

42nd Annual Oregon Rural Health Conference





October 1-3, 2025

Breaking the Cycle: How Rural Hospitals Can Take Control of Financial Sustainability

John Wadsworth, MS, REDi Health



Breaking the Cycle: How Rural Hospitals Can Take Control of Financial Sustainability

42nd Annual Oregon Rural Health Conference

10:40-11:30 AM

Friday, October 3, 2025



Who is REDi Health?

- Rural Economic Development Inspired
- Analytic and change management services company
- Our Mission
 - Turn rural data into a community asset
 - Create high-tech jobs in rural communities
- 5 years in rural. (20+ years in large systems/IDNs)
- Penguins in rural?





Learning Objective:

 Share recent work improving financial sustainability for rural hospitals



Work and Timeline

- Timeline
 - 2024-2025
- Three paths improving *financial sustainability* for rural hospitals
 - Analytic Assessments
 - Chargemaster
 - Denials management



Finding Opportunity -> Analytic Assessment

Qualitative

- Gathered information through staff and member interviews
- Reviewed organizational priorities
- Pulled information from hospital website and other public websites
- Used standard practice of SWOT Analysis
- Themes on culture, workflow, process and outcomes emerge

Quantitative

- Requested 2 years of financial encounter information
- Mapped primary diagnosis codes to a care processes
- Financial analysis across all care processes
- Calculated collection percent by payor
- Identified provider variation across care processes

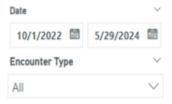


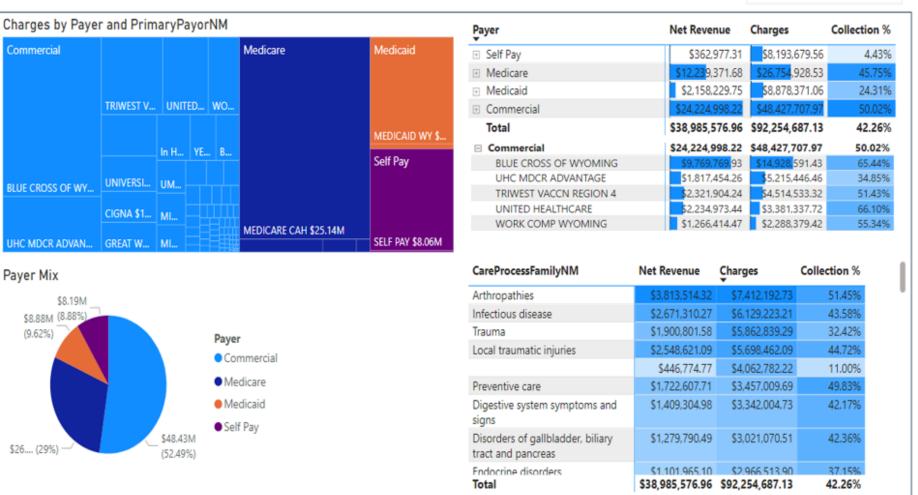
Collection % by Payer



REDiHealth **Quantitative Assessment**

Payor Analysis





- <50% Collection % for Medicare
- Is Commercial Payer collection % optimized?
- Self-pay collection rate low. Optimize eligibility enrollment

Short term revenue focus on enrolling members.

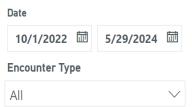
Long term analysis by evaluating expected vs. actual collection percent for Commercial Payers

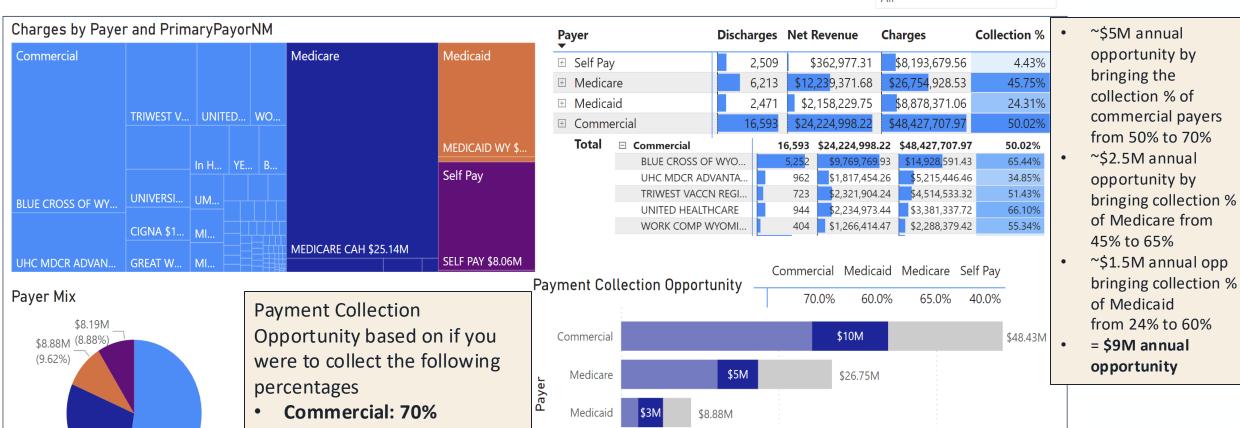
Data Through: 06/03/2024 Clinic Hospital Version: 0.1.0



REDiHealth **Quantitative Assessment**

Payor Analysis





\$26.... (29%)

Medicare: 65%

Medicaid: 60%

Self-Pay 40%

\$48.43M

(52.49%)

■ Total Paid ■ Payment Opportunity ■ Total Charge

\$0M

\$8.19M

\$20M

\$40M

2025 WY SORH Charge Master

Participating Sites: Weston County, Powell Valley and Johnson County

Hospital 1 \rightarrow Additional charges \$954,000

Hospital 2 \rightarrow Additional charges \$227,105

Hospital 3 → Additional charges \$1,528,342

Total ROI → \$2,637,822

In Partnership with Wyoming Hospital Association and WY SORH FLEX, \$1 spent with REDi Health on chargemaster can generate \$38 additional charges for each hospital in 2025.



