Svast Healthcare Technologies

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Newsletter -July 2025

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Don't Skip These Two Front-Desk Steps – They Could Cost You!

Why Checking Eligibility and Confirming the PCP Before the Visit Matters More Than You Think...

Imagine this: Your patient shows up, you provide excellent care, and your team submits the claim—only to find out their insurance was inactive... or worse, the patient had the wrong Primary Care Provider (PCP) listed. Now the claim is denied, the patient is frustrated, and your team is left scrambling.

This scenario is more common than you'd think—and it's completely avoidable.

The Power of a Quick Eligibility Check

Taking a few minutes to verify insurance before the visit saves hours of follow-up later. Eligibility checks confirm whether the patient's insurance is active, what services are covered, and what the patient's financial responsibility will be.

Why it matters:

- Stop Denials Before They Start – Catch terminations, lapses, or plan changes before care is delivered.
- Get Paid Faster – Knowing copays and deductibles up front helps collect accurately and reduce aging A/R.
- Keep Patients Happy – Surprises at check-out? No thanks. Transparency builds trust.

Confirm the PCP – Family, Internal Medicine, and Pediatric practices - Yes, It's That Important

Many HMO and managed care plans require that the provider listed matches the patient's assigned PCP on file with the insurance. If not, the claim can be denied even if the patient has been visiting your practice for years and loves your providers. We've seen instances where a PCP is automatically assigned by the payer, and the patient isn't even aware. That's why checking eligibility in advance can be incredibly helpful—even before the patient is seen. Let us know if you'd like our help in building this into your front-desk workflow—we're always here to support your team!

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PCP Referrals – Specialty providers – Especially Dealing with HMO and Managed Care Plans

Many insurance plans, particularly HMOs, require a PCP referral before they authorize and pay for specialty services. Some plans will not retroactively authorize services, even if a referral is obtained after the visit. Without a valid referral on file, claims can be denied, leaving the patient responsible or resulting in lost revenue for the practice. This referral also helps to avoid unnecessary care, reduces duplication of services, and supports a more coordinated care plan for the patient.

What can go wrong?

- Claim Denied – Not the assigned PCP? No payment.
- Patient Blindsided – They may not even realize their plan changed.
- You Lose Time and Money – Rescheduling, re-authorizing, reworking—it adds up.

Bottom Line – Verifying all this vital information up front protects the practice and the patient.

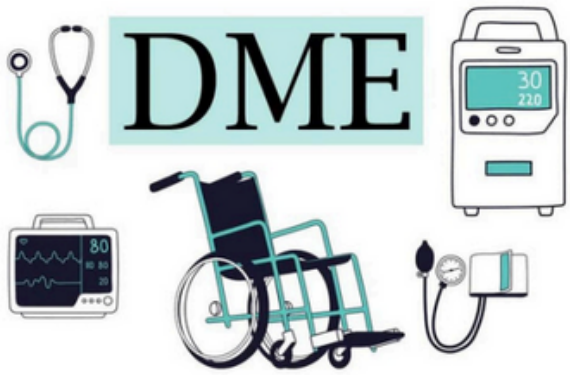
Svast offers an optional eligibility and benefits verification service, completed 48 hours before scheduled patient appointments. The proactive approach can help reduce claim denials, improve collections, and enhance the patient experience. We'd be happy to discuss how this additional service could benefit your practice and support your front-office workflow.

These simple steps protect your revenue, reduce friction, and keep things running smoothly for everyone, your team, your providers, and most importantly, your patients.

DME

The Ultimate Guide to DME Claim Denials: Understanding and Appealing

In the complex world of healthcare billing, Durable Medical Equipment (DME) providers often face a significant hurdle: claim denials. These rejections can disrupt cash flow, increase administrative burdens, and ultimately impact patient care. Understanding the common reasons for DME claim denials and establishing a robust appeal process are crucial for maintaining a healthy revenue cycle.



The Scope of the Problem: Why Denials Matter

DME claims are notoriously susceptible to denials. Statistics show that an estimated **20-30% of DME claims are initially denied,** with some reports indicating an error rate as high as 27.4% for DME providers, the highest among all provider types. However, there's good news: **as many as two-thirds of rejected claims are recoverable** through effective denial management.

Common Culprits: Why DME Claims Get Denied

DME claim denials stem from a variety of preventable issues. Here are the most frequent reasons:

- **Incomplete or Inaccurate Documentation:** This is perhaps the leading cause. Missing or incorrect patient details, prescriptions, physician orders (Detailed Written Orders or DWOs), Certificates of Medical Necessity (CMNs), and supporting medical records are red flags for payers. If the documentation doesn't clearly justify the medical necessity of the DME, the claim will likely be denied.

- **Incorrect Coding and Modifier Errors:** Using outdated or incorrect HCPCS codes for DME items, or failing to apply the appropriate modifiers, can lead to immediate rejections. Modifiers provide crucial additional information about the service or item, and their absence or misuse can derail a claim.

- **Lack of Prior Authorization: Many DME items** require pre-approval from the payer. If prior authorization isn't obtained, or if the request is incomplete or delayed, the claim will be denied.

- **Eligibility Issues/Lack of Insurance Coverage:** The patient's insurance may not be active, or the specific DME item may not be covered under their plan. This can also include situations where the service falls outside of their benefits or if there are issues with coordination of benefits.

