



Navigating Insurance Challenges

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No Conflicts of Interest to Disclose

Know the Regulatory Resources



- ❖ Medicare and Medicaid Services (CMS)
- ❖ Regional Medicare Contractor (WPS MAC J8)
- ❖ National, State Societies and Collaboratives
- ❖ Accepted ICD10 Diagnosis Codes for Cardiac Rehab (CR) & Intensive Cardiac Rehab (ICR)
- ❖ Accepted HCPC Procedure Codes for CR & ICR:
 - CR - 93797 w/out ECG & 93798 w/ cont. ECG monitoring
 - ICR - G0423 w/out exercise & G0422 with exercise
- ❖ Reporting 1 session in a day = at least 31 min.
Reporting 2 sessions in a day = at least 91 min.
(1st session=60 min., 2nd session= at least 31 min.)

Empower Your Patients and Staff



Provide tools to promote patient and staff interaction:

- Patient Insurance Worksheets
- MyChart
- Interactive website
- Email or standard mail
- Group and/or 1:1 Intakes
- Insurance contacts/websites
- Access to Financial Aid Counselor
- Benefit summary for major insurance carriers

Know the Terminology

Facility NPI
Number

Tax ID Number

Ins. Contract
Number

Primary and
Secondary
Coverage

Annual
Deductible
Patient/Family
Amount

Annual Out of
Pocket Expense

Co-Pay/Visit

Co-insurance %

Date of Service
(DOS)

Expiration Date
for Services

Allowed Amount

Explanation of
Benefits (EOB)





Know and Educate the Right Teams

- Finance Department - Chargemaster, Revenue and Usage Reports
- Authorization Team, Coders, Billers, Denials/Appeals.
- Third Party Insurance Payors.
- EMR Team – Work Queue Management and Flowsheets for Charge Capture.

Remember you are the Expert!

Build Your Foundation of Knowledge

- Common Denials – Referral & authorized diagnoses do not match.
- BlueCare Network – PCP has to be contacted to initiate referral for authorization.
- Modifier 59 – 93797 & 93798 are charged on the same DOS.
- KX Modifier – Treatment is medically necessary for > 36 sessions/visits.
- Calendar Year Crossover – Coverage may not continue into new year. Additional authorization required, with new deductible & out of pocket expense in effect.
- Expiration Date for Services – 90 days from date of cardiac event/referral.
- Financial Assistance – Check the health system's process & requirements.
- Appeal Process – Develop concise phases & site regs. for most common reasons.
- Annual Regulatory Updates – Proposed changes in Aug. Final changes in Nov.

QUESTIONS

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