2025 UT SORH Charge Master

Facility Findings and Recommendations

Facility	Key Findings	Recommendations	Gross Charge Opportunity	Potential ROI
Hospital 1	278 codes below Medicare/market; 163 codes priced 29% below Medicare; minimal high outliers	Align underpriced codes with Medicare and peers; fine-tune ER and surgical supply pricing	\$1.5M	\$1M
Hospital 2	Surgical rates 50% below peers; ER triage codes 20% below peers; radiology/lab underpriced	Align surgical, ER, radiology, and pathology rates with peer benchmarks; 2% overall increase	\$2M	\$1.3M
Hospital 3	27 codes below Medicare; 12 codes below market; 17 codes > 200% Medicare but low volume	Correct below- Medicare/market codes; monitor radiology/lab contracts	\$1.6M	\$806k
Hospital 4	237 codes below Medicare; 297 below peers; < 1% outdated codes	Apply Board-approved increases; 1.42% overall increase	\$1.77M	\$600K
Hospital 5	ER triage codes 20% below peers; radiology/lab codes underpriced	Align ER, radiology, and lab charges with peers; apply 4.08% overall increase	\$3.9M	\$3.9M
Hospital 6	197 codes below Medicare; < 1% of CDM needed inactivation	Align 321 codes in areas of surgery, radiology, ER facility with peer benchmarks; 3.94% overall increase	\$3.9M	\$2.6M

In Partnership with UT
Hospital Association and
WY SORH FLEX, \$1 spent
with REDi Health on
chargemaster can
generate \$69 additional
charges for each
hospital in 2025.

Participating Sites: Moab, Beaver, Milford, Gunnison, Kane County, Uintah and Blue Mountain.

