

WellRithms 2026

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



CLASSIFICATION, EDITS & AUDIT™

FOUNDATIONAL PAYMENT VALIDATION LAYER
POWERED BY COMP42



ABOUT CLASSIFICATION, EDITS & AUDIT™ (CEA)

Classification, Edits & Audit is the foundational validation layer within independent workers' compensation payment oversight.

Fee schedule compliance alone does not guarantee accuracy. Medical reimbursements are frequently misclassified, improperly unbundled, or coded for services that were never performed. When these errors pass through review unchecked, overpayment becomes embedded in the reimbursement recommendation from the start.

CEA exists to correct those errors before payment. By validating fee schedule reimbursements line by line and applying physician-led clinical validation, CEA ensures reimbursement recommendations reflect what was actually provided, how it should have been coded, and what is supportable under billing standards.



CORE COMPONENTS



CLASSIFICATION VALIDATION

Place of service, provider type, and billing classifications 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

Most overpayment does not originate with complex billing scenarios. It starts with small classification and coding errors that compound across thousands of bills.

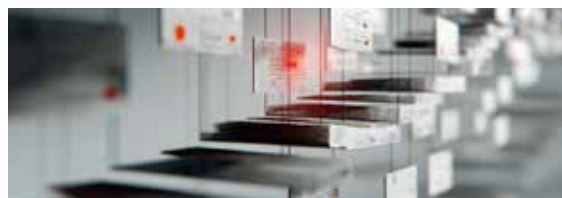
CEA addresses these issues at their source. By ensuring fee schedule reimbursements are classified correctly, edited consistently, and clinically validated, reimbursement recommendations become reliable before downstream review, negotiation, or dispute ever occurs.

In practice, correcting these foundational errors results in **average savings of approximately 8%**, representing additional reductions beyond PPO network discounts. More importantly, recommendations remain consistent when examined by providers, auditors, and regulators because they are rooted in accurate line-level documentation and validation, not assumptions.



PHYSICIAN-LED CLINICAL VALIDATION

Experienced physicians review services rendered to confirm accuracy, appropriateness, and medical necessity. Services not supported by documentation are corrected or removed.



LINE-LEVEL FEE SCHEDULE ACCURACY

Bills are audited line by line, complementing PPO network discounts rather than relying on them alone.

START WITH ONE HIGH-RISK REIMBURSEMENT

Whether it's a high-dollar case or routine fee schedule billing, CEA can help clarify what should have been paid before errors become accepted as standard.

- **SUBMIT A SINGLE REIMBURSEMENT FOR INDEPENDENT VALIDATION**
- **RUN A TEST CLAIM**
- **LEARN HOW SHIELD APPLIES**

**THANK
YOU**

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