Strataware® Comp Validator

New software feature for medical bill review increases auto-adjudication of medical bills and improves cost containment. Application logic validates compensability by matching the ICD diagnosis code and its related body part codes to the injured body part code entered in the claim record.

Failure to pay a medical bill correctly due to unrecognized coding errors is a significant cost for payers. Based on an analysis of workers compensation medical bills received in our service bureau, as many as 40%* of bills contained charges for medical services that were not related to the claimant's injured body part.

There are many reasons why coding and billing errors are a growing concern for workers compensation payers:

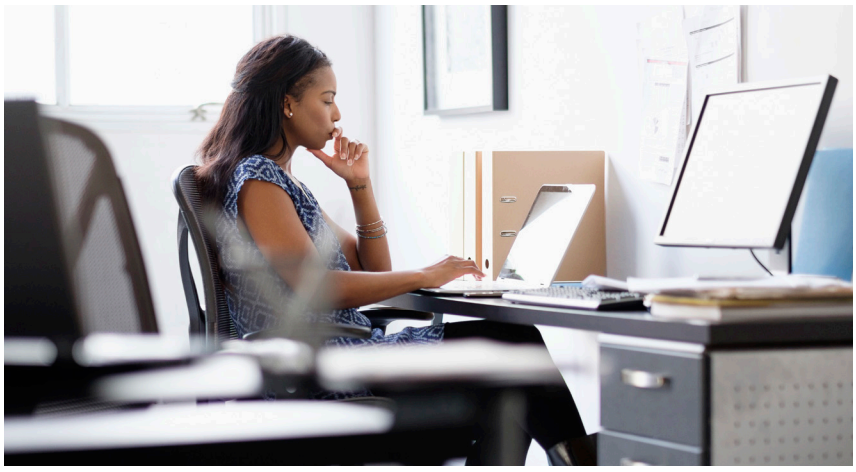
- The aging workforce is driving an increase of claims with pre-existing conditions and multiple comorbidities.
- Challenging medical cases and complex diagnoses are often associated with acute injury cases.
- The pace of healthcare change is forcing physicians and coding staff to continually adapt to new regulations and requirements – the greater the opportunity for errors, the greater the need for due diligence from adjusters and bill reviewers.

Delivering greater cost savings through auto-adjudication is the impetus behind the Comp Validator. This latest feature leverages Conduent's proprietary data map to analyze billed diagnosis codes against the accepted body part codes of a claim, and then provide immediate recommendation options for bill action.

Conduent provides data-driven intelligence to medical bill review to detect bill-level treatment exceptions.

The Comp Validator identifies treatments that are not related to the compensable injury or illness, which should be paid by regular or private health insurance.

- Increase auto-adjudication
- Increase team productivity
- Reduce overpayment leakage
- Reduce reevaluations



*Client case study of 138,488 bills received over a 21-month period ending in 2016

How it works

Following intake of a bill into the Strataware application, the bill review engine analyzes the ICD-10 diagnosis code submitted by the provider against our proprietary database to determine if the injuries being treated match the reported injured body part(s) in the patient's claim record.

Confirm a match

The logic reviews all bills except pharmacy bills and bills where the claim record does not contain body part codes. During processing, the billed primary diagnosis code is evaluated against the body part(s) in the claim record to produce one of three outcomes:

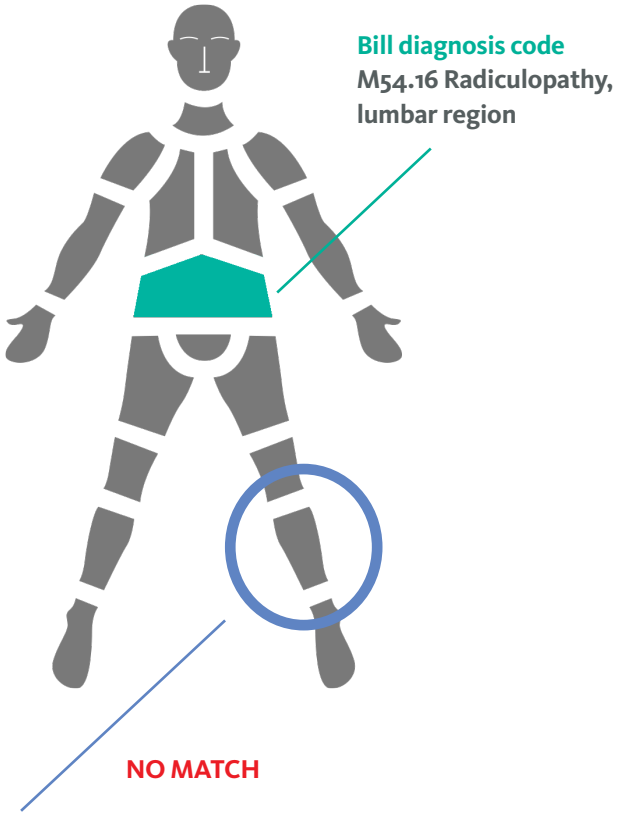
- Match – An exact match occurred on the Injured Body Part Code and the ICD code.
- Partial Match – The primary ICD code does not match the Injured Body Part Code, but does match one or more of the remaining ICD codes and the Injured Body Part Code.
- No Match – No match occurred on the Injured Body Part Code to any entered ICD code.

Configure bill action

You can configure your preferred bill action based on any of the match levels noted above. This includes simple configuration options to automatically disallow services and assign appropriate messaging for No Match bills, or a more customizable solution using the Pathways rules engine in Strataware. This allows you to route the bill to a bill reviewer or adjuster for evaluation, or to apply automatic payment and/or routing decisions based on the match, partial match or no match outcome.

Example

The provider submits a bill with a primary diagnosis code:



For more information about Conduent Medical Claims Management Solutions visit us online or email us at medclaims-solutions@conduent.com.

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