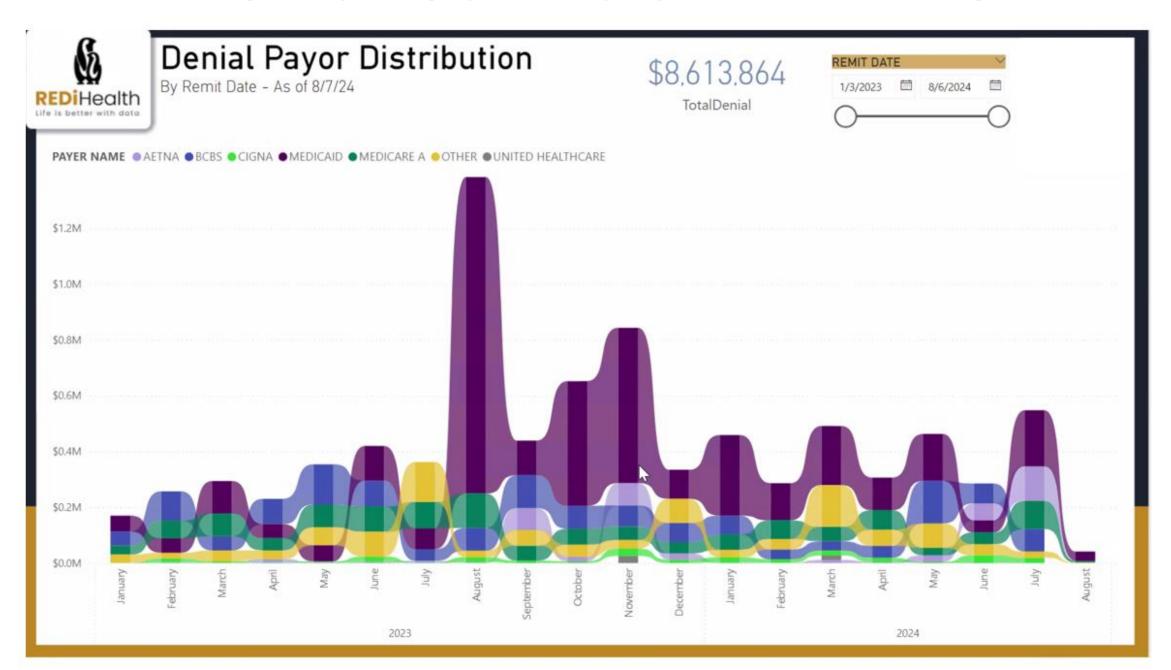
Total Gross Charge Opportunity: \$14.6M

Projected Net ROI: \$10.2M

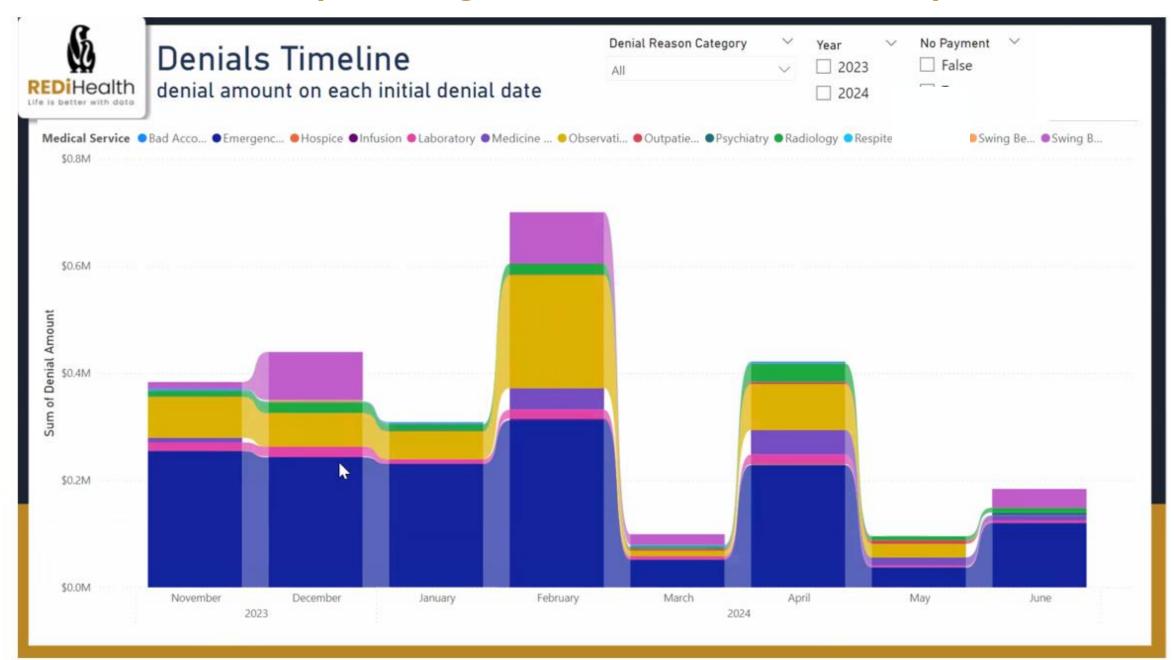
Quantifying Denials Opportunities

10-bed Critical Access Hospital in Wyoming

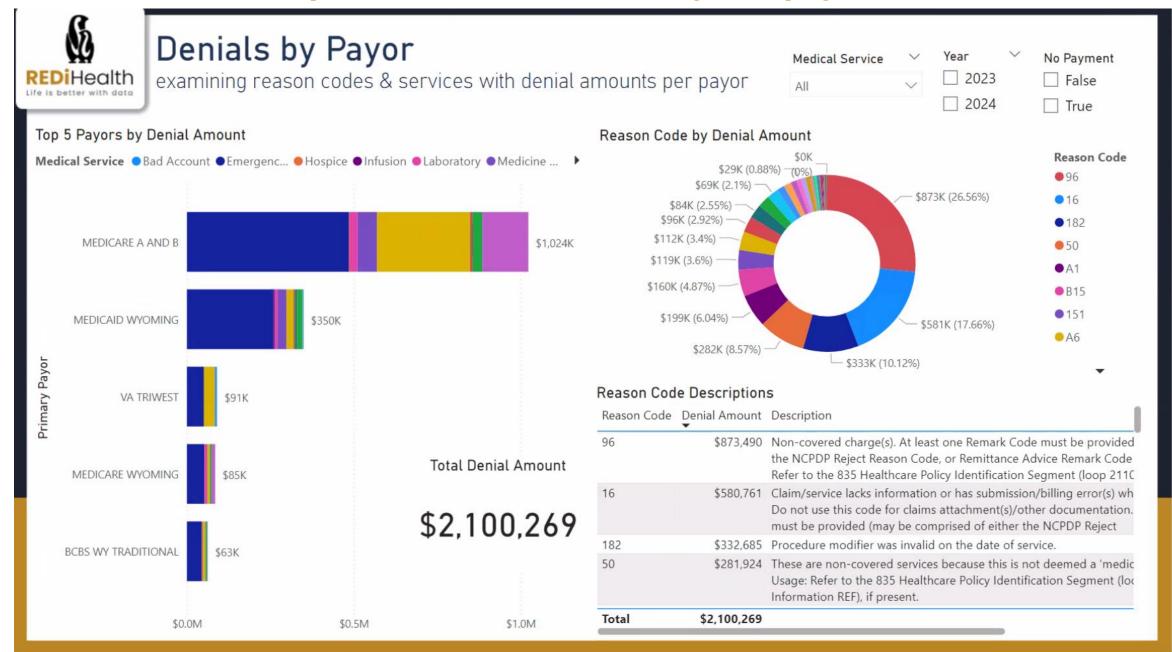
How frequently are payers denying services in our hospital?



Where do patients get denied services in our hospital?



What procedures are denied by our payer mix?



Analyze Denials by Payer – Volume and Dollar



Denials by Payor

connecting services and denial codes to payors

Reason+Desc	~	REMIT DATE		~
All	~	1/3/2023	8/6/2024	
		\bigcirc)

Denials b	y Payor		Denials	by Service					Denials by Re	
Payor Name	TotalDenial -	Denial Count	Service Type	TotalDenial -	Denial Count	Reason Code	TotalDenia •	Denial Count	Pescription	
MEDICAID	\$4,094,182	1297		\$2,653,636	1822	A1	\$2,419,237	129	Claim/Service denied. At least one Remark Code must	
BCBS	\$1,486,003	781	ER	\$1,133,579	587				be provided (may be comprised of either the NCPDP	
MEDICARE A	\$1,229,441	819	SB	\$912,544	7				Reject Reason Code, or Remittance Advice Remark Code	
OTHER	\$1,075,465	614	OB	\$895,170	174				that is not an ALERT.) The following will be added to this definition on 7/1/2023, Usage: Use this code only	
AETNA	\$457,657	132	SWING BED	\$722,977	3				when a more specific Claim Adjustment Reason Code is	
CIGNA	\$230,018	322	MED SURG	\$463,085	13				not available.	
UNITED HEALTHCARE	\$41,098	3	OS	\$398,240	59	16	\$999,802	805	Claim/service lacks information or has	
Total	\$8,613,864	3968	AB	\$345,476	92				submission/billing error(s). Usage: Do not use this code	
			LA	\$277,321	647				for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the	
			MEDICARE -SWING BED	\$196,701	16					
			MR	\$101,121	36					
			PHYSICAL THERAPY	\$94,758	65				835 Healthcare Policy Identification Segment (loop 211)	
			OBS	\$75,952	7		Service Payment Information REF), if present.			
			CT	\$69,356	33	96	\$795,722	915	Non-covered charge(s). At least one Remark Code must	
			OCCUPATIONAL THERAPY	\$57,473	65				be provided (may be comprised of either the NCPDP	
	Λ.		IV	\$50,405	59				Reject Reason Code, or Remittance Advice Remark Code	
	4		PT	\$35,081	35				that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110	
			XR	\$30,633	80				Service Payment Information REF), if present.	
			OT	\$25,167	20	50	\$515,114	377	These are non-covered services because this is not	
			MM	\$20,959	86	50	40.0,111		deemed a 'medical necessity' by the payer. Usage: Refer	
			AMBULANC	\$15,844	7				to the 835 Healthcare Policy Identification Segment	
			US	\$13.005	18		** *** ***	2062	(loop 2110 Service Payment Information RFF), if present.	
			Total	\$8,613,864	3968	Total	\$8,613,864	3968		

Medicaid



Denials by Payor

connecting services and denial codes to payors





Denials by Reason Code

Denials by Payo 🖓 🔂								
Payor Name	TotalDenial ▼	Denial Count						
MEDICAID	\$4,094,182	1297						
BCBS	\$1,486,003	781						
MEDICARE A	\$1,229,441	819						
OTHER	\$1,075,465	614						
AETNA	\$457,657	132						
CIGNA	\$230,018	322						
UNITED HEALTHCARE	\$41,098	3						
Total	\$8,613,864	3968						

