



EDUCATIONAL RESOURCES

From Referral to Reimbursement Reducing Denials in the DME Order Journey

Prevent denials before they happen



Your Host

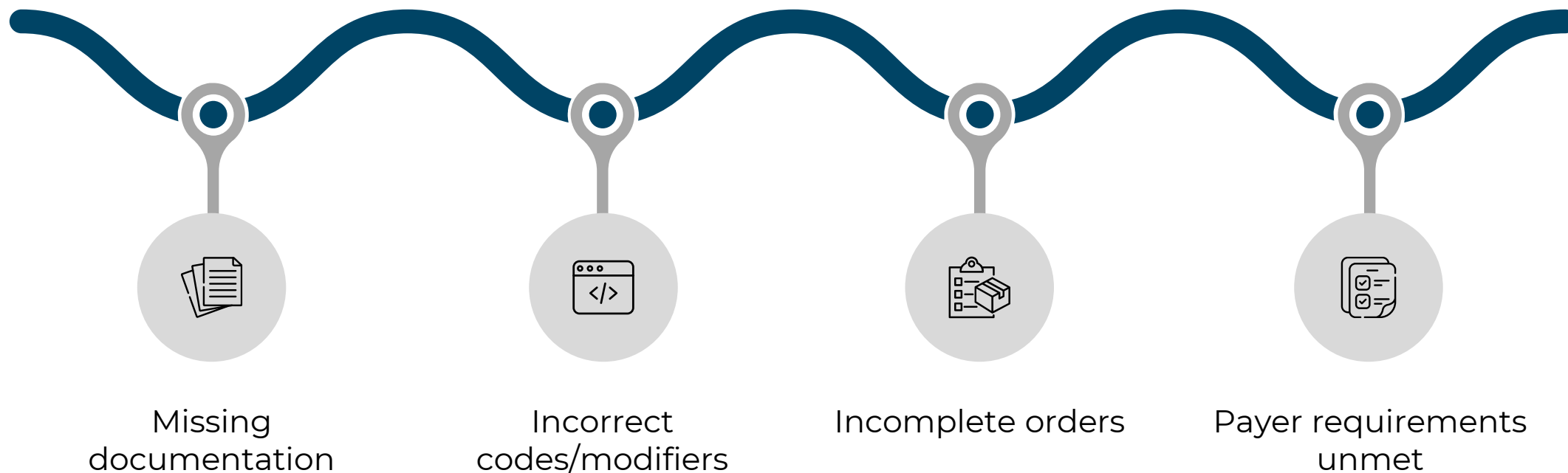


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Growth Director



Denials are No Longer Just Billing Problems



Some DMEs Thrive, Others Fall Behind



