Before anyone writes an appeal.

A hospital team receiving a denial has an earlier decision to make. Which policy applies, and what action does the evidence support?



Dan Samarov’s account for Anomaly, with Erin Hodson, Inova’s VP of Revenue Cycle.

Original working-papers illustration. Dan Samarov’s account includes the perspective of Erin Hodson, Inova’s VP of Revenue Cycle.

Read Anomaly’s article

One denial.
Five possible routes.

01	**No action**	A later remittance shows the denial was reversed.
02	**Chart review**	Review the record before correcting and resubmitting a code.
03	**Write-off**	The record and plan support no covered diagnosis.
04	**Appeal**	The documented diagnosis meets the payer's coverage criteria.
05	**Managed care**	Clarify a policy or challenge a pattern across claims with the payer.

$10.4m

Recovered in the first 90 days of Anomaly's work with Inova, according to Anomaly.

$3.8m

Estimated ongoing monthly impact. A separate estimate from the 90-day recovery.

Workshop invitation · Proposed copy

Bring one denial. Choose its next route.

Bring the remittance, the coverage policy and the claim history. Use the five-route sheet to decide who should act next.