Service Type	TotalDenial ▼	Denial Count
	\$1,453,166	719
SB	\$896,647	5
SWING BED	\$722,977	3
ER	\$371,223	158
AB	\$164,492	37
OB	\$162,615	31
LA	\$106,673	209
OS	\$55,022	21
MR	\$52,676	20
IV	\$38,208	29
CT	\$32,097	16
AMBULANC	\$9,131	4
PT	\$8,155	8
OCCUPATIONAL THERAPY	\$6,446	2
MM	\$3,615	14
OBS	\$3,489	3
CT SCAN	\$2,201	3
XR	\$1,910	8
OT	\$1,228	2
PHYSICAL THERAPY	\$760	1
ST	\$558	1
RT	\$533	1
Total	\$4,094,182	1297

Denials by Service

			Demais by ricuson code
Reason Code	TotalDenial ▼	Denial Count	Description
A1	\$2,410,379	120	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) The following will be added to this definition on 7/1/2023, Usage: Use this code only when a more specific Claim Adjustment Reason Code is not available.
16	\$702,857	518	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
96	\$434,447	318	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
31	\$110,612	24	Patient cannot be identified as our insured.
B7	\$89,644	142	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage:
Total	\$4,094,182	1297	

Service Area Focus - Emergency Room



Denials by Payor

connecting services and denial codes to payors

Reason+Desc	~	REMIT DATE			~
All	~	1/3/2023	00	8/6/2024	600
		\bigcirc			-()

D	enials by P	ауог	
Payor Name	TotalDenial	Denial Count	Service Type
MEDICAID	\$371,223	158	00
BCBS	\$288,026	115	ER
MEDICARE A	\$265,709	201	SB
OTHER	\$117,313	53	ОВ
CIGNA	\$51,817	36	SWING BED
AETNA	\$39,489	24	MED SURG
Total	\$1,133,579	587	OS
			AB
			LA
			MEDICARE -
			MR
			DHYSICAL TH

Denials	by Service	V
Service Type	TotalDenial -	Denial Count
	\$2,653,636	1822
ER	\$1,133,579	587
SB	\$912,544	7
OB	\$895,170	174
SWING BED	\$722,977	3
MED SURG	\$463,085	13
OS	\$398,240	59
AB	\$345,476	92
LA	\$277,321	647
MEDICARE -SWING BED	\$196,701	16
MR	\$101,121	36
PHYSICAL THERAPY	\$94,758	65
OBS	\$75,952	7
CT	\$69,356	33
OCCUPATIONAL THERAPY	\$57,473	65
IV	\$50,405	59
PT	\$35,081	35
XR	\$30,633	80
OT	\$25,167	20
MM	\$20,959	86
AMBULANC	\$15,844	7
US Total	\$13,005 \$8,613,864	

Reason Code	TotalDenial •	Denial Count	Description
16	\$230,289	128	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
31	\$170,002	36	Patient cannot be identified as our insured.
96	\$129,603	149	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
27	\$98,107	36	Expenses incurred after coverage terminated.
B15	\$66,719	74	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
22	\$64,689	27	This care may be covered by another payer per coordination of benefits.
Total	\$1,133,579	587	

All Payors #1 Issue - Medical Necessity



Denials by Payor

connecting services and denial codes to payors

Reason+Desc	~	REMIT DATE		y
All	~	1/3/2023	8/6/2024	
		\cap		0
				_

Denials I	by Payor		Denials	by Service	
Payor Name	TotalDenial -	Denial Count	Service Type	TotalDenial -	Denial Count
MEDICARE A	\$724,609	418		\$438,616	158
OTHER	\$408,209	88	OS	\$292,263	27
UNITED HEALTHCARE	\$25,201	1	MED SURG	\$210,423	6
BCBS	\$14,508	15	OB	\$100,927	42
AETNA	\$6,748	8	LA	\$53,636	193
MEDICAID	\$6,148	9	ER	\$48,259	90
CIGNA	\$5,511	21	OT	\$15,341	5
Total	\$1,190,933	560	AB	\$9,872	3
			RT	\$4,267	8
			PHYSICAL THERAPY	\$4,156	2
			SC	\$4,116	4
			IV	\$2,986	3
			CT	\$1,414	4
			XR	\$1,331	4
			MM	\$987	3
			US	\$545	1
			KM	\$517	1
			OCCUPATIONAL THERAPY	\$491	2
			PT	\$384	2
			ST	\$248	1
			MR	\$154	1
			Total	\$1,190,933	560

			Denials by Reason Code
Reason Code	TotalDenial	Denial Count	Description
50	\$515,114	377	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
151	\$501,437	108	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.
31	\$453,543	157	Patient cannot be identified as our insured.
27	\$343,580	169	Expenses incurred after coverage terminated.
129	\$221,479	54	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
197	\$211,583	14	Precertification/authorization/notification/pre- treatment absent.
29	\$174,382	87	The time limit for filing has expired.
22	\$171,915	176	This care may be covered by another payer per coordination of benefits.
204	\$171,290	280	This service/equipment/drug is not covered under the patient's current benefit plan.
252	\$169,772	57	An attachment is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is
Total	\$8,613,864	3968	

Drill Into ER → CPT's To Support Clinical Necessity

Total

\$1,133,579

587



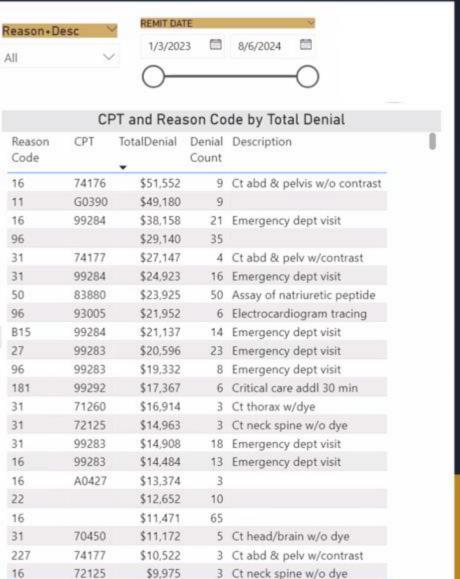
CPT Denials by Payor and Service

top 5 services by total denials, drilling to cpt and denial codes

Tot	al Denials	per Payor	Top 5 Ser	vices by To	tal Denia
Payor Name	TotalDenial •	Denial Count	Service Type	TotalDenial	Denial Count
MEDICAID	\$371,223	158		\$2,653,636	1822
BCBS	\$288,026	115	ER	\$1,133,579	587
MEDICARE A	\$265,709	201	OB	\$895,170	174
OTHER	\$117,313	53	SB	\$912,544	7
CIGNA	\$51,817	36	SWING BED	\$722,977	3
AETNA	\$39,489	24	Total	\$6,317,906	2593
Total	\$1,133,579	587			