Proof of Delivery (POD): Mandatory for reimbursement—must include date and beneficiary signature.
Important: Medicare covers replacement devices if the patient's condition changes or the device is lost, damaged, or worn out.

4. Billing for Home Medical Equipment Repairs and Maintenance
Repairs and maintenance billing is often overlooked but critical for long-term care:

- Owned vs. Rented: Medicare allows billing for repairs only if the beneficiary owns the equipment.
- Documentation Requirements:
  1. Justification for repair
  2. Condition of equipment
  3. Manufacturer parts list or invoice
- Labor Billing: Use E1399 or K0739 with supporting documentation.
- Loaner Equipment: Can be billed separately if provided during repair.

Tip: Maintenance agreements are not covered by Medicare, but one-time medically necessary repairs are.

5. Billing for Enteral and Parenteral Nutrition DME
These life-sustaining therapies require thorough clinical documentation:

Enteral Nutrition:

- Use HCPCS codes B4034-B5200
- Physician documentation must include a diagnosis of a condition preventing oral intake (e.g., dysphagia, cancer, neurological disorders)
- Enteral feeding pumps are considered DME and billed separately

Parenteral Nutrition:

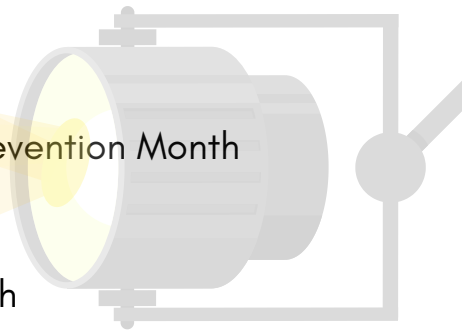
- More complex and often managed under Medicare Part B (for prosthetic benefit) or Part D depending on the setting
- Requires a comprehensive plan of care, nutrient formulations, and monthly assessments
- Billing is typically done on a monthly basis and includes supplies, formula, and equipment.

Spotlighting Awareness

July Health Awareness

The health observances for July include:

- July 1-31: Cord Blood Awareness Month
- July 1-31: Healthy Vision Month
- July 1-31: International Group B Strep Awareness Month
- July 1-31: Juvenile Arthritis Awareness Month
- July 1-31: National Cleft & Craniofacial Awareness and Prevention Month
- July 1-31: National Hemochromatosis Awareness Month
- July 1-31: National Minority Mental Health Awareness Month
- July 1-31: Sarcoma Awareness Month
- July 1-31: UV Safety Month
- July 11: World Population Day
- July 22: World Brain Day
- July 23: World Sjogren's Day
- July 28: World Hepatitis Day



Powering Up Private Practices

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Fro-Yo Fruit Bites

Ingredients

- 1 1/2 cups
- plain yogurt
- 1/4 cup
- whole milk
- 2 tsp.
- honey
- 1/2 tsp.
- pure vanilla extract
- 1/2 cup
- blueberries
- 1/2 cup
- strawberries, quartered
- 1/2 cup
- raspberries
-

Directions

Step 1: In a medium bowl, combine yogurt, milk, honey and vanilla and whisk until smooth.

Step 2: In an ice tray, distribute fruit in each of the cube molds.

Step 3: Spoon yogurt mixture over fruit, filling molds completely. Freeze for 5 hours, or until frozen solid.

Meet Our Staff

We take pride in the talented team members who contribute to our success every day. This month, we're highlighting a few individuals who make a difference in our organization!

Ravindran R - Process Lead - AR

With six years of experience in medical billing, I joined Svast in 2022 and bring strong expertise in denial management and the eClinicalWorks (ECW) application. I have a keen interest in expanding my knowledge, particularly in learning new healthcare platforms such as Allscripts and other applications. Passionate about addressing global healthcare challenges, I actively share insights and knowledge with my team to foster continuous improvement and collaboration. Outside of work, I enjoy long bike rides with friends and am deeply involved in martial arts. As a national-level athlete and certified instructor in Taekwondo and Karate, I hold a 2nd Dan black belt and am committed to discipline, focus, and personal growth both on and off the mat.

Inchara Evanjalin V - Senior Excecutive AR

Holds an M.Sc and B.Ed, bringing 2 years and 10 months of experience in the medical billing domain as an Accounts Receivable (AR) specialist. Currently working at Svast for the past year as a Senior Executive - AR, she has developed strong problem-solving skills and the ability to identify and analyze global trends within the medical billing landscape. Her role involves actively participating in client calls, addressing concerns, and ensuring that client requirements are met within established timelines. She is always eager to expand her knowledge, embrace new challenges, and contribute positively to the growth of the organization. She takes pride in continuously learning and striving for excellence in every task. Outside of work, she enjoys reading novels, crocheting, spending quality time with her family, and being close to nature.

Tanzeem Banu - Payment Posting

She holds a Bachelor of Arts (BA) in Hindi and has 2 years and 7 months of experience in payment posting within the medical billing domain. She is currently working at Svast, where she has gained hands-on experience in accurately posting payments, maintaining financial records, and ensuring timely reconciliation of accounts. Over the course of her role, she has developed strong attention to detail, efficiency, and a solid understanding of healthcare revenue cycle processes. She takes pride in contributing to the smooth financial operations of the organization and consistently seeks opportunities to enhance her skills and overall productivity. Outside of work, she enjoys painting on dresses as a form of creative expression and greatly values spending quality time with her family. These hobbies help her stay balanced and add a sense of joy and fulfillment to her personal life.

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