3M™ Medical Necessity Dictionaries

Medicaid and private payer rules content for 3M business partners

- **Provide your customers with point-of-service and post-service medical necessity validation**

- **May be embedded within any health information system requiring medical necessity content for claims, billing, practice management, and more.**

- **Help client organizations decrease denials and A/R days, and achieve timely and accurate reimbursement**

Keep pace with changing rules

Keeping healthcare information systems up-to-date with Medicare regulations, Medicaid rules and private payer requirements—especially with ICD-10-based rules—is no small feat today, and few areas are as volatile and compliance-sensitive as medical necessity.

With the 3M Medical Necessity Dictionaries, 3M can deliver and maintain medical necessity content for health information system (HIS) vendors and their clients. This reliable, seamlessly integrated source of payer-specific requirements can help hospitals comply with regulations, reduce denials, resolve compliance issues and improve their revenue cycle.

Medical necessity requirements: Ever more complex

3M knows that healthcare software and electronic health record (EHR) vendors like you need and want to deliver medical necessity functionality to your clients. Healthcare organizations must comply with medical necessity, but as a vendor do you have the in-house ability and expertise to deliver?

Consider what medical necessity means today:

- The Centers for Medicare & Medicaid Services (CMS) requires hospitals to check 100 percent of Medicare outpatient services

- Hospitals must check prior to rendering services

- An Advanced Beneficiary Notice (ABN) must be generated and signed for services that carriers and Medicare Administrative Contractors (MACs) may not reimburse

And how complex is Medicare medical necessity? CMS creates **National Coverage Determinations (NCDs)** that apply to the entire country. Contracted fiscal intermediaries (FIs), carriers and MACs create medical necessity policies known as **Local Coverage Determinations (LCDs)** that apply to local service areas.

All healthcare providers must check all pertinent policy regulations to determine medical necessity, which means they face between **150,000 and 500,000 unique ICD and HCPCS/CPT® code pairs** in the Medicare policies, depending on their state. In addition, these codes can change on both a monthly and ad hoc basis.

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The 3M solution: Payer-specific medical necessity content

The 3M Medical Necessity Dictionaries deliver timely, updated medical necessity content for use throughout the revenue cycle, including:

- NCDs and LCDs
- ICD-10 diagnostic codes and modifiers
- Other state Medicaid and payer-specific data
- Multi-level policy restrictions, including frequency, age, gender, previous diagnosis or accompanying service

3M's skilled team of subject matter experts produces and routinely updates the content, which has provided the market with an extensive medical necessity and coding compliance rule set with full support for:

- Allied health
- Inpatient and outpatient care
- Long-term care
- Medical services
- Pharmacy
- Vision care

Versions are available for M**edicare Parts A and B** (national and state level), several state Medicaid agencies, including **Texas** and **Medi-Cal**, and private payers such as **Aetna**® and **Blue Cross**® **Blue Shield**® affiliates.

The 3M advantage: Content where and when it's needed

The **3M Medical Necessity Dictionaries** can be embedded within an existing HIS or EHR to provide automatic medical necessity validation—consistently and reliably—during **scheduling, registration, claims processing** or wherever else in the **revenue cycle** your customers require.

As a software vendor, you and your customers can benefit from these features:

- Eliminate the laborious tasks of gathering medical necessity data and performing monthly manual reviews
- Receive automated monthly policy updates with valid code pairs and medical necessity intelligence
- Gain access to expert support on medical necessity issues from the 3M team of nurses, medical experts, and billing professionals
- Protect against potential allegations of fraud and abuse through accurate and frequent updates and current content
- Facilitate accurate and timely Medicare reimbursement, proactively manage A/R days, and help reduce denials, write-offs, and the cost of correcting rejected claims
- Perform edits for medical necessity, frequency, and others
- Enable ABNs within an EHR, HIS or practice management system

An integrated solution

3M Medical Necessity Dictionaries are available as a standalone solution or bundled with other coding compliance edits, grouping software and reimbursement calculation software through these other 3M products and platforms:

- **3M™ Grouper Plus Content Services**, a 3M-hosted, cloud-based method of content distribution into another system's workflow
- **3M™ Core Grouping Software**, a Microsoft® Windows®-based application that can be used for batch or interactive processing

Call today

For more information on how 3M solutions can assist your organization, contact your 3M sales representative, call us toll-free at **800-367-244**7, or visit us online at **www.3m.com/his**.

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