			Top 5 Denial Codes by Total Denial
Reason Code	TotalDenial •	Denial Count	Description
16	\$230,289	128	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this attachment(s)/other documentation. At least one Remark Code must be provided (may b NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Re Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
31	\$170,002	36	Patient cannot be identified as our insured.
96	\$129,603	149	Non-covered charge(s). At least one Remark Code must be provided (may be comprised Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to t Identification Segment (loop 2110 Service Payment Information REF), if present.
27	\$98,107	36	Expenses incurred after coverage terminated.
B15	\$66,719	74	This service/procedure requires that a qualifying service/procedure be received and cove service/procedure has not been received/adjudicated. Usage: Refer to the 835 Healthcare
Total	\$694,720	379	

Ton E Daniel Codes by Total Daniel



Attribution - Provider Influence



Denials by Physician

connecting services and denial codes to physicians



D	Denials by Physician			Denials by Service						Denials by Reason Code		
Physician Name		TotalDenial •	Denial Count	Service Type	TotalDenial -	Denial Count	Reason Code	TotalDenial •	Denial Count	Description		
		\$2,653,636	1822	ER	\$1,103,209	571	A1	\$1,660,006	59	Claim/Service denied. At least one Remark Code must be		
FE		\$1,764,313	315	SB	\$912,544	7				provided (may be comprised of either the NCPDP Reject		
KI		\$1,576,896	274	OB	\$887,212	168				Reason Code, or Remittance Advice Remark Code that is		
Al		\$1,370,730	356	SWING BED	\$722,977	3				not an ALERT.) The following will be added to this definition on 7/1/2023, Usage: Use this code only when a more		
M	S	\$307,340	36	MED SURG	\$463,085	13				specific Claim Adjustment Reason Code is not available.		
FF	VARD	\$103,310	165	OS	\$305,716	34	96	\$371,563	277	Non-covered charge(s). At least one Remark Code must be		
S\		\$94,698	150	AB	\$284,144	83				provided (may be comprised of either the NCPDP Reject		
ST ST		\$88,948	165	MEDICARE -SWING BED	\$177,879	13				Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy		
CI		\$61,978	24	OBS	\$75,952	7						
W	IAN	\$59,166	25	LA	\$59,876	110				Identification Segment (loop 2110 Service Payment		
S1		\$54,194	6	IV	\$42,271	33		****		Information REF), if present.		
RI	Р	\$47,247	97	OCCUPATIONAL THERAPY	\$17,841	25	31	\$363,944		Patient cannot be identified as our insured.		
S1		\$39,554	48	MR	\$16,543	5	16	\$363,273	196	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims		
FF		\$31,930	5	AMBULANC	\$15,844	7				attachment(s)/other documentation. At least one Remark		
FL	:ABETH C	\$31,588	6	PHYSICAL THERAPY	\$5,701	4				Code must be provided (may be comprised of either the		
D	RINE	\$23,810	39	MAMMO	\$5,358	6				NCPDP Reject Reason Code, or Remittance Advice Remark		
M		\$23,328	11	MM	\$5,092	23				Code that is not an ALERT.) Refer to the 835 Healthcare		
KI		\$23,271	22	US	\$4,702	6				Policy Identification Segment (loop 2110 Service Payment		
TF	HEW	\$20,977	56	CT D	\$3,808	3				Information REF), if present.		
BI		\$17,918	23	PT	\$2,855	5	151	\$351,814	72	Payment adjusted because the payer deems the		
LI		\$15,343	9	KM	\$2,778	3				information submitted does not support this many/frequency of services.		
W		\$12,760	35	CT SCAN	\$2,568	4	F.0	*****	407	many/requericy of services.		
Total		\$8,613,864	3968	Total	\$5,122,588	1146	Total	\$5,122,588	1146			



Sustainability – Hospitals Catch the Vision

Fixing the workflow problems

Project and Change Management

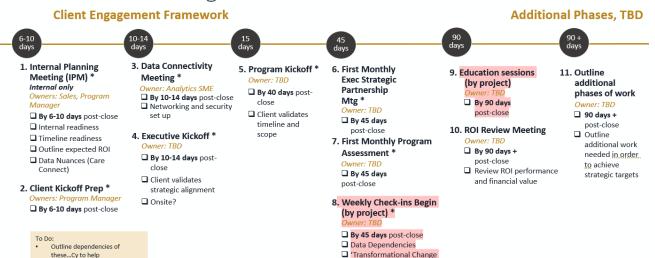
- Core client team provides
 - 1-2 stewards over workflow + REDi
 - Participation in 2 weekly meetings (45-60 min)
 - Domain knowledge re: workflow/documentation
- REDi provides
 - Analytics

Review language, meet them

where they are at

- Project management
- Data literacy training
- Change management facilitation and training

Client Onboarding Process Overview



Toolkit' per project

Weekly Project Check In

Recurring weekly 1-hour work sessions

Agenda:

- Review project updates
- Tasks completed this week
- · Tasks planned for next week
- · Review key risks/blocking factors and propose mitigation
- Surface escalations

Attendees:

- Client Program and Project Managers
- Client SMEs
- Owned by [TBD]

Executive Strategic Partnership Review

Recurring monthly or bimonthly 15–20-minute meetings

Agenda:

- Brief and concise (15-20 min)
- Strategic not tactical
- Maintain continued engagement with [client] business owner/sponsors
- Escalate key items needing business sponsorship/exec involvement to address
- Foster alignment and forward motion
- Expand influence and speed up impact (accelerate adoption)

Attendees:

- Owned by client engagement lead
- Program Manager
- Executive sponsor(s)





