Overview of CCI

Medicaid is currently working with the fiscal agent, DXC Technology, to activate the Correct Coding Initiative (CCI) program. The CCI is a software program developed by the Centers for Medicare and Medicaid Services (CMS) to promote correct coding and increase physician awareness of correct coding guidelines. The CCI program reviews Health Care Procedure Codes (HCPCS) against set standards to determine if a code(s) billed by a provider is part of a more comprehensive code or mutually exclusive of another code for the same provider, and the same recipient, on the same date of service.

Items to Note

- On October 1, 2010 the CCI edits will be set to deny, post, and report on the Remittance Advice (RA).

- The CCI Explanation of Benefit (EOB) codes that will post as part of this initiative are as follows:
  1. 5924: Invalid NCCI Billing Combination
  2. 3396: Units of Service Exceed Medically Unlikely Edit

- The Related HIPAA Codes that will post on electronic 835s are as follows:

- This program will apply to Professional and Outpatient claims only and will review HCPCS for the same provider, same recipient, and same date of service.

- Providers who bill Medicare and certain private payers are already familiar with the billing implications of the CCI, since these insurers have already implemented this program.

Resources

- A detailed Provider Alert has been posted to the Web Portal. This can be accessed on the http://mymedicaid-florida.com home page under Provider Support → Provider Alerts.
- For more information regarding the proper use of modifiers and correct coding, please consult the CMS Web site: http://www.cms.gov/NationalCorrectCodInitEd/.