

## How much did you budget for denials?

While providing excellent quality of care is the most important concern to healthcare systems, financial challenges are now forefront. One particular area of opportunity for improving revenue is mitigating losses within the arena of claim denials. Claim denials are costly and may occur anywhere within the revenue cycle. Many hospitals and health systems focus a great deal of effort in appealing denials rather than focusing efforts on prevention.

~20% of improper payments to Medicare Part A and Part B claims were due to inappropriate setting.\*



### Claim denials attributed to medical necessity

To demonstrate medical necessity, documentation supporting the diagnosis and level of care provided must be consistent. Claims must be scrutinized by Medicare to ensure not only the appropriate services were provided, but also that they were provided in the appropriate setting. A hospital may provide appropriate and necessary services that result in a claim denial for the entire amount billed due to incorrectly assigned inpatient status.

I/O Surg reduced net denials at ProMedica by approximately \$600K in its first year.

### Prevention is Key

Directing attention to prevention of claim denial should be paramount and span the entire revenue cycle. Experts agree that the majority of denials can – and should – be prevented on the front end. I/O Surg is a solution that requires only 2 clicks in order to identify the status, eliminating the need for manual research of reference books, lists, or websites. Use of this application throughout the revenue cycle can improve reimbursement rates for inpatient admissions and outpatient procedures and reduce time spent appealing denials on the back end.

# How it works:

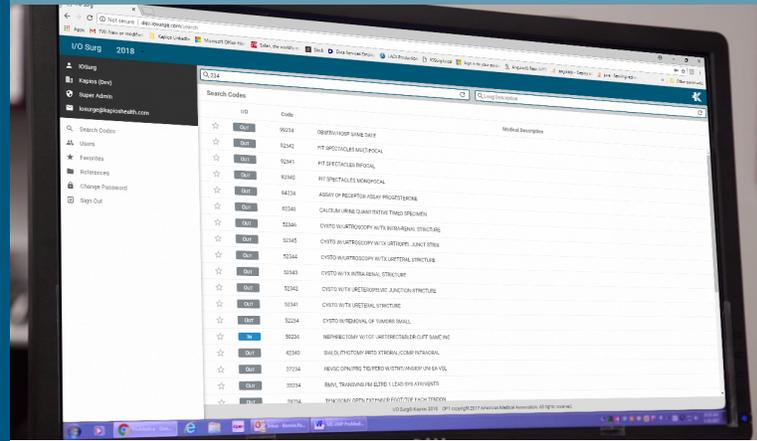
I/O Surg is a solution for identification of the proper codes and inpatient/outpatient status per CMS addendum B and E.

 I/O Surg has a simple, easy to use search which allows users to locate CMS patient status by CPT code, or long description. Type as little or as much as you know about the procedure and view related codes similar to key words entered. Select the correct procedure code for your patients.

 Our team handles the intricacies of yearly updates. Have confidence the right code and patient status is being used.

 User defined profiles allow for employees to save their most used codes and procedures allowing for quick reference.

 Maximize your ROI and lower your claim denial rates



## Simple Coding. Smart Billing.

I/O Surg can be used throughout the entire revenue cycle to prevent claim denials due to patient status and lack of authorization.

Physician and nursing staff can ensure the correct procedural code is applied for surgical interventions

Office personal are able to verify the codes are applied during the practical process

Pre-op staff ensures the correct inpatient/outpatient statuses are applied pre-procedurally

Utilization management and coding staff can determine whether post-operative change in surgical procedure is required

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# KAPIOS

At Kapios, we create technology because it is our passion. When we saw the far-too-many obstacles standing in the way of our healthcare providers, we knew we could help. We began to share our passion and create solutions to reduce the challenges in our healthcare community. We are using our technological capabilities to allow them to do what they do best.

In the end, we hope our love for technology will make a difference in the lives of those who need it most.

2865 N. Reynolds Rd.  
Suite 220-D, Toledo, Ohio 43615  
[info@kapioshealth.com](mailto:info@kapioshealth.com) | [www.kapioshealth.com](http://www.kapioshealth.com)

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