Navigating Insurance Challenges

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Covenant HealthCare
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
<table>
<thead>
<tr>
<th>Facility NPI Number</th>
<th>Annual Deductible</th>
<th>Co-Pay/Visit</th>
<th>Allowed Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax ID Number</td>
<td>Patient/Family</td>
<td>Co-insurance %</td>
<td>Explanation of Benefits (EOB)</td>
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<tr>
<td>Ins. Contract Number</td>
<td>Amount</td>
<td></td>
<td></td>
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<tr>
<td>Primary and</td>
<td>Annual Out of</td>
<td>Date of Service</td>
<td></td>
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<tr>
<td>Secondary Coverage</td>
<td>Pocket Expense</td>
<td>(DOS)</td>
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<td></td>
<td></td>
<td>Expiration Date</td>
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<td>for Services</td>
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</tbody>
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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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