errors to YELLOW when the claim is validated. Because the status of the error is Warning, there is no need to override the edit.

  Note: When correcting this error, as long as the modifier is added to the correct CPT of the pair, the YELLOW warming is applied to the code pair. No message reminds the user to verify that the modifier is not still attached to the first CPT of the pair.

Reports

This section contains samples of CCI Edit reports. All CCI reports include information from both the Medicare CCI rule set and the Medicaid NCCI rule set if it is used.

CCI details

This report provides detailed information for each CCI error in the working group of claims. The claim identification information is followed by all the diagnosis codes on the claim. The diagnosis codes are

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followed by the conflicts on the claim. As in the 1825 CCI Errors – Summary report, the errors are grouped by error type and each type is totaled before the next type begins.

- *Open Errors* – Claim cannot be sent until these errors are corrected.
- *Manual Override Errors* – A user has overridden these errors. If the claim is otherwise clean, it will be sent to the payer with this error on it.
- *Warned Errors* – These errors are downgraded to warnings by claim processing. Your site has indicated that claim validation should ignore these errors. If the claim is otherwise clean, it will be sent to the payer with this error on it.

05/06/CCYY 08:07AM PAGE NO. 1
CLIENT: 9999
CCI ERRORS – DETAIL REPORT USER ID: bhyde

Open Errors

Patient: KRABAPPLE, EDNA **Account #:** 123456789 **Med Rec:** 000000111111
Prov.: DAN BONES ***Prov. NPI:*** NNNNNNNNNN **Prov. ID:** 111111111
Facility: ABC HOSPITAL **Payer:** ACME HEALTHCARE ***LOB****: MEDICAID*

From: 05/19/CCYY **Thru:** 05/19/CCYY **TOB:** 141 **Claim Total:** 20,500.00

Diagnosis Code	Diagnosis Code Description:
4019	HYPERTENSION NOS
7850	TACHYCARDIA NOS

Rev	CPT/*MOD*	Description Error Text	Denied Charges	User ID
260	90780 *IG,OP*	IV INFUSION THERAPY, 1 HOUR	1985.00	
		As defined by the Correct Coding Initiative, these codes are a comprehensive/component code pair and cannot be billed together on the same date of service. The Correct Coding Initiative allows the use of modifiers, if appropriate and used correctly, to differentiate between the services provided. [Version:9.3][90780-71275]		
350	71275	CT ANGIOGRAPHY, CHEST	350.00	
		As defined by the Correct Coding Initiative, these codes are a comprehensive/component code pair and cannot be billed together on the same date of service. The Correct Coding Initiative allows the use of modifiers, if appropriate and used correctly, to differentiate between the services provided. [Version:9.3][90780-71275]		

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CCI Error Details II report

CCI Error Details II report is an alternative to the standard CCI Error Details report:

- The order of the claims in each error group is controlled by the Claim Filter sort – default is patient last name.
- The report breaks between each claim so that the claims can be separated from each other.
- The report contains additional fields: Claim Date (date claim was saved to the product's claims database), Admitting Diagnosis and Description, Pat Type (UB only – contents of Box 2, line 1), SL (service line number), and Statement From and Thru Dates.
- Each claim ends with a count of errors and the total value of the errors.
- At the end of each error group, a count of errors and their value is provided.
- The report can also be created as a delimited file for exporting into external programs. The delimited file contains the Admitting Diagnosis code, but not the supporting Diagnosis codes and does not contain error counts and charges.

Tip: To create a report that does not contain *Warned* errors, use a filter that finds only *Rejected* claims.

05/06/CCYY 08:07AM PAGE NO. 1
CLIENT: 9999
CCI ERROR DETAILS II REPORT USER ID: bhyde

(This claim is a UB. (Note presence of TOB, Admit DX, and Pat Type)
Open Error

Patient: JONES, BARB	**Account #:** 2223333444	**Med Rec:** 000000111111
Prov.: DAN BONES	**Prov. NPI:** NNNNNNNNNN	**Prov. ID:** 111111111
Facility: ABC HOSPITAL	**Payer:** ACME HEALTHCARE	**LOB**: MEDICAID
Claim Date: 02/08/2006	**TOB:** 141	**Claim Total:** 5,934.22

Admit Dx: 7850 TACHYCARDIA NOS **Pat Type:** AAAAABBBBBCCCCC

Diagnosis Code	Diagnosis Code Description:
4019	HYPERTENSION NOS
2449	HYPOTHYROIDISM NOS
71945	JOINT PAIN-PELVIS

SL	Rev	Proc Cd/MOD	Description	From	Thru	Charge
7	260	90780 IG,GA	IV INFUSION THERAPY, 1 HOUR	02/05/2006	02/05/2006	1985.00
			As defined by the Correct Coding Initiative, these codes are a comprehensive/component code pair and cannot be billed together on the same date of service. The Correct Coding Initiative allows the use of modifiers, if appropriate and used correctly, to differentiate between the services provided. [Version:9.3][90780-71275]			
10	350	71275	CT ANGIOGRAPHY, CHEST	02/05/2006	02/05/2006	350.00
			As defined by the Correct Coding Initiative, these codes are a comprehensive/component code pair and cannot be billed together on the same date of service. The Correct Coding Initiative allows the use of modifiers, if appropriate and used correctly, to differentiate between the services provided. [Version:9.3][90780-71275]			
			Error Count: 2 **Errored charges on claim:** 2000.75			

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CCI summary

This report shows all CCI conflicts on any claims in the selected group of claims.

