CRIP Exam Study Manual
Update for 2021

This document reflects updates made to the instructional content from the Certified Revenue Integrity Professional (CRIP) Exam Study Manual 2020 to the 2021 version of the manual. This does not include updates to examples, Knowledge Checks and Answers, or the Glossary.

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Note: Unless otherwise stated, information in yellow below has been inserted and information struck through has been deleted.

**Edit to page(s) 2-1: Objectives**

11. Explain the purpose and importance of the Medicare Severity Diagnosis Related Group (MS-DRG) Payment Window.

**Edit to page(s) 2-29: MS-DRG Payment Window**

Medical Severity Diagnosis Related Group (MS-DRG) Payment Window

**Edit to page(s) 3-9: Magnetic Resonance Imaging (MRI)**

**With Implanted Pacemaker Not Approved for MRI Environment**

If a patient is seen for an MRI and has an implanted pacemaker that is outside of labeling approved by the U.S. Food and Drug Administration (FDA) for use in an MRI environment, the claim must include specific items for the procedure code, diagnosis code, and modifier:

- The appropriate MRI procedure code
- A Q0 modifier
- The appropriate diagnostic code:
  - ICD-10 code Z00.6 - An encounter for examination for normal comparison and control in clinical research program
  - ICD-10 code Z95.810 - The presence of an automatic (implantable) cardiac defibrillator
  - ICD-10 code Z95.0 - The presence of cardiac pacemaker
- A condition code of 30 (This would apply to institutional claims only.)

**With Implanted Pacemaker Approved for MRI Environment**

If a patient has an implantable pacemaker that has FDA-approved labeling for use in an MRI environment, then the claim should be submitted as such:

- The appropriate MRI procedure code
- The appropriate diagnostic code:
  - ICD-10 code Z95.0 - The presence of cardiac pacemaker
- The KX modifier
As with any charge integrity review, it is vital that the Pharmacy department is frequently audited. It should start with the Pharmacy CDM. Items in the CDM that should be reviewed include:

- Revenue codes assigned for facility billing
- NDCs National Drug Codes (if placed on the CDM)
- Assignment of the appropriate HCPCS code (Status indicator K codes are separately reimbursable by Medicare.)
- Drug divisors need to equate to the appropriate billable units on the UB
- Average wholesale price of the pharmacy items
- Constant verification that compound drugs are set up and charged appropriately