Registration Denials

connecting services and denial codes to registrars

\$695.57K





Detail Denied Amount

AdmitInitials	~
All	~

Admitlnitials (groups)	Registration Denials	Claims •	% Registration Denial	Claims with Errors	Total Errors	% Claims with Errors	Denied Amount
	88	3,533	2.5%	252	265	7.1%	\$69,969.92
	130	2,593	5.0%	642	717	24.8%	\$573,779.16
⊕ Business Office	26	647	4.0%	33	35	5.1%	\$38,791.85
⊕ Physical Therapy	5	137	3.6%	23	24	16.8%	\$12,971.95
⊕ (Blank)	1	3	33.3%	3	3	100.0%	\$60.00
Total	250	6,913	3.6%	953	1,044	13.8%	\$695,572.88

% Claims with Errors and Claims by AdmitInitials

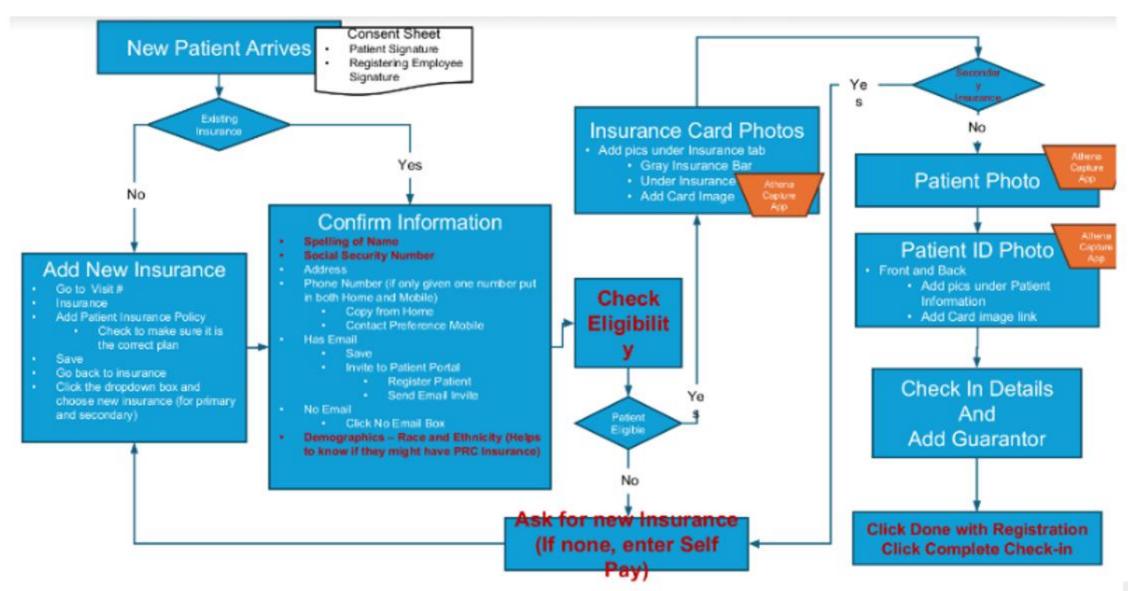


Denials Trend													
● Claims ● Registration Detail Denials ● % Registration Detail Denial													
1,500	1,311	1,296	1,359	1,348	1,257								
1,000 · · · · · ·		3.9%	4.0%	3.5%	2.8%	4%							
500					342	2%							
0	61	51	54	47	35	2 0%							
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1 (2025	Qtr 2							

Subcategory	DUPLICAT	INCORRECT	MISSING	OTHER Total
	E INFO	INFO	INFO	•
	29	191	152	372
		75	152	227
		7	74	81
		1	65	66
		39	18	57
□ DEPT/PLACE OF SERVI		32	19	51
		1	34	35
		3	31	34
□ DISCHARGE INFO		26	5	31
□ DR/NURSE CHARGE S			24	24
Total	33	385	621	5 1,044

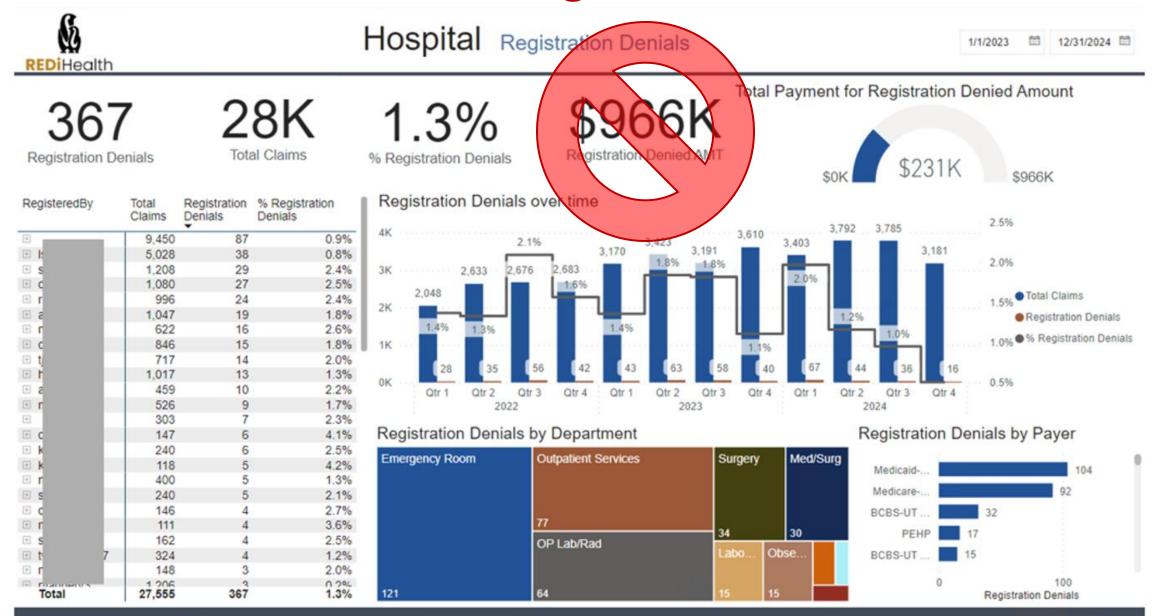


Registration Workflow – Best Practice





Blue Mountain -> Registration denials < 1%!



