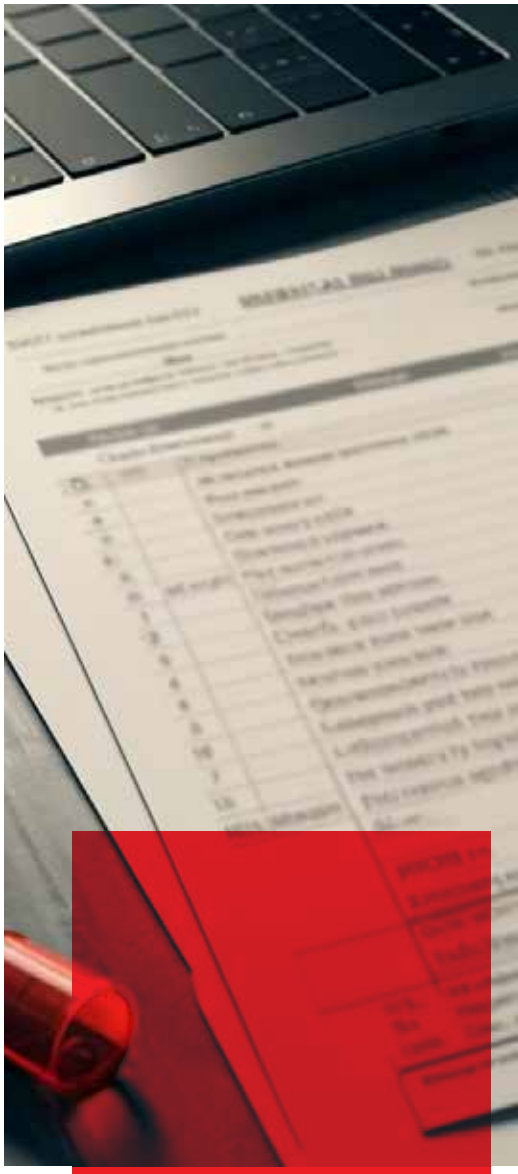
WellRithms 2026

Medical overbilling costs payors and patients billions of dollars every year.

CLASSIFICATION, EDITS & REVIEW (CER)

WELLRITHMS SOLUTION

ABOUT CLASSIFICATION, EDITS & REVIEW (CER)



In group health, overpayments often come from small classification and coding errors that pass through claims systems unnoticed.

Even in-network medical bills and claims can contain misclassified services, improperly unbundled charges, or codes that do not accurately reflect the care provided. When these errors are not corrected, PPO discounts are applied to services that should not have been reimbursed at all, embedding overpayment into the claim from the start.

Classification, Edits & Review (CER) exists to correct those issues at the line level. By reviewing in-network medical bills and claims charge by charge and applying physician-led clinical validation, CER ensures reimbursement recommendations reflect what was actually provided and properly coded.

CORE COMPONENTS

CLASSIFICATION REVIEW

Place of service and provider type are reviewed to identify common misclassifications that drive overpayment.

NATIONAL BILLING EDITS

Charges are evaluated against national billing standards to ensure services are not improperly unbundled or billed separately when not allowed.

WHY ACCURACY STARTS HERE

Network discounts reduce price. They do not ensure accuracy.

If a service is misclassified, improperly unbundled, or never performed, a discount does not correct the error. It simply reduces an already inaccurate amount.

CER addresses these issues before payment is finalized. By ensuring claims are classified correctly, edited consistently, and clinically validated, reimbursement recommendations become reliable when examined by providers, auditors, or plan sponsors.

In practice, this line-level review results in **average savings of approximately 8%,** representing additional reductions beyond PPO network discounts. More importantly, it establishes accuracy as the baseline for every downstream review.

PHYSICIAN-LED CLINICAL REVIEW

Physicians review the services rendered to confirm accuracy, appropriateness, and correct coding. Services not supported by documentation are corrected

LINE-LEVEL IN-NETWORK REVIEW

Medical bills and claims are reviewed line by line, complementing PPO network discounts rather than relying on them alone..

LET'S TAKE A LOOK

Start with a single medical bill or claim.

Whether you're reviewing routine in-network claims or addressing higher-cost cases, CER can help clarify what should have been reimbursed before errors become accepted as standard.

THANK YOU

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