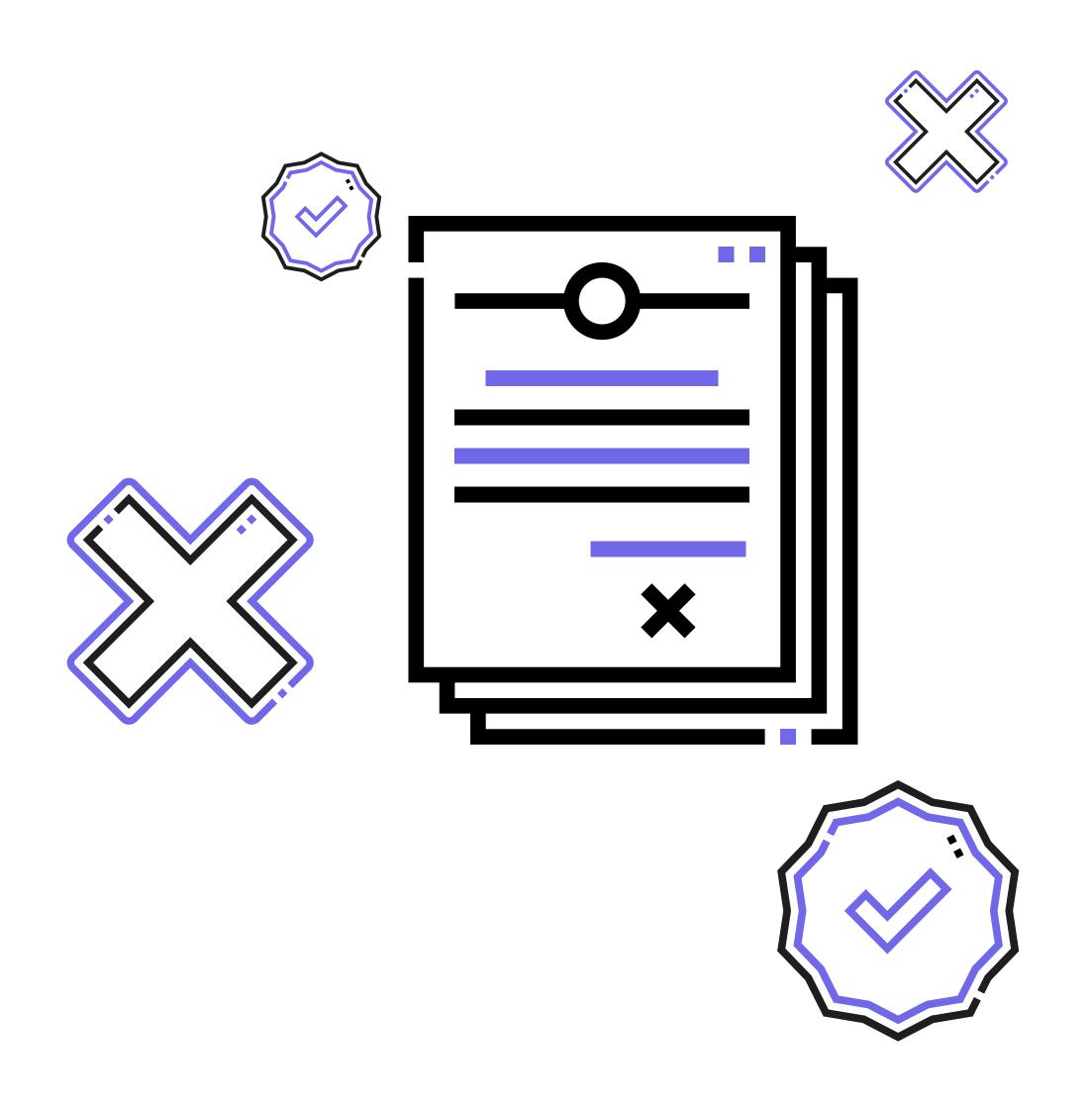
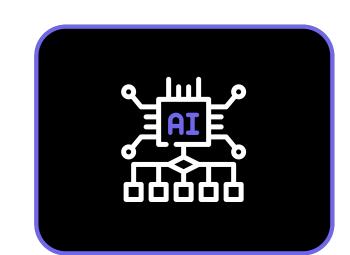
Appeal Every Denial

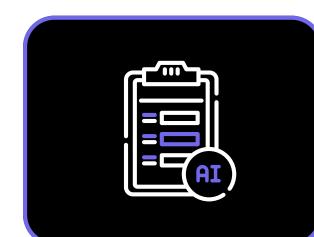
Combat the rising tide of denials with clinical AI: Create appeal letters in minutes to get paid more, faster.





