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CASE
STUDY

How AGS Coding Denial Management Helped Minimize Denial Write-Offs

Even the most efficient healthcare organizations commonly see payers delay and deny claims for patient services. Resolving these denials is an ongoing struggle. Without clarity on why a claim was denied or the expertise to pursue appropriate payment, hospitals end up writing off large amounts of much-needed revenue.

Health System Situation

One of the largest academic medical centers in the northeast commissioned AGS Health to provide coding denial management services. With inventory building, they needed a partner that could scale quickly and identify the root cause of the problem.

AGS Solution

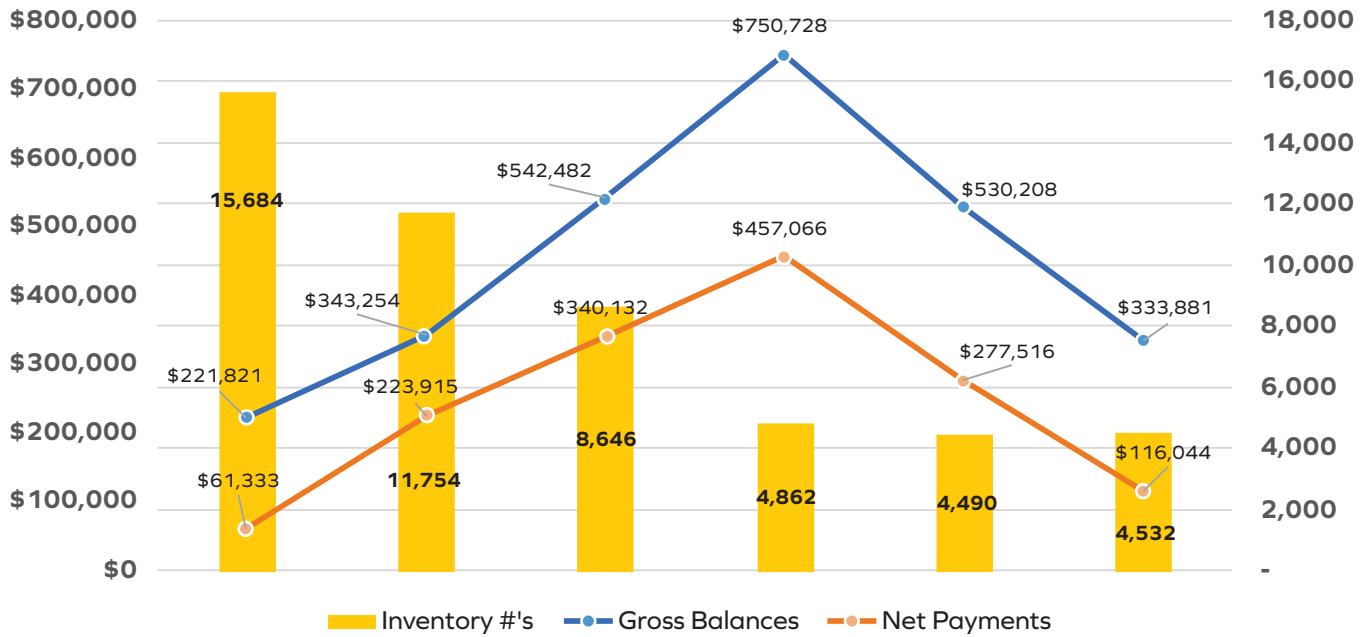
AGS ramped up quickly and put in place measures to understand the cause of coding denials. After rapidly uncovering the issues, AGS identified **70 front-end coding fixes, with a net revenue impact of \$4 million dollars**. AGS closely partnered with the health system and made pragmatic, actionable recommendations on creating modifications within their practice-management system to include:

- The review of frequently denied CPTs for possible modifier appendage
- Non-specific/non-covered diagnosis based on CMS guidelines
- Max-benefits/unit-based rules

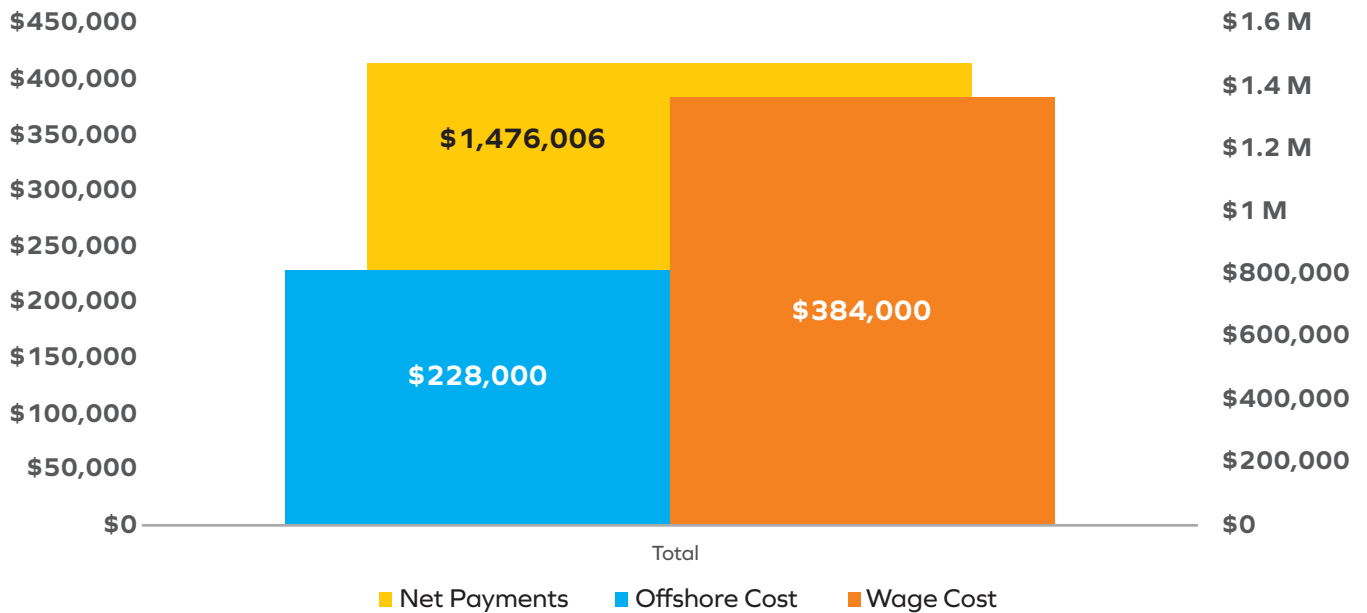
AGS Results

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INVENTORY AND PAYMENT TREND



ROI Snapshot



Looking to reduce denial write-offs?
Let's talk. Contact us at sales@agshealth.com