Data Refreshed: 1/13/2025 02:07 PM Version: 0.0.0



Denials by Reason Code

total charge unpaid per code

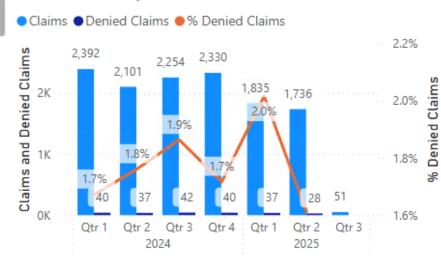






ORDERING_PROVIDER		Denial Amount	Denied Claims	Claims •	% Denied Claims
Pot	IP.	\$9,441	35	1,989	1.8%
Во	, Kristi PA	\$6,770	26	1,821	1.4%
Wi	:NP	\$34,614	27	1,101	2.5%
Fre	IP.	\$6,623	22	891	2.5%
Ma		\$9,102	5	779	0.6%
Sco	D	\$1,035	5	652	0.8%
Ga	PAC	\$2,609	5	605	0.8%
Lar	rles O MD	\$11,916	6	590	1.0%
Ro	istopher V MD	\$4,311	14	549	2.6%
Tar	PA	\$4,368	7	440	1.6%
Rai	D	\$586	3	280	1.1%
Sar	er A PA	\$120	1	168	0.6%
Por	Glen J MD			163	
Co	a M MD	\$2,360	6	159	3.8%
Rei	MD	\$1,207	8	128	6.3%
Bal	L ARNP	\$610	3	127	2.4%
Pol	S MD			113	
No	J DO			88	
Asa	PAC			86	
Ste	ry S MD			84	
Ag				81	
Asa	J MD			81	
Dr.	9	\$749	1	76	1.3%
Rei	M PA			76	
Rid	h L PAC			62	
Total		\$110,277	224	12,672	1.8%

Denied Claims by Year and Month

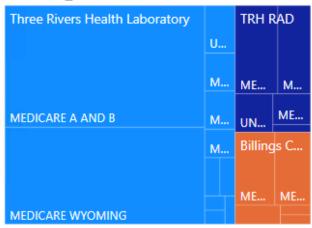


CPT_Desc Denial Denied Amount Claims 83880 - Assay of na... \$8,199 84443 - Assay thyro... \$4,243 26 84153 - Assay of ps... \$4,251 83540 - Assay of iron \$2,779 20 \$2,500 83036 - Glycosylate... 80061 - Lipid panel \$3,123 18 82306 - Vitamin d 2... \$5,907 83735 - Assay of m... \$1,898 85025 - Complete c... 15 \$1,967 Total 224 \$110,277

Denied Amount by Year and Month



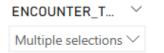
Denied Claims by DEPARTMENT and HEALTH_PLAN





Denials by Reason Code

total charge unpaid per code



Date		~
1/1/2024	7/8/2025	



ORDERING_PROVIDER		Claims	Medical Necessity Denials	Med Necessity % Denials	ICD Codes Covered	Medical Necessity Denial Amount
⊕ Po		1,989	35	1.8%	559	\$9,441
⊕ Wi		1,101	27	2.5%	413	\$34,614
⊕ Bo	isti PA	1,821	26	1.4%	716	\$6,770
⊕ Fre		891	22	2.5%	310	\$6,623
⊕ Ro	pher V MD	549	14	2.6%	172	\$4,311
⊕ Re)	128	8	★ 6.3%	42	\$1,207
⊕ Tar		440	7	1.6%	46	\$4,368
⊕ Co	MD	159	6	3.8%	52	\$2,360
⊞ Lai	OMD	590	6	1.0%	187	\$11,916
⊕ Ga	C	605	5	0.8%	120	\$2,609
⊕ Ge		24	5	20.8%	10	\$3,177
⊕ Ma		779	5	0.6%	209	\$9,102
⊕ So		649	5	0.8%	50	\$1,035
⊕ Ba	RNP	127	3	2.4%	33	\$610
⊕ Hc		3	3	100.0%	3	\$638
⊕ Ma		19	3	15.8%	8	\$250
⊕ Ra		280	3	1.1%	69	\$586
⊕ Be	A DO	7	2	28.6%	7	\$287
⊕ Co	V MD	6	2	33.3%	4	\$1,088
⊕ Fei	n PA-C	35	2	5.7%	28	\$197
⊕ Lai		28	2	7.1%	13	\$591
⊕ Lei	J MD	6	2	33.3%		\$515
⊕ WI		3	2	66.7%	1	\$1,270
+		22	1	4.5%		\$136
⊕ Alf		2	1	50.0%		\$237
Total		12,669	224	1.8%	3711	\$110,277

Not on List ICD			Covered	ICD			Denied ICD		
Diag	Claims	0	Diag	iag Claims		0	Diag	Claims	
I10	4,660		Z79.899		1,301		Z74.2	127	
Z79.899	4,370		I10		813		Z00.00	93	
Z87.891	4,020		E11.9		692		Z82.49	36	
Z74.2	3, 138		E03.9		459		Z83.3	19	
E03.9	2,941		Z79.01		450		Z11.52	9	
E11.9	2 ,815		125.10		397		Z13.29	8	
Z79.84	2,279		Z79.84		332		Z00.01	6	
R60.0	2,095		E78.5		298		Z02.1	6	
Total	30,701		Total		5,086		Total	352	

Claims by FinalResolutionCode (groups) and DiagnosisCode

Not on List				Covered
		F03.9	E8 F	
	E78.5 1K			E1
		F17.2		
E03.9 3K	C00 20 4K		E8	E7
	G89.29 1K	G47.0	G	
		F11.3	C	
	F41.9 1K	E11.2	E1	
E11.9 3K		E87.6		
	F17.210 1K	E78.0		
F32.A 2K	G47.33 1K	G43.9		Not M

Medicare National Coverage Determinations

proccode ΑII National Coverage Determinations 190.12 - Urine Culture, Bacterial 190.15 - Blood Counts 190.18 - Serum Iron Studies 190.21B - Glycated Hemoglobin/Glycated ... 190.22 - Thyroid Testing 190.23B - Lipids Testing

80061 82306 82728 83036 83540 84443 85025 87086

ICD Code: covered by Medicare

A411 - Sepsis due to other specified staph...

A419 - Sepsis, unspecified organism

C73 - Malignant neoplasm of thyroid gland

C9000 - Multiple myeloma not having achi...