Clinical Al Analysis

Quickly identifies discrepancies between the denial and the documented care.



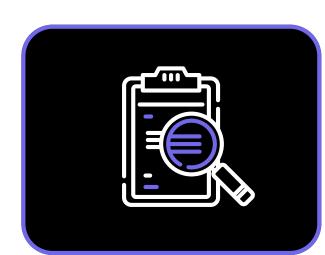
Comprehensive Appeal Letters

Automatically generates letters backed by the clinical evidence and coding references needed to win.



Lightingfast

Our generative AI develops appeal letters in just minutes.



Full Control

Your team stays in control to review, refine, and send the final letter.

The Challenge

Payers are increasingly making it more difficult for hospitals to get paid: Today, 15% of all claims are initially denied, and hospitals spend over \$20 billion annually trying to overturn them.

In addition to a lot of money, it's also a lot of time for clinicians who could be doing other things: Traditional appeals processes can take hours, requiring a deep dive into patient charts, clinical documentation, and coding rules to craft a compelling case.

SmarterDenials™ changes everything. Hospitals can now create comprehensive appeals for their most complicated denials in minutes, helping them get paid more and paid faster.

Source: Premier Inc. National Survey, 2024





How Smarter Denials Works



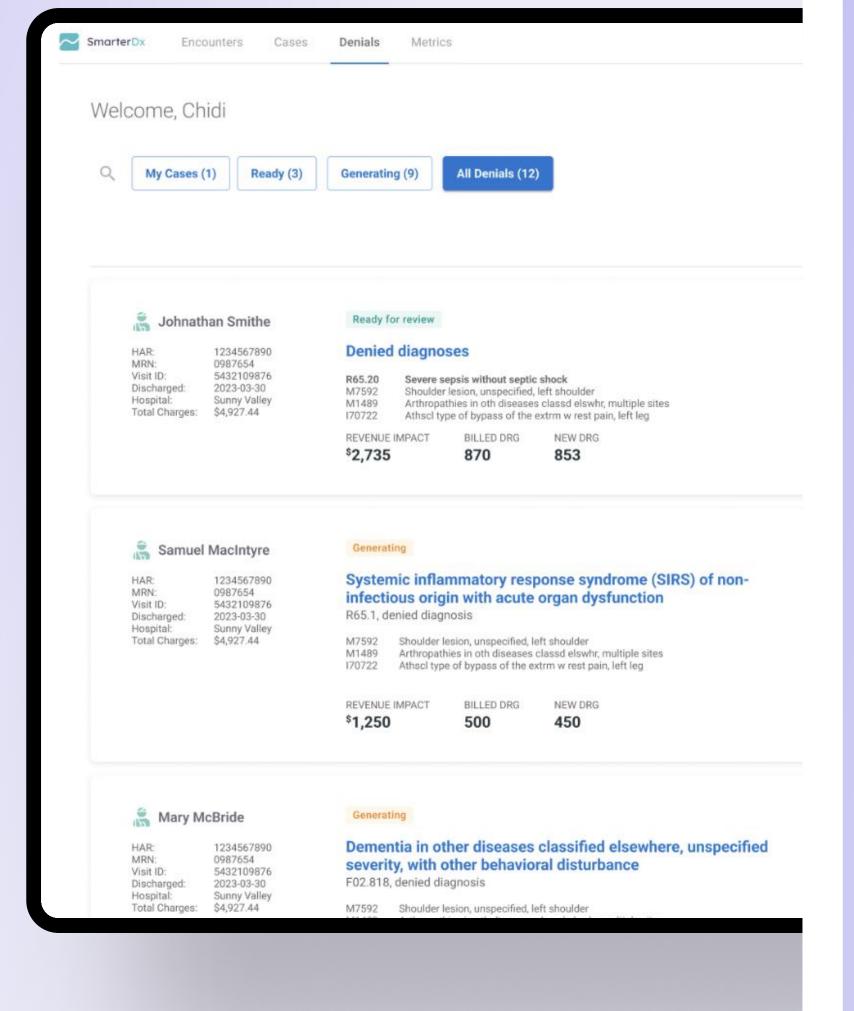
Extracts data from the denial

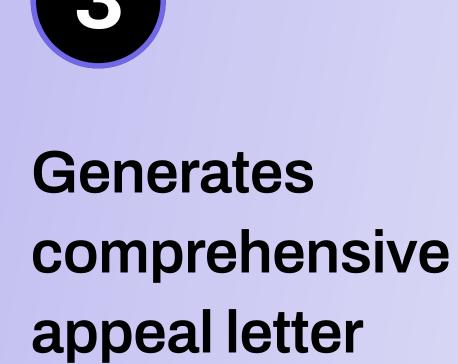
Even if it's a fax or pixelated scan, SmarterDenials extracts key data to build effective appeal arguments.



