



Pre-Claim Review

The Pre-Claim Review Demonstration announced by CMS has given home health agencies cause for concern. Though the process has been postponed, it *will* be implemented in Texas. When the Pre-Claim Review process is finally unveiled, your agency should be prepared. MJS is here to help you do just that.

In order to alleviate the stress that will undoubtedly follow this process, MJS has developed a “Pre-Claim Review” service specifically designed to prepare your agency’s claims for proper submittal to obtain a front end, first time affirmed decision. This service will ensure your packet meets requirements while your plan of care is out for physician signature.. This makes submittal smoother, faster, and more efficient.

1. Pre-Claim Review

Send us the OASIS, Plan of Care, Face-to-Face and Therapy Evaluations *prior to being signed by the physician*. Our RN compliance team will review and recommend any modifications to help you get the “affirmed” status as quickly as possible!

2. Pre-Claim Submission

Send us the signed Plan of Care, Face-to-Face, and Therapy Evaluations, and we will submit and track through all resubmissions until the final UTN is received.

3. Claim Filing

MJS will submit the RAP and Final Claim for your agency using the highest professional and compliance standards until final adjudication.

Individual Price		Package Price	
Pre-Claim Review	\$90	Pre-Claim Review	-
Pre-Claim Submission	\$30	Pre-Claim Submission	-
Claim Billing (episode)	\$35	Claim Submission	-
Total:	\$155	Total:	\$135

4. Claim Appeals

In the event of a denial at Final Claim, MJS can perform claim appeals on a case by case basis for \$125 per claim. We will review the clinical file, prepare the necessary documents, submit the appeal on your behalf, and follow the claim through redetermination and reconsideration.

**Billing Contracts require a percentage fee of 1% for collections*



Our experienced and knowledgeable staff is ready to make sure your claims are submitted with all the information required by CMS—on time. With certified ICD-10 and CPT coders, OASIS specialists, data specialists, staff RNs, and much more, we are well equipped to partner with your agency to avoid denials. Let us help! Give us a call today or go online for more information.