

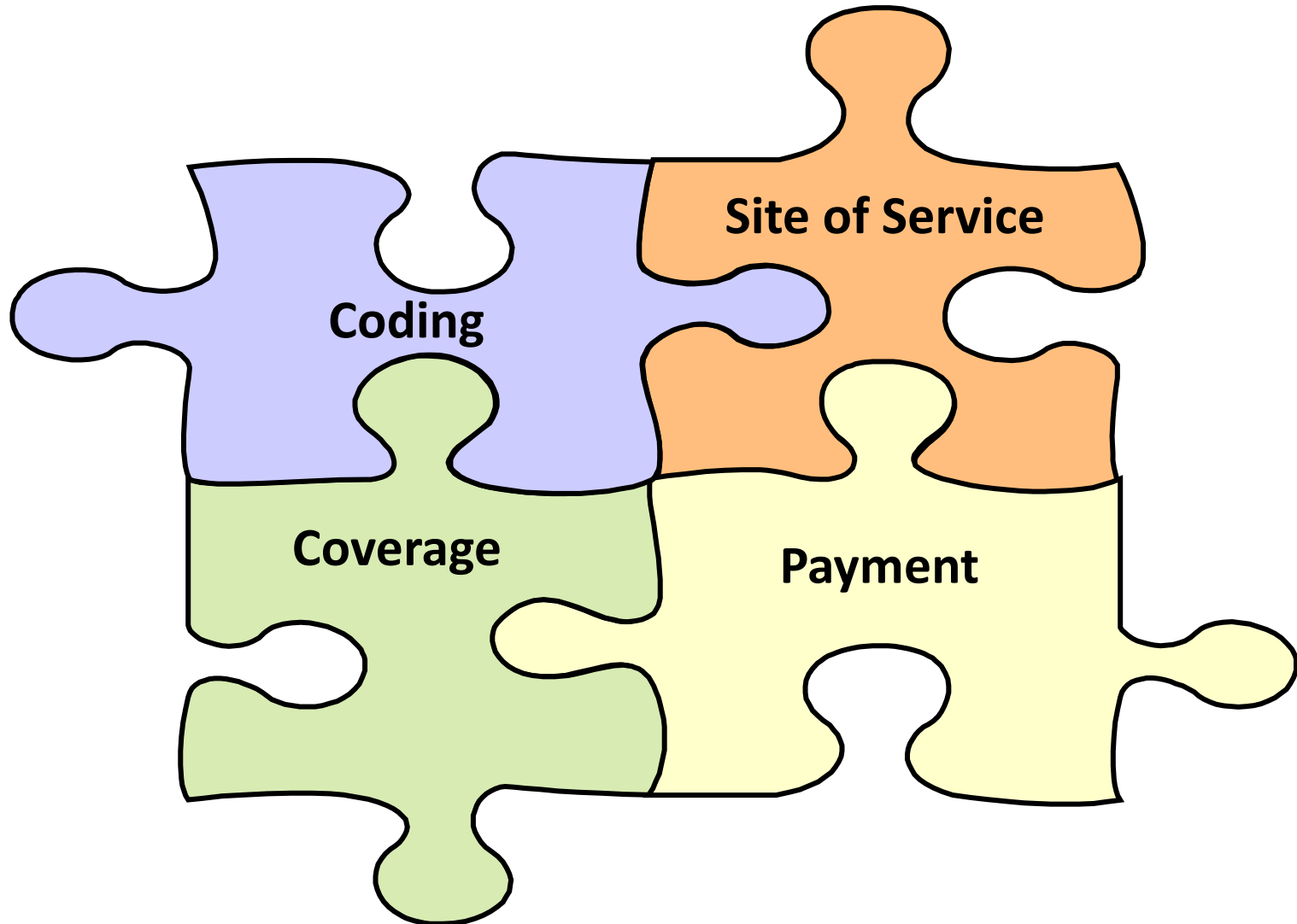
Reimbursement Due Diligence

Toni Turner

Executive Director



The reimbursement puzzle



First Point of Reimbursement Due Diligence:

- **Do not rely on partial information**
“We have a reimbursement code”, for example is misleading and inaccurate. There is no such thing as a “reimbursement code”. There are only HCPCs, procedure, diagnosis and revenue codes and coding is only one element of reimbursement!

Second Point of Reimbursement Due Diligence:

- Understand the basics of each element and how they fit together to determine reimbursement for the particular product or service.

CODING

- Not all coding systems apply to all products or all places of service. It's important to know which codes are applicable to the kind of provider you are.
 - HCPCS
 - CPT
 - ICD-9
 - Revenue Codes
 - Modifiers

Coverage

- Set of clinical circumstances under which a payer will pay any amount for diagnostic or therapeutic procedure. Negotiated payment rules with commercial contractors.
 - National Coverage Determination (NCD)
 - Local Coverage Determination (LCD)
 - Commercial Insurance Medical Policy

Site of Service

- Location where service is being provided.
 - Physician Office
 - Inpatient Hospital
 - Physical Therapy
 - Hospital Outpatient Dept.
 - Ambulatory Surgery Center
 - Home Health
 - Skilled Nursing Facility

Payment

- Amount actually paid to provider based on fee schedule or contracted rate.
- APC's
- DRG's
- MPFS
- Negotiated Discounts

Be aware of your own costs!

- Disposable items
- Frequency of use
- Labor involved

Thank You for joining!

Toni@InRichadvisors.com

