



InSight Medical Necessity®

Reduce Medical Necessity Denials

InSight Medical Necessity provides **instant access to medical necessity and prior authorization policies** for Medicare, Medicare Supplements, and commercial payors impacting your facility.

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Medical necessity is one of the leading reasons for payor denials affecting cash flow, net revenue, and exposure to post-payment audits. Medical necessity verification is a difficult process due to ever-changing, complex payor policies which often contain conflicting information. Healthcare organizations experience challenges in determining the correct payor-specific requirements for their patients.

InSight Medical Necessity provides instant access to medical necessity and prior authorization policies for Medicare, Medicare Supplements, and commercial payors impacting your facility. Real-time access is available during prescheduling, registration, and order entry eliminating redundant data entry and ensuring proper determinations. Overall, incorporating InSight Medical Necessity into a strategic, automated process results in an improvement in first-pass rates and overall financial performance.



The healthcare industry sees anywhere from **\$11 billion to \$54 billion** in challenged revenue each year.¹

1. <http://www.ciproms.com/2018/04/physician-billing-results-in-as-much-as-54-billion-in-challenged-revenue-each-year/>

WHAT WE DO FOR YOU

InSight Medical Necessity provides access to the most current payor medical necessity policies, supporting documentation quality across the organization. The solution automatically compares diagnosis and procedure codes payor rules to prevent claim and line item denials. Access to local coverage determinations (LCDs) and national coverage determinations (NCDs) is also provided, eliminating manual data gathering and saving time for your team.

InSight Medical Necessity reduces A/R days by preventing denials, improves operational efficiency with real-time documentation, and reduces compliance risks by helping avoid future audits and penalties. Data sets driving the solution are automatically updated on a weekly basis, ensuring you have the latest regulatory updates and policy changes in your system.

With the ability to track medical necessity failures, InSight Medical Necessity helps identify opportunities to educate staff and evaluate processes that prevent medical necessity failures moving forward. Detailed reports display the number of failures for each physician and CPT as well as the number of ABNs and waiver forms created for each code.

The Craneware Group's customer success team provides a consultative approach to implementation, training, and support. Our experts have years of real-world experience and offer onsite training and rapid implementation to ensure medical necessity best practices and sustainable benefits.

The Craneware Group (AIM: CRW.L) is the leader in automated value cycle solutions, collaborating with U.S. healthcare providers to plan, execute and monitor operational, financial and clinical performance so these leading organizations continue to drive better outcomes for the communities they serve. The Craneware Group's Trisus platform is an efficiency multiplier - automating quality audits, identifying waste, and streamlining administrative workflows. Our value cycle management suite includes charge capture, strategic pricing, 340B management, claims analytics, patient engagement, revenue recovery and retention, and cost and margin intelligence solutions. Learn more at thecranewaregroup.com.