- The report is sorted by category of the error:
  - *Open Errors* prevent the release of the claims.
  - *Manual Override Errors* no longer count because someone has overridden them. The claims can be released.
  - *Warned Errors* are automatically overridden at your site. The claims can be released.
- Each category of error contains identification information for each claim that contains an error in the category.
- Note: Medical Record and TOB are empty for professional claims.
- This report is also available in a delimited format (CSV) for export to external programs.

FEB 11, CCYY 12:54:40AM PAGE NO. 1
CLIENT 9999
CCI ERRORS – SUMMARY REPORT USERID bhyde

OPEN ERRORS

Patient:	SMITH, JOHN	**Account** #:	9875432	**Med Rec:**	2328298391
Prov.:	PHYSICIAN, ATTENDING	***Prov. NPI***:	*1234567890*	**Prov. ID:**	11111
Facility:	ABC HOSPITAL	**Payer:**	ACME HEALTHCARE	***LOB:***	*MEDICARE*

From:	02/06/CCYY	**Thru:**	02/06/CCYY	**TOB:**	131	**Claim Total:**	9640.00

Principal Diagnosis Code: 5921 **Principal Diagnosis Code Description:** CALCULUS of URETER

Remaining Open errors
Page break

MANUAL OVERRIDE ERRORS

Patient:	JONES, FRED	**Account** #:	453728347	**Med Rec:**	348928983293
Prov.:	PHYSICIAN, ATTENDING	***Prov. NPI***:	*1234567890*	**Prov. ID:**	11111
Facility:	ABC HOSPITAL	**Payer:**	ACME HEALTHCARE	***LOB:***	*MEDICARE*

From:	01/30/CCYY	**Thru:**	01/30/CCYY	**TOB:**	131	**Claim Total:**	24,336.00

Principal Diagnosis Code: 5V500 **Principal Diagnosis Code Description:** RADIOTHERAPY

Patient:	GARCIA, CARLOS	**Account** #:	5238098308	**Med Rec:**	12819819988
Prov.:	PHYSICIAN, ATTENDING	***Prov. NPI***:	*1234567890*	**Prov. ID:**	11111
Facility:	ABC HOSPITAL	**Payer:**	ACME HEALTHCARE	***LOB:***	*MEDICARE*

From:	02/06/CCYY	**Thru:**	02/06/CCYY	**TOB:**	131	**Claim Total:**	1913.00

Principal Diagnosis Code: 92401 **Principal Diagnosis Code Description:** CONTUSION OF HIP

Remaining Open errors
Page break ----------

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WARNED ERRORS					
Patient:	LASTNAME, FIRST NAME	**Account** #:	111111111111111	**Med Rec:**	000000111111
Prov.:	PHYSICIAN, ATTENDING	***Prov. NPI***:	*1234567890*	**Prov. ID:**	11111
Facility:	ABC HOSPITAL	**Payer:**	ACME HEALTHCARE	***LOB:***	*MEDICARE*
From:	02/06/CCYY	**Thru:**	02/06/CCYY	**TOB:**	141
Claim Total:	550.00				
Principal Diagnosis Code:	4280	**Principal Diagnosis Code Description:**	CONGESTIVE HEART FAILURE		

Remaining Warned errors

Physician master

CCI or MN suppression settings by physician display on the *Physician Master* report.

Compliance edit suppression

LOB	Suppress	
	CCI	**MN**
*** MEDICARE**	N	**N**
*** MEDICAID**	Y	**Y**
*** BC/BS**	Y	**Y**
*** CHAMPUS**	**Y**	**Y**

Facility master

CCI or MN suppression settings by facility display on the Facility Master report.

PLAN	GROUP	ACCT	REMIT	*SUPPRESS*	
CODE		**STAT**	**STAT**	***CCI***	***MN***
	G	L	L	*N*	***N***
	G	L	T		
	G	L	T		
	G	L	T		
	G	L	T		
	G	L	T		
	G	L	T		
	G	L	T		
	G	**L**	**T**		

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Claim options maintenance setup

The *Claim Options Maintenance Setup* report shows all your site's claim options settings at a glance.

- The settings above the double lines are global settings that apply to your entire site.
- All non-global settings display below the double lines.

Claim Options Maintenance Setup Report

72-Hour Rule Settings:

LOB	Hours	Exclude SNF	Search Prior	Audit On	Process Type	Search Type
MEDICARE	72	N	N	Y	Inpatient	Outpatient
MEDICAID						
BC/BS						
TRICARE (CHAMPUS)						
COMMERCIAL						

Service Line Description Setting
Add Description: Overwrite Blank

Compliance Global Edit Suppression	CCI	LMRP
Suppress Professional:	Y	N
Suppress Instructional:	N	N

Medical Necessity Suppression Settings
Revenue Codes: 360, 450, 481, 490, 750, 760, 762
Occurrence Codes: 32
Condition Codes: 20
Institutional Modifiers:
Professional Modifiers:
Non-covered Charge: SL_TOT=SL_NCC

CCI Detail Suppression Settings:
Bill Type Exclusions xxx
Custom Modifiers 25
Bill Type Exclusions (Medicaid) xxx
Custom Modifiers (Medicaid) T1

MN Code Set Suppressions

Revenue Codes	Procedure Codes

CCI Code Set Suppressions

Revenue Codes	Procedure Codes
345	4567

MN for All LOBs

Form Type		LOB / Payer / Payer Alias	FI Data Content
PRO	Inst	Name	Name

CCI for All LOBs

Claim Type		LOB / Payer / Payer Alias	CPT Group Name
PRO	Inst	Name	

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Y	N	MEDICAID	All CPT Groups

Duplicate Claim Criteria	
Option	**Disabled**

Related Claim Criteria	
Option	**Disabled**

Supplemental Edits

Edit Name	Description	Enabled
SE_001	Blood Product present without transfusion	Y

etc.

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