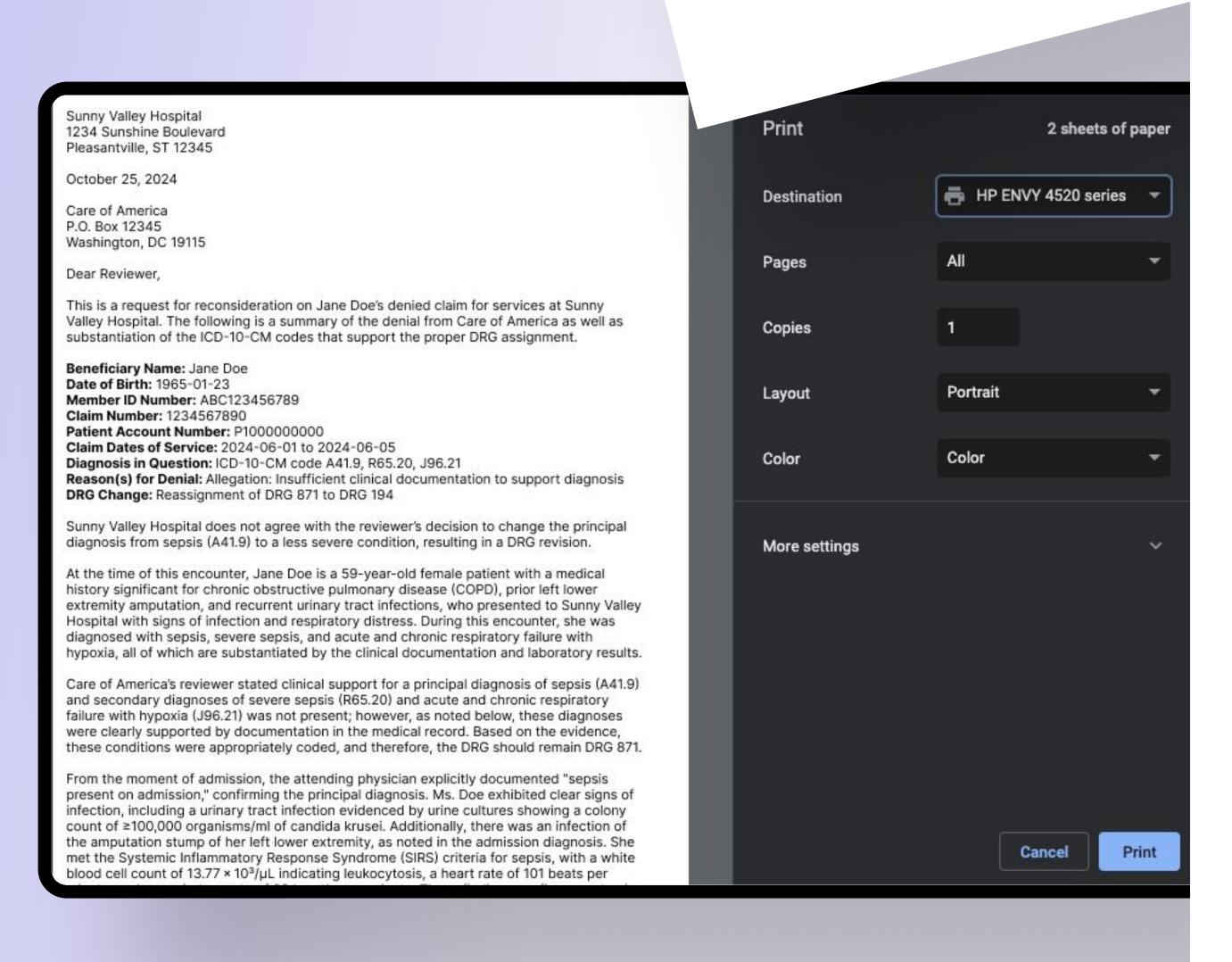
Provides supporting evidence in context

Analyzes the denial and the complete patient record to identify key clinical evidence supporting the claim(s).





