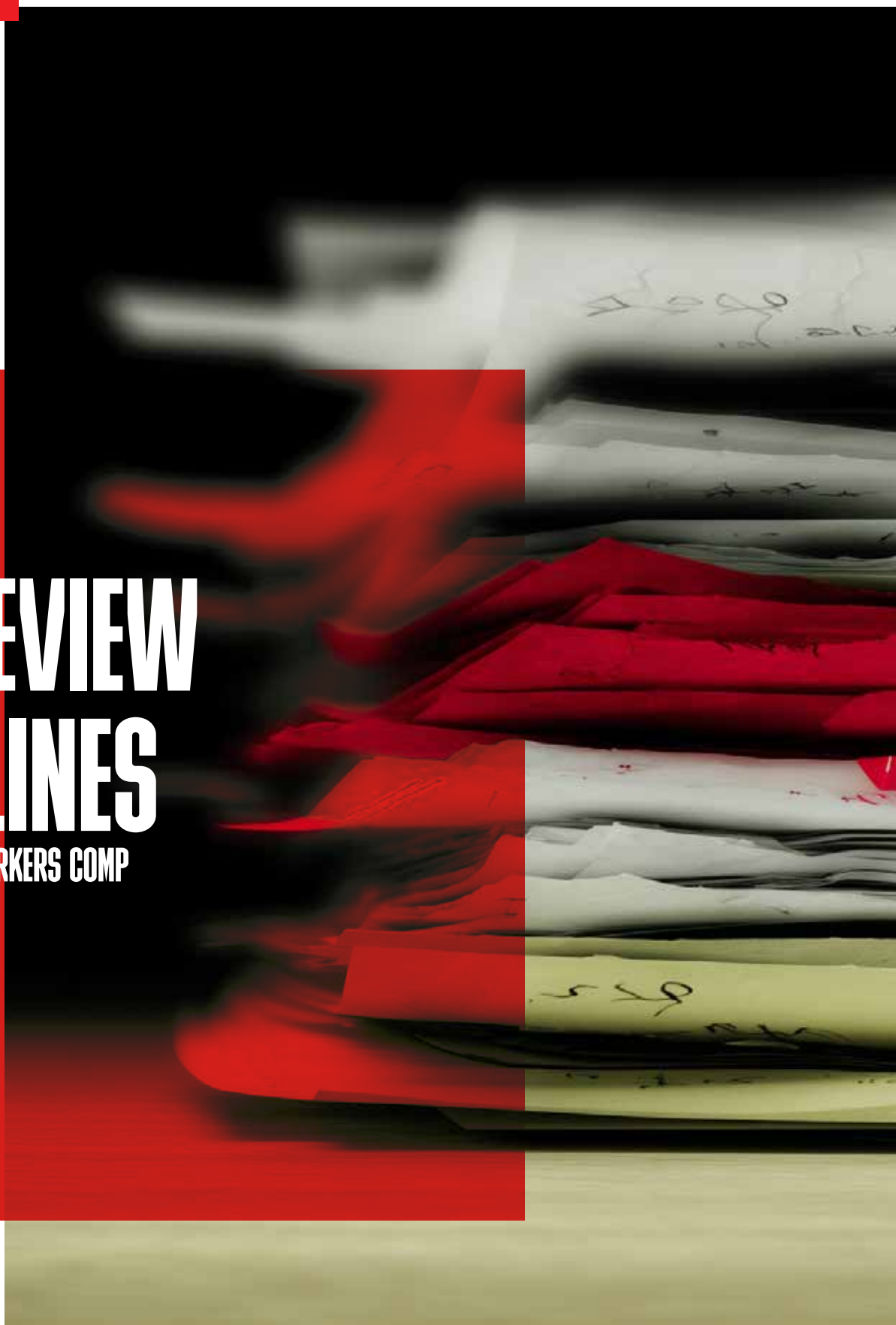
WellRithms 2026

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

WellRithms™



BILL REVIEW GUIDELINES

GROUP HEALTH & WORKERS COMP

GROUP HEALTH

OUT-OF-NETWORK CLAIMS

Sustainable Claims Pricing (SCP):

Professional (Non-NSA):	Billed charge of 10k or higher*
FACILITY Non-NSA (ASC, OPH, IPH):	Billed charges of 15k or higher*

IN-NETWORK CLAIMS

Classification, Edits, & Review (CER):

PRO:	Multiple surgical procedures and network/ fee schedule allowance of 25k or higher*
ASC:	Multiple surgical procedures and network/ fee schedule allowance of 40k or higher*
OPH:	Multiple surgical procedures and network/ fee schedule allowance of 50k or higher*
IPH CER:	Network allowance of 100k or higher* and based on % of billed charge (no DRG or Per Diem)

Multiple surgical procedures = CPT 10000-69999

*Exceptions can be made upon review from the internal WellRithms team

WORKERS COMP

UCR STATES

Sustainable Bill Pricing (SBP):

Professional:	Billed charge of 10k or higher*
FACILITY (ASC, OPH, IPH):	Billed charges of 15k or higher*

FEE SCHEDULE STATES

Classification, Edits, & Audit (CEA):

PRO:	Multiple surgical procedures and network/ fee schedule allowance of 25k or higher*
ASC:	Multiple surgical procedures and network/ fee schedule allowance of 40k or higher*
OPH:	Multiple surgical procedures and network/ fee schedule allowance of 50k or higher*
IPH CEA:	Fee schedule allowance of 75k or higher* (no Per Diem)

Multiple surgical procedures = CPT 10000-69999

*Exceptions can be made upon review from the internal WellRithms team

REQUIRED DOCUMENTATION FOR REVIEW

FACILITY: UB-04

The UB-04 contains key facility billing details including charges, service dates, revenue codes, and billing classifications. Reviewing this form helps validate billing accuracy and identify inconsistencies in reimbursement.

PROFFESIONAL: HCFA 1500

The HCFA 1500 captures physician billing details including CPT codes, modifiers, and provider information. This documentation supports accurate review of coding, procedural billing, and reimbursement integrity.

MEDICAL RECORDS

Medical records provide the clinical context needed to validate medical necessity, procedural accuracy, and coding support. They help ensure billed services align with documented patient care.

ITEMIZED BILL

Itemized bills provide line-level charge details for supplies, implants, medications, and procedures. This visibility helps identify duplicate billing, unbundling, and excessive charges.

HELP YOUR CLIENTS PAY WITH PRECISION

WellRithms helps brokers and payors navigate complex medical claims with greater transparency, accuracy, and defensibility. Our physician-led review process and AI-powered technology identify savings opportunities while supporting fair and reasonable reimbursement methodologies.

THANK YOU

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