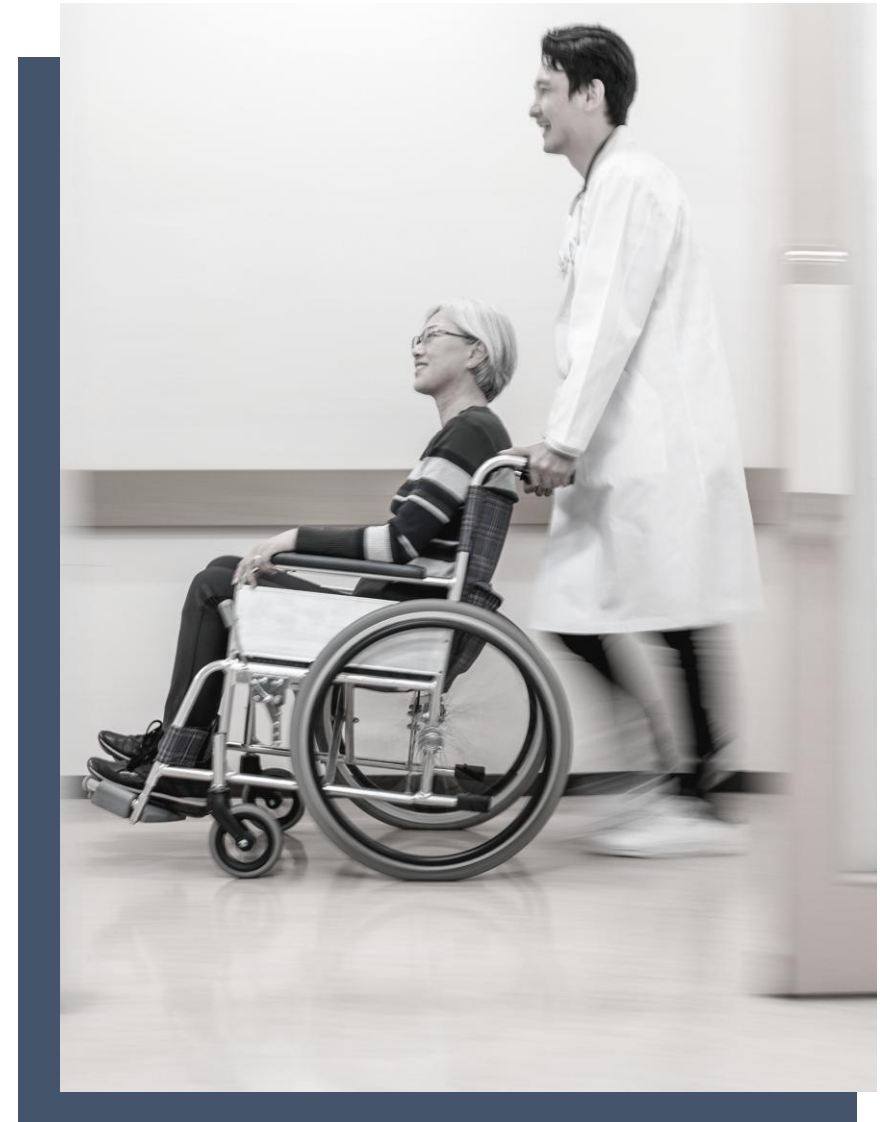
Winners

- Fix errors early
- Improve cash flow



Under Performers

- React late
- Face delays and lost revenue

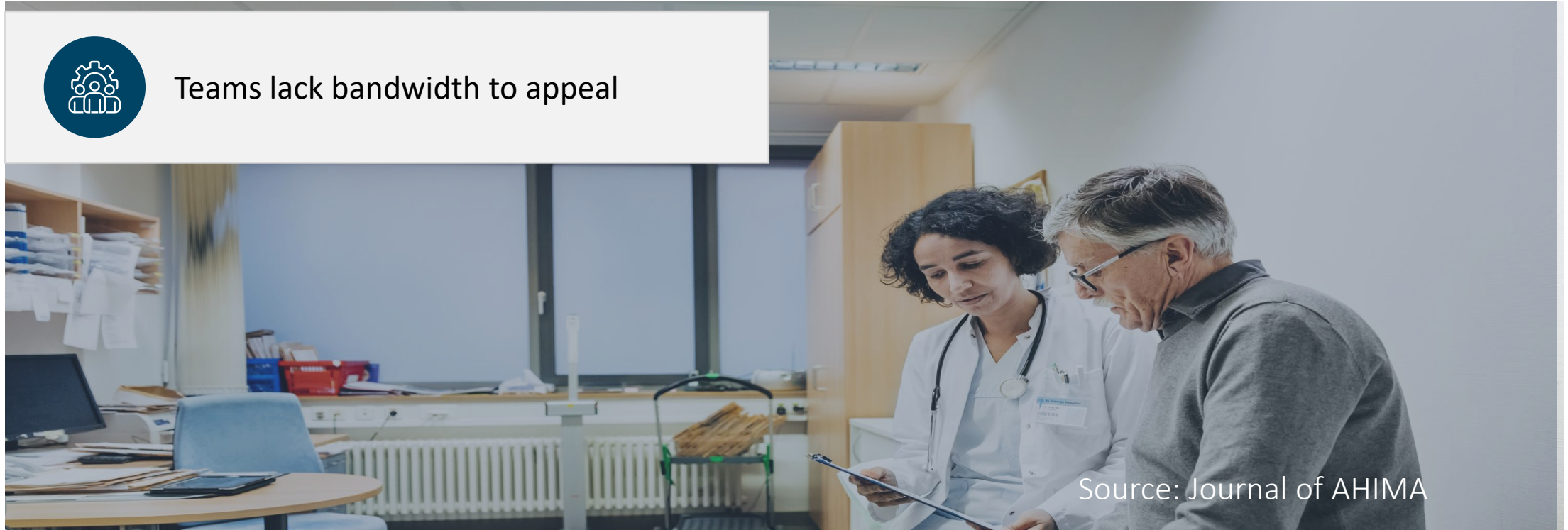


60% of denied claims are never resubmitted

Lost Revenue



Teams lack bandwidth to appeal



Source: Journal of AHIMA

A Denial-free Order Journey

01

