

## Uncover Savings in Plain Sight. No Risk. No Disruption.



Across workers' compensation medical billing, providers submit high volumes of claims while adjusters manage growing workloads with limited time for detailed review. This often leads to missed savings, especially on rