

ReClaim

The ReDoc Coding Alert Module



Common Problem: “Every day I get Explanations of Benefit back from my insurance companies with denials on my claims; some are for medical necessity, some are for NCCI edits, and some for excluded benefits. And worst of all, I don’t find out I’m not going to get paid until 45-60 days after I’ve treated the patient. Sometimes, my patients are treated and discharged before I get the first EOB back from the first treatment, and I end up eating the costs of the entire treatment cycle.”

What is it?

The ReDoc Coding Alert Module (ReClaim) is a set of filters that work within the ReDoc Suite. When the therapist is designing a plan of care or documenting interventions during a subsequent treatment, ReClaim assists by providing feedback on medical necessity, NCCI edits, and excluded benefits based on the filters specific to each client’s payer and patient mix.

How does it work?

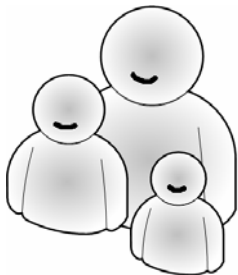
During the initial evaluation, when the therapist is selecting interventions as part of designing the patient’s plan of care, ReClaim cross references the interventions to determine whether they break the payer’s rule for medical necessity, NCCI edits, or excluded benefits.

Intervention	CPT Code	Modifier	Min.	Units
Physical Therapy Initial Evaluation / Examination	97001		0	
Test and measures- joint range of motion	95851		0	0
Physical agent- deep thermal modality- ultrasound	97035		0	
Therapeutic exercise	97110		0	
Therapeutic procedures- gait training	97116		0	

Benefits Information	Blue Cross/Blue Shield - Patient has 8 remaining visits.	95851 & 97001 - Under Blue Cross/Blue Shield these codes can not be billed together on the same date
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If a rule is violated, the therapist is alerted and has an opportunity to select a different (but often clinically similar or identical) intervention to be used as an alternative. If the alert then clears, the intervention is likely to be successfully reimbursed. Each time an intervention is selected, it is re-matched against the established rules. Detailed reporting on resolved and unresolved alerts is available in the ReReports module.

In addition, if pre-authorization, pre-certification, or other benefits information is collected and either sent electronically or entered into ReDoc, ReClaim also makes this information available to the therapist.



Why does it matter?

ReClaim helps therapists identify and fix many, if not most, reimbursement problems before the patient is treated and before the claim is submitted, resulting in a significant decrease in denials. Therapists also know, before incurring the costs of providing treatment, whether the interventions selected are likely to be reimbursed.

*Solution: The ReDoc Coding Alert Module
Documentation the Right Way*