Complete referrals

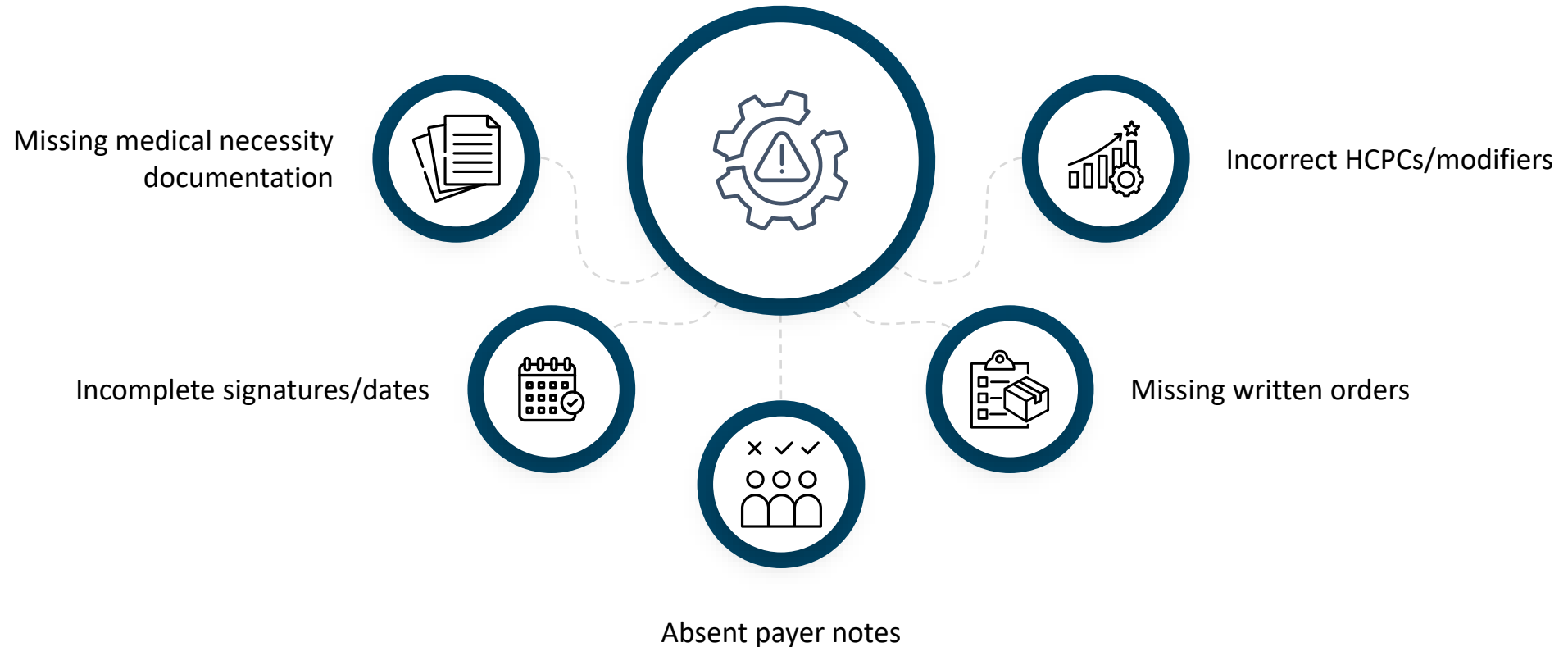
02

Payer-validated orders

03

Claim-ready submissions

Common Failure Points In The Order Journey





1 in 5 Claims Denied On Average

Source: Journal of AHIMA



20%

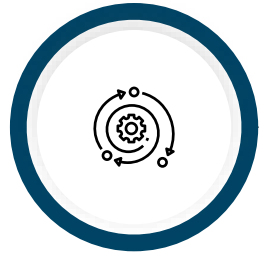
denial rate



Significant manual rework

73% Of Providers Say Denials Are Increasing

Source: Medical Economics, 2024



01.

Nearly 3 in 4 providers impacted



02.

Rising workload for billing teams



03.

Staff are overwhelmed by denial queues

The Cost of Early Errors

Small mistakes = big consequences



Small oversights balloon into huge costs. Six-figure losses are common from preventable errors. Errors also open the door to audits.



