Demo Health

What your denied claims are worth - and which to fight first

$10,986 estimated recoverable

Across 6 claims ($17,850 charged), 6 were denied for $17,850; $17,850 of that is appealable. Recovery estimate based on calibrated per payer and denial category from recorded appeal outcomes.

Findings basis: most recent 6 stored denial findings

Denied dollars by payer

PAYER	CLAIMS	DENIED	APPEALABLE	EST. RECOVERY
BLUE PLAN OF TEXAS	4	$11,800	$11,800	**$7,380**
AETNA TX HMO	2	$6,050	$6,050	**$3,606**

Denied dollars by category

CATEGORY	CLAIMS	DENIED	APPEALABLE	EST. RECOVERY
medical necessity	3	$11,200	$11,200	**$6,758**
authorization	3	$6,650	$6,650	**$4,228**

Highest-value appeal targets

1. $1,850 - AETNA TX HMO - CARC 197 (authorization) - acct ACT-101 [APPEALABLE]

Next move: Retro-authorization request or appeal citing urgent/emergent circumstances or payer notification failure.

2. $4,200 - AETNA TX HMO - CARC 50 (medical necessity) - acct ACT-102 [APPEALABLE]

Next move: Clinical appeal mapping documentation to payer medical policy criteria; strongest overturn class.

3. $2,400 - BLUE PLAN OF TEXAS - CARC 197 (authorization) - acct SMK-002 [APPEALABLE]

Next move: Retro-authorization request or appeal citing urgent/emergent circumstances or payer notification failure.

4. $3,500 - BLUE PLAN OF TEXAS - CARC 50 (medical necessity) - acct SMK-003 [APPEALABLE]

Next move: Clinical appeal mapping documentation to payer medical policy criteria; strongest overturn class.

5. $2,400 - BLUE PLAN OF TEXAS - CARC 197 (authorization) - acct SMK-002 [APPEALABLE]

Next move: Retro-authorization request or appeal citing urgent/emergent circumstances or payer notification failure.

6. $3,500 - BLUE PLAN OF TEXAS - CARC 50 (medical necessity) - acct SMK-003 [APPEALABLE]

Next move: Clinical appeal mapping documentation to payer medical policy criteria; strongest overturn class.

Methodology

Figures are computed directly from the X12 835 remittance files provided, using claim-level CAS adjustment codes (CARC) and payer remark codes (RARC). Contractual write-downs (CARC 45) are excluded from recoverable amounts. Denials are classified into standard categories; appealability reflects the normal viability of a first-level appeal or corrected claim for each code.

Recovery estimates are calibrated per payer and category from this organization's recorded appeal outcomes, with credible-interval tracking.

Estimates are directional planning figures, not guarantees of recovery, and nothing in this report is legal or billing-compliance advice. Figures should be validated against source remittances before financial planning use.

Next step: a 90-day design-partner pilot - contingency-priced, human-reviewed appeals on the targets above, with weekly recovery reporting.