1823 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.

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CCI ERROR DETAILS II REPORT

(This claim is a UB-92. (Note presence of TOB, Admit DX, and Pat Type)
Open Error

Patient: JONES, BARB
Prov.: DAN BONES
Facility: ABC HOSPITAL
Claim Date: 02/08/2006

Account #: 2223333444
Prov. NPI: NNNNNNNNNN
Payer: ACME HEALTHCARE
TOB: 141

Med Rec: 000000111111
Prov. ID: 111111111
LOB: MEDICAID
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

CCI ERROR DETAILS II REPORT

(This claim is a HCFA claim. Note lack of TOB, Admit DX, and Pat Type)

Open Error

Patient: KRABAPPLE, EDNA
Prov.: DAN BONES
Facility: ABC HOSPITAL
Claim Date: 02/08/2006

Account #: 123456789
Prov. NPI: NNNNNNNNNN
Payer: ACME HEALTHCARE
TOB:

Med Rec: 000000111111
Prov. ID: 111111111
LOB: MEDICAID
Claim Total: 250.00

Admit Dx:

Pat Type:

Diagnosis Code	Diagnosis Code Description:
53081	ESOPHAGAEL REFLUX
V1272	COLONIC POLYPS

SL	Rev	Proc Cd	Description	From	Thru	Charge
10	350	71275	XRAY, CHEST	02/05/2006	02/05/2006	75.00
			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: 1 **Errored Charges on claim:** 75.00

Page Break after end of last claim

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CCI ERROR DETAILS II REPORT

SUB TOTALS

Total Claims In Error:	2
Total Invalid Charges:	2075.75

Code Pair	Occurrences
90780-71275	3
TOTAL OCCURRENCES:	3