experian™
health

Passport Medical Necessity

Validate clinical orders against payer rules for better claims results

The road to clean claims starts with mapping a strong Medical Necessity course. And staying on course means following the rules of the road, starting with payer rules and including evidence-based clinical standards of care. The ultimate destination—financial gains and improved efficiencies.

Passport Medical Necessity is the best road to clinical revenue protection. Interfacing with multiple information systems, it seamlessly and automatically checks patient orders against payer rules for medical necessity, frequency, duplication, modifiers and more. The solution validates an order throughout the process to produce a clean claim billed without fear of denial. Passport Medical Necessity integrates seamlessly with all EMR, scheduling, and registration systems. Updates are performed automatically and continuously from the charge master file.

How we do it

- Automatically identifies procedures with Medicare or commercial medical necessity rules

- Validates CPT and ICD codes against LCDNCD-CCIOCE-MUE edits

- Calculates and prepares ABN or Commercial Waiver for patient e-signature

- Alerts user of inpatient only procedures

- Procedures with frequency limitations are checked three ways:

  1. **CMS Response from the Common Working File.** For the most commonly ordered procedures with frequency requirements CMS stores the last date of service and calculates the next available date the patient can have a procedure.

  2. **Patient History from Medical Necessity database.** Stores the last time a patient presented and was checked for medical necessity. Based on the last date of checking, it can determine if the patient would be within or exceed the frequency guideline.

  3. **Patient Response.** Allows for the patient's response to a frequency question.

What you get

● Financial improvements
Identifies potentially denied claims prior to submission allowing corrections to take place, which eliminates rebilling costs and increases staff self-corrections

Reduces days in accounts receivable since clean claims are submitted earlier in the billing process

● Increased efficiencies
Triggers issues and alerts based on Medicare and commercial payer rules, eliminating reliance on manual and paper processes

Provides extensive management reporting to better educate clinicians on coding practices

Interfaces directly with registration and order entry systems, eliminating the need for duplicate order entry and integrates seamlessly within existing workflow processes

Updates automatically and continuously from your charge master

Works well with

Order Manager our web-based, outpatient orders platform that connects hospitals, health systems or stand-alone clinics with community physicians.