Creates a comprehensive clinical appeal letter in minutes that the team can view, edit in the SmarterDx web app, and copy or download to send.



This is a request for reconsideration on Jane Doe's denied claim for services at Sulface and the summary of the denial from Care of America as well as Hospital. The following is a summary of that summary the nroner DRG assignment as a summary of the summary of the nroner DRG assignment. Hospital. The following is a summary of the denial from Care of America as well a summary of the denial from Care of America as well a summary of the denial from Care of America as well a summary of the denial from Care of America as well a summary of the denial from Care of America as well a summary of the denial from Care of America as well a summary of the denial from Care of America as well a summary of the denial from Care of America as well a summary of the denial from Care of America as well a summary of the denial from Care of America as well a summary of the denial from Care of America as well a summary of the denial from Care of America as well a summary of the denial from Care of America as well as a summary of the denial from Care of America as well as a summary of the denial from Care of America as well as a summary of the denial from Care of America as well as a summary of the denial from Care of America as well as a summary of the denial

Ciaim Dates of Service: 2024-00-01 to 2024-00-05

Diagnosis in Question: ICD-10-CM code A41.9, R65.20, J96.21

Procens for Daniel: Allocation: Insufficient clinical decumentation to the process of the Daniel Allocation.

sepsis, and acute and chronic respiratory failure the clinical documentation and laboratory results.

Reason(s) tor Denial: Allegation: Insufficient clinical double of DRG 871 to DRG 194 DRG Change: Reassignment of DRG 871 to DRG 194

Diagnosis in Question: ICD-10-CM code A41.9, K65.20, J96.21

Reason(s) for Denial: Allegation: Insufficient clinical documentation to suppose Reason(s) for Denial: Allegation of DRG 871 to DRG 194

Sunny Valley Hospital does not agree with the reviewer's decision to chan diagnosis from sepsis (A41.9) to a less severe condition, resulting in a DF Sunny Valley Hospital does not agree with the reviewer's decision to chan diagnosis from sepsis (A41.9) to a less severe condition, resulting in a DF

At the time of this encounter, Jane Doe is a 59-year-old female patient we are the time of this encounter, Jane Doe is a 59-year-old female patient we are the time of this encounter, Jane Doe is a 59-year-old female patient we are the time of this encounter, Jane Doe is a 59-year-old female patient we are the time of this encounter, Jane Doe is a 59-year-old female patient we are the time of this encounter, Jane Doe is a 59-year-old female patient we are the time of this encounter, Jane Doe is a 59-year-old female patient we are the time of this encounter, Jane Doe is a 59-year-old female patient we are the time of this encounter, Jane Doe is a 59-year-old female patient we are the time of this encounter, Jane Doe is a 59-year-old female patient we are the time of this encounter, and the time of time of the time of time of the time of time of time of time of time of time of time of

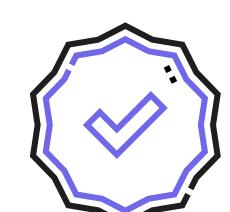
and recurrent urinary tract intections, who presented to Sunny Valley Fand recurrent urinary tract intections, who presented to Sunny Valley Fand respiratory distress. During this encounter, she was diagonal formula infection and respiratory distress. During this encounter, she was diagonal formula infections and respiratory distress. During this encounter, she was diagonal formula infections, who presented to Sunny Valley Fand on the was diagonal formula infections, who presented to Sunny Valley Fand on the was diagonal formula infections, who presented to Sunny Valley Fand on the was diagonal formula infections, who presented to Sunny Valley Fand on the was diagonal formula infections, who presented to Sunny Valley Fand on the was diagonal formula infections and respiratory distress. During this encounter, she was diagonal formula infection and respiratory distress. During this encounter, she was diagonal formula infection and respiratory distress.

infection and respiratory distress. During this encounter, she was diag sepsis, and acute and chronic respiratory results the clinical documentation and laboratory results.

nypoxia (J96.21) was not present; however, as noted below, these supported by documentation in the medical record. Should remain supported by documentation in therefore, the DRG should remain where annonmiately coded, and therefore. supported by documentation in the medical record. Based on the Negretation and therefore, the DRG should remain were appropriately coded, and therefore, the DRG should remain were appropriately coded.

including a urinary tract infection evidenced by urine cultures. Additionally, there admission of candida krusei. Additionally, there are also a stump of her right lower extremity, as noted in the admission of her right lower extremity.

Beneficiary Name: Jane Doe



Let's recover your revenue.

Contact us to get started:

smarterdx.com info@smarterdx.com