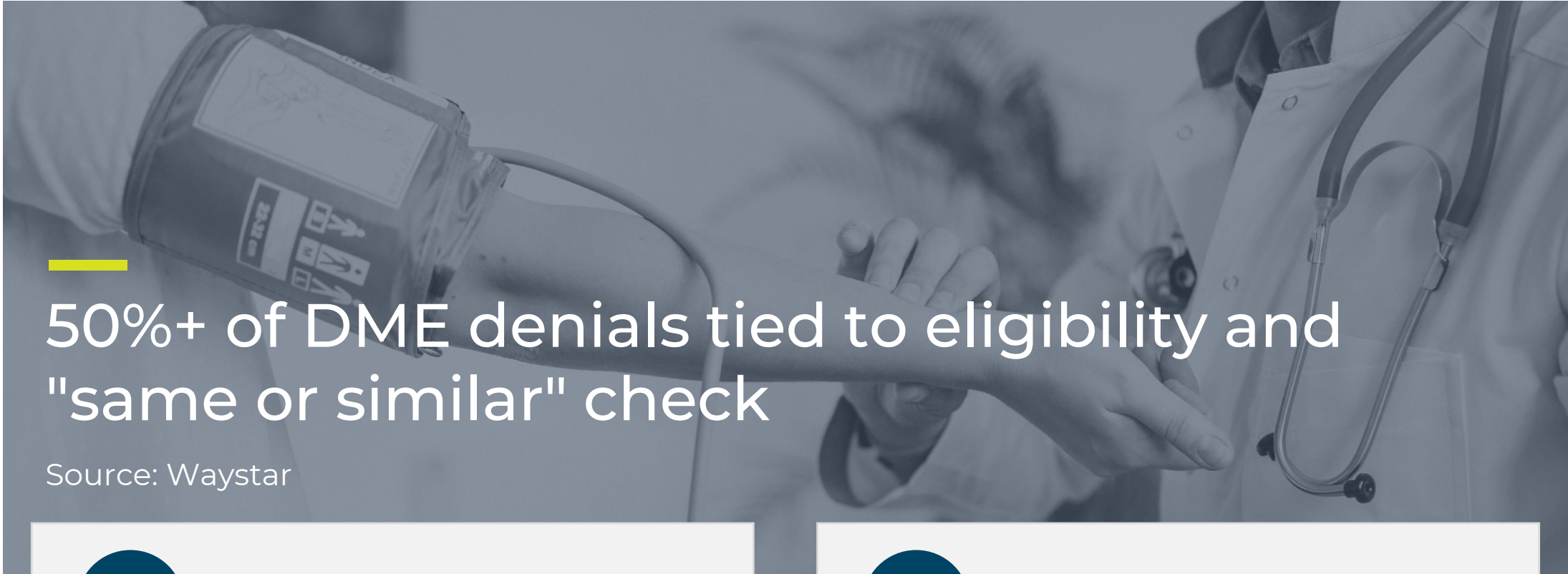
Lost revenue



Appeals = high labor cost



Compliance & audit risk



50%+ of DME denials tied to eligibility and "same or similar" check

Source: Waystar



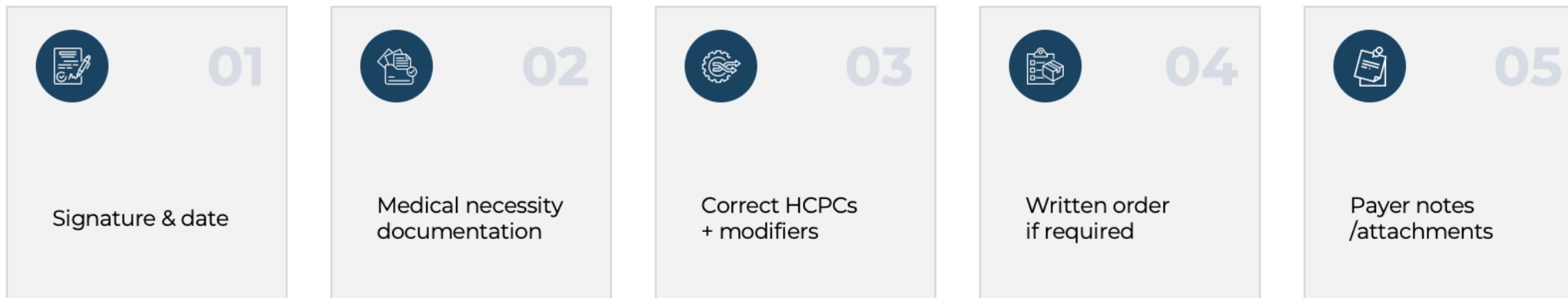
Preventable with upfront validation



Eligibility = critical step

Anatomy of an Ideal Order

What a "complete" order includes



This is the gold standard for clean orders. If every order hit these marks, denials would plummet. The challenge is enforcing this consistently.

