



Capture Missing Diagnosis Codes Before Claim Adjudication

In an ideal world, all claims would contain accurate risk adjustment data before they are submitted for adjudication. Our **Dx Gap Advisor** solution helps you achieve that goal by **identifying and closing diagnosis gaps – before it's too late.**

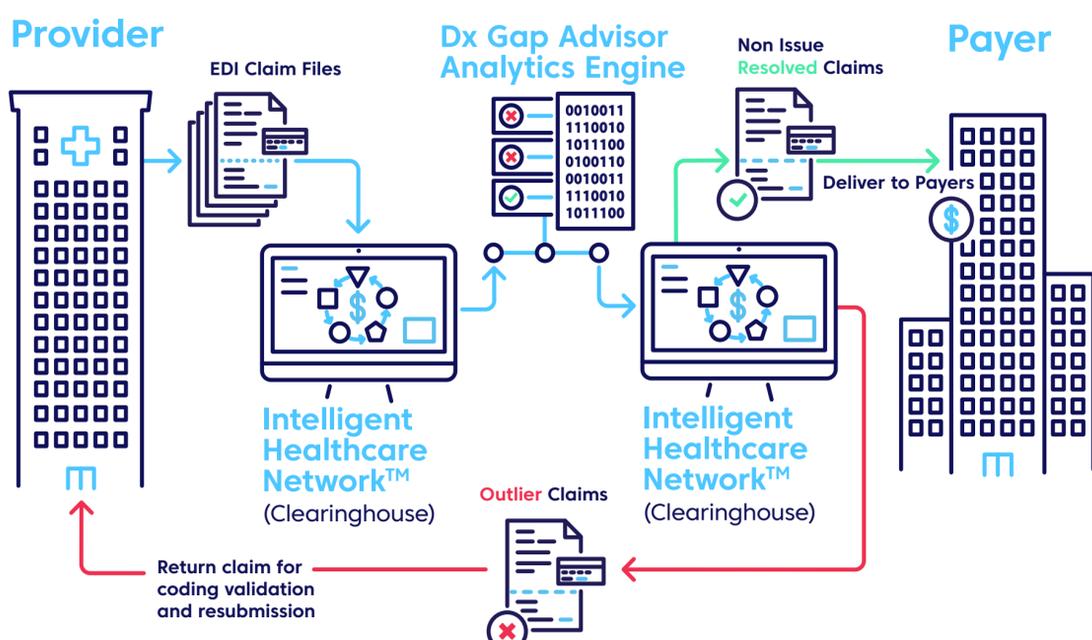


This innovative solution engages providers within their existing billing workflow to make coding validation an integral part of the claims submission process. Proactive medical record review at the point of billing, close to the medical encounter, is a more efficient, effective approach than costly retrospective reviews.

The concurrent capture of missing chronic diagnosis codes helps speed Medicare Advantage risk-adjusted payments, while shortening end-of-year operational processes. Dx Gap Advisor also provides a tremendous new savings opportunity for states that don't allow diagnosis code encounter edits from medical record reviews.



How it works



Financial Impact¹

Medicare Advantage

Results of a six-month pilot program:

16% of claims were changed
(95% added diagnoses; 21% deleted diagnoses)

1.59 diagnosis codes added per Medicare claim, on average

For a health plan with 35,000 enrolled members, these rates would result in:

\$12M to \$20.6M potential impact to reimbursement

Potential return on investment rate: **13.3**

Managed Medicaid

Results of a six-month pilot program:

7% of claims were changed
(85% added diagnoses; 15% deleted diagnoses)

.78 diagnosis codes added per Medicaid claim, on average

For a health plan with 35,000 enrolled members, these rates would result in:

\$908K – \$1.7M potential impact to reimbursement

Potential return on investment rate: **3.5**



For more information, visit our [Dx Gap Advisor site.](#)

¹ Internal Change Healthcare data and analytics 2018