D500 - Iron deficiency anemia secondary t...

D508 - Other iron deficiency anemias

D509 - Iron deficiency anemia, unspecified

D519 - Vitamin B12 deficiency anemia, un...

D539 - Nutritional anemia, unspecified

D62 - Acute posthemorrhagic anemia

D631 - Anemia in chronic kidney disease

D649 - Anemia, unspecified

D691 - Qualitative platelet defects

D709 - Neutropenia, unspecified

E02 - Subclinical iodine-deficiency hypoth...

E031 - Congenital hypothyroidism without ...

E034 - Atrophy of thyroid (acquired)

E038 - Other specified hypothyroidism

E039 - Hypothyroidism, unspecified

E041 - Nontoxic single thyroid nodule

E042 - Nontoxic multinodular goiter

E0590 - Thyrotoxicosis, unspecified witho...

E063 - Autoimmune thyroiditis

E079 - Disorder of thyroid, unspecified

E1010 - Type 1 diabetes mellitus with keto...

E109 - Type 1 diabetes mellitus without co...

E1110 - Type 2 diabetes mellitus with keto...

ICD codes denied

Z0000 - Encounter for general adult medical e...

Z0001 - Encounter for general adult medical e...

Z00121 - Encounter for routine child health ex...

Z00129 - Encounter for routine child health ex...

Z020 - Encounter for examination for admissi...

Z0489 - Encounter for examination and obser...

Z111 - Encounter for screening for respiratory ...

Z113 - Encounter for screening for infections ...

Z114 - Encounter for screening for human im..

Z1152 - Encounter for screening for COVID-19

Z1159 - Encounter for screening for other viral...

Z117 - Encounter for testing for latent tubercul...

Z1210 - Encounter for screening for malignant...

Z1289 - Encounter for screening for malignant...

Z130 - Encounter for screening for diseases o... Z1321 - Encounter for screening for nutritional...

Z13220 - Encounter for screening for lipoid di...

Z13228 - Encounter for screening for other m...

Z1329 - Encounter for screening for other sus...

Z1331 - Encounter for screening for depression Z13818 - Encounter for screening for other di...

Z13820 - Encounter for screening for osteopo...

Z1389 - Encounter for screening for other diso...

Z139 - Encounter for screening, unspecified

Z369 - Encounter for antenatal screening, uns...

Z5900 - Homelessness unspecified

Z742 - Need for assistance at home and no ot ...

ICD codes that do not support medical necessity

D110 - Benign neoplasm of parotid gland

D170 - Benign lipomatous neoplasm of sk...

E1151 - Type 2 diabetes mellitus with diab...

F10139 - Alcohol abuse with withdrawal, u...

F10939 - Alcohol use, unspecified with wit...

F410 - Panic disorder [episodic paroxysm...

F411 - Generalized anxiety disorder

F418 - Other specified anxiety disorders

F419 - Anxiety disorder, unspecified

F900 - Attention-deficit hyperactivity disor...

F902 - Attention-deficit hyperactivity disor...

F908 - Attention-deficit hyperactivity disor...

F909 - Attention-deficit hyperactivity disor...

F919 - Conduct disorder, unspecified

G44209 - Tension-type headache, unspec...

G8918 - Other acute postprocedural pain

G8921 - Chronic pain due to trauma

G8929 - Other chronic pain

G894 - Chronic pain syndrome

H2512 - Age-related nuclear cataract, left ...

H4722 - Hereditary optic atrophy

H913 - Deaf nonspeaking, not elsewhere ...

H9190 - Unspecified hearing loss, unspec...

H9193 - Unspecified hearing loss, bilateral

H933X2 - Disorders of left acoustic nerve

12720 - Pulmonary hypertension, unspecifi...

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AIC Test



Claim

Hospital Medical Necessity Denials (EXTERNAL)

ICD Diagnosis coding

Modifier

All

12/11/2024 🖽 distribution

	e claimid		proccode		~	NCDDescription		~	okg name	ins
All vodes Not lecessity		~	ICD Codes ICD Codes ICD		~		All	rt∨	licare-UT - Pa	Med
					Medical Jecessity % Denials	Medical Necessity Denials	Total Claims	pkg name		ins pl
\$504.84		13	9	9	69.6%	16	23			E
\$0.00		1			100.0%	1	1		137122	
\$0.00		1			100.0%	1	1		140371	
\$0.00		1			100.0%	1	1		146338	
\$0.00	NI-	1			100.0%	1	1		148018	
\$0.00	No	1			100.0%	1	1		152169	
\$0.00	ayment	1 Da			100.0%	1	1		153431	
\$0.00					100.0%	1	1		153458	
\$0.00	r Denied	1 for			100.0%	1	1		155971	
\$0.00			1	1	100.0%	1	1		157206	15
\$0.00	D Codes	1 101			100.0%	1	1		157592	
\$0.00		1			100.0%	1	1		157704	
\$0.00					100.0%	1	1		165073	
\$0.00					100.0%	1	1		181467	
\$0.00		1			100.0%	1	1		191488	
\$0.00					100.0%	1	1		204851	
\$47.94			1	1			1		204809	
\$60.74		Parameter 1	1	1			1		175847	
\$60.74	nt for	Paymen	1	1			1		178006	
\$60.74			1	1			1		201603	
\$68.08	with	Labs w	1	1	100.0%	1	1		136071	
\$68.08	ICD	valid I	1	1			1		147590	
\$69.26		vallu	1	1			1		205495	
\$69.26			1	1			1		205497	
\$9,131,61		32	56	156	27.1%	56	207		otal	To

Common Diagnoses by Conred Category Not on List Covered R5383 21 110 16 E039 15 E55... E785 8 E8... N... R... E119 68 E782 12 E063 4 E58 4 E875 4 E1122 29 R739 17 R740. Z125 4 E1140 6 D5093 E1165 5 Z79... E721.. R7303 5 Z790. Denied

Version: 0.0.0

 Z0000 is the most commonly denied ICD10 Diagnosis code

Data Refreshed: 12/12/2024 10:16 AM

In Closing

- Rural hospital financial viability more important than ever
- Improving financial footing makes care more accessible
- More consistent, accessible care yields better clinical outcomes
- Thank you, OR SORH
 - Robert Duehmig pioneer and innovator