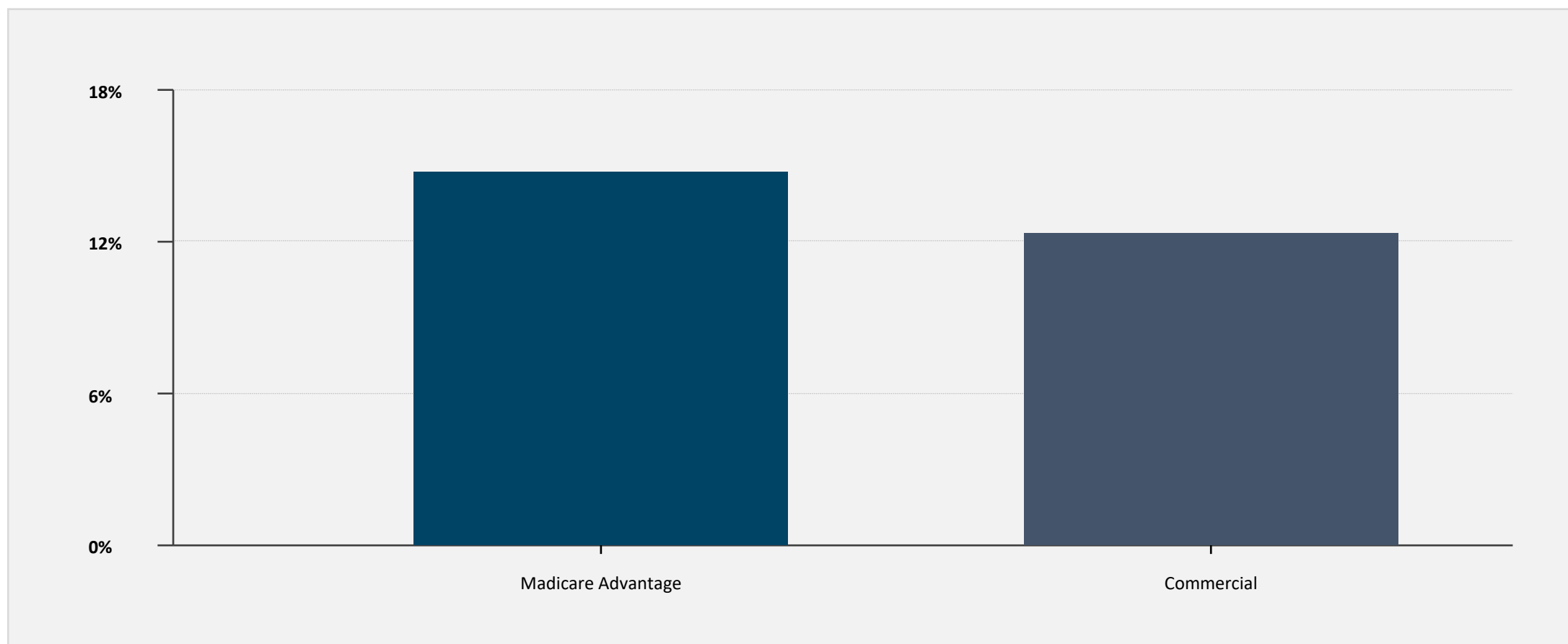
Why Manual Processes Fail

Manual = risky and inconsistent



Medicare Advantage vs Commercial denials

Source: American Hospital Association, 2024



80% of bills contain at least one error

- Source: Medical Billing Advocates of America, cited by Vozo Health



Typos, mismatched codes, missing modifiers, missing data



Small errors, big impact



Human error is the silent killer of revenue. One missing digit or code can cost thousands. Technology can act as a safeguard.

The Technology Shift

Modern platforms prevent denials upstream



Payer-specific rule engines



Auto-validation for documentation



Integrated workflows



Real-time alerts



Platforms act as guardrails at intake. They validate codes, enforce rules, and stop incomplete orders before billing. Think of them as safety nets that humans alone can't provide.

Feature Highlights – Tools to Prevent Denials



Rule engine /
payer logic



Modifier & code
validation



Same or similar
checks



Workflow alerts
& holds



Think of these as "magic gifts" for your team. They catch what's easy to miss and save staff from rework. It's like having spellcheck in Word-hard to imagine working without it.

Proof It Works

Technology reduces denials by 30–40%

Source: Health Catalyst & Vozo Health case studies



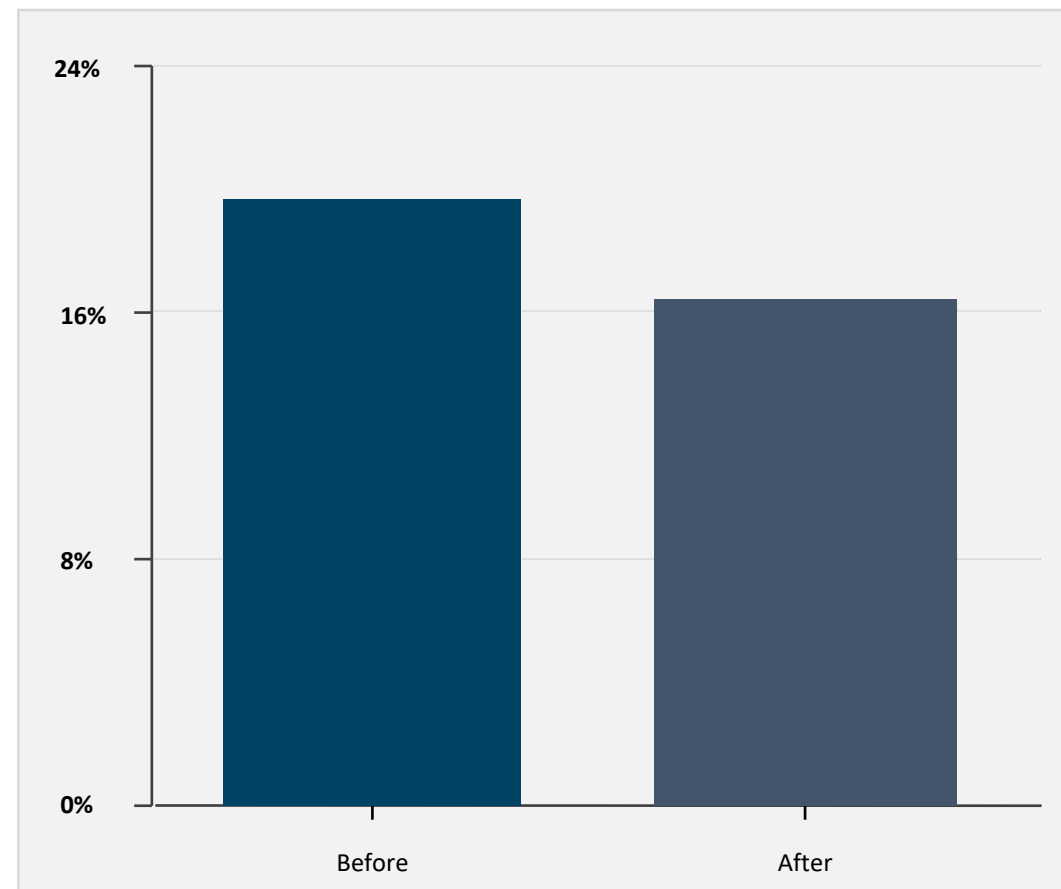
Faster reimbursement



Fewer resubmissions



Lower staff burden



Real-world results prove the impact. Denials drop by a third or more. Faster payments + happier teams = healthier business.

Quick Wins and Next Steps

Start small, think big

Explore modern DME platforms that automate this process

These are actions you can take today. Quick wins create awareness and improvement. But training alone won't keep pace with changing payer rules — automation is the future.



Audit your last 50 denials



Build/refine intake checklist



Train staff on denial triggers



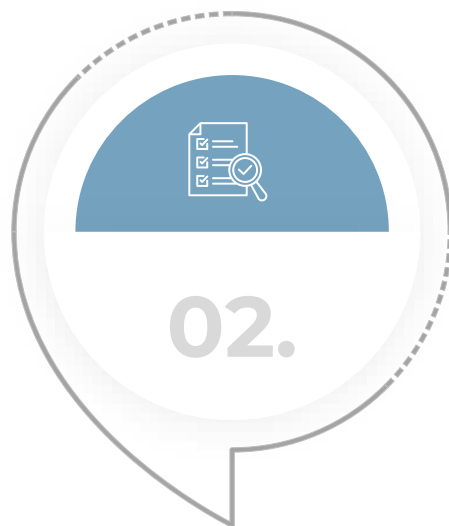
The Long-Term Answer

Why modern platforms matter



Automation

Enforce payer rules
at intake



Validation

Stop incomplete
orders in real time



Eligibility Checks

Prevent wasted
deliveries



Visibility

One view from referral
to reimbursement

Questions?

Take control of denials

Denials are preventable when addressed upstream

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Thank you

