



Medical Necessity Checkmate

Medical Necessity Checkmate provides your organization with the right tools to eliminate claim rejections caused by non-covered charges.



Integrated Post-Service Medical Necessity Module

Stop writing off non-covered charges and start sending out claims correctly the first time. **Medical Necessity Checkmate** provides your organization with the right tools to eliminate claim rejections caused by non-covered charges due to medical compliance requirements. Let Medical Necessity Checkmate automatically prorate charges, add medical necessary modifiers and save your staff time.

It provides automated processing of accounts in B/AR based on finalized coded procedures, finalized coded diagnoses and medical necessity requirements. Automated claims processing and medical necessity requirements allow your billing staff to spend less time moving charges and more time on collections. Medical Necessity Checkmate is completely integrated with your daily B/AR close-day routine.

Key Advantages Include:

- Save billing staff time.
- Improve medical necessity compliance and reimbursements.
- Comply with Centers for Medicare and Medicaid Services (CMS) and avoid possible penalties.
- Reduce write-offs for non-covered testing.
- Create an audit train in one centralized location.
- Keep all patient account data in B/AR.

For a demonstration or more information on **Medical Necessity Checkmate**, or any other Iatric Systems product or service, please contact us using the information below.

Detail of Integrated Solution Provided by the Combined Use of Iatric Systems' Pre-Service (MNO) and Post-Service (MNC) Medical Necessity Modules

