Product sheet

REVENUE CYCLE MANAGEMENT

Medical Necessity

Boost your cash flow, reduce the risk of noncompliance and prevent claim denials

Medical necessity denials can cause revenue loss, and not having a Medicare-compliant medical necessity checking process can lead to fines. Help your organization stay compliant with CMS regulations and boost financial gains by streamlining and automating your medical necessity workflow with Experian Health's **Medical Necessity** solution.

Our solution validates against commercial payers' medical policies and Medicare National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) edits to help you make critical decisions for your patients. Get seamless integration with multiple EMR systems and check patient orders against payer rules for medical necessity, frequency, duplication, modifiers and more.

Benefits to you

1. Prevent claim denials with access to timely and updated medical necessity content.
2. Improve staff efficiencies by getting direct access to updated rule sets that eliminate the need to individually check each payer's website.
3. Improve cash flow by proactively identifying procedures that may fail medical necessity.
4. Help protect yourself from regulatory fines by staying compliant with Medicare regulations and policies.
5. Improve patient satisfaction by providing transparent prices around procedures that you know may fail medical necessity.

How we do it:

- Automatically identify procedures with Medicare or commercial medical necessity rules.
- Our Compliance Data Services team works continuously to update medical necessity content based on the latest policies.
- Get an automatically generated Advance Beneficiary Notice (ABN) or commercial waiver for patient signature when medical necessity fails.
- Automatically determine if a patient is a Qualified Medicare Beneficiary (QMB) program participant through integration with our Eligibility solution and generate dually eligible ABN, which was mandated as of Jan. 1, 2020.
- Automatically pull in chargemaster pricing on the ABN or waiver.

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Power your workflow by getting direct access to rule sets and edits through our content solution. Our rule content is regularly updated and can be accessed through our eCare NEXT® platform, files stored in a secure location or via an API connection.

- **Correct Coding Initiative (CCI) Edits** are used to detect mutually exclusive and compound/comprehensive medical procedures that would cause a claim to be denied.
- **Commercial payer edits** are comprised of medical necessity and other edits constructed from published commercial payer policies.
- **CPT/HCPCS add-on procedure file edits** contain the add-on codes with the primary service procedure that must be present to be eligible for payment. Add-on codes can't stand alone as separately reportable services. It's currently available for Epic clients only.
- **Part A and Part B local coverage determinants (LCDs) and national coverage determinants (NCDs) for all Medicare administrative contractors (MACs)**
  - CMS provides coverage guidelines and policies through NCDs, and MACs provide regional guidelines through LCDs. NCDs aren't geographically bound and take priority over LCDs.
  - MACs are responsible for administering Medicare Part A (hospital/inpatient) and Medicare Part B (outpatient/medical coverage) claims.
- **Inpatient-only procedures** allows the Medical Necessity user to see if a particular Current Procedural Terminology (CPT) code is only valid for inpatient procedures. This file is only available for eCare NEXT Medical Necessity customers.

Learn more at on our website or email us at experianhealth@experian.com.

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