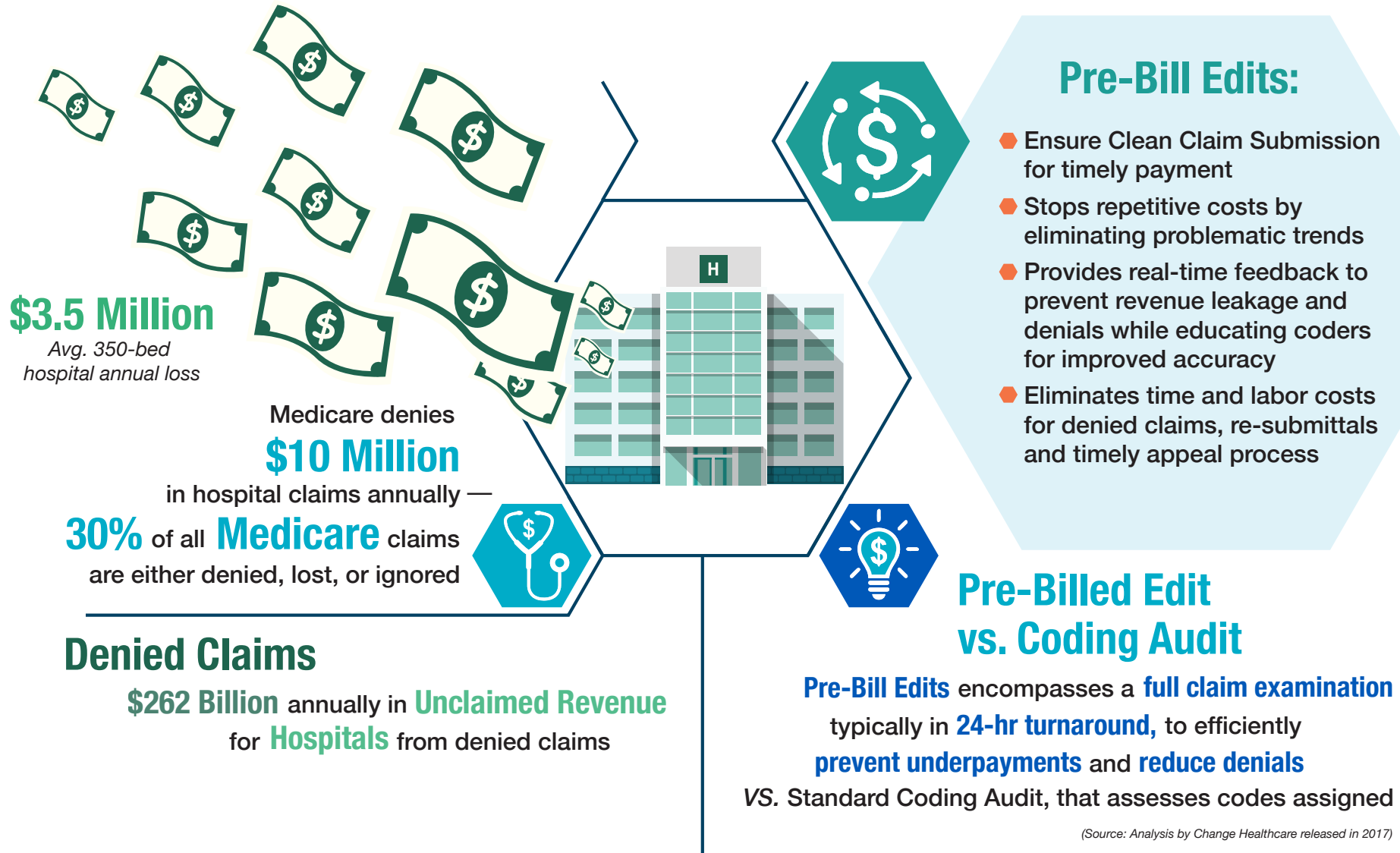# PRE-BILL EDITS FOR OPTIMUM REIMBURSEMENT

Accelerate cash flow, protect revenue, and eliminate unnecessary costs

Pre-Bill Edits:

- Ensure Clean Claim Submission for timely payment
- Stops repetitive costs by eliminating problematic trends
- Provides real-time feedback to prevent revenue leakage and denials while educating coders for improved accuracy
- Eliminates time and labor costs for denied claims, re-submittals and timely appeal process

$3.5 Million

Avg. 350-bed hospital annual loss

Medicare denies

$10 Million

in hospital claims annually —

30% of all **Medicare** claims are either denied, lost, or ignored

Denied Claims

$262 Billion annually in **Unclaimed Revenue** for **Hospitals** from denied claims

Pre-Billed Edit vs. Coding Audit

Pre-Bill Edits encompasses a **full claim examination** typically in **24-hr turnaround,** to efficiently **prevent underpayments** and **reduce denials**

VS. Standard Coding Audit, that assesses codes assigned

(Source: Analysis by Change Healthcare released in 2017)

Talk with Axea today to evaluate the revenue recovery potential for your organization.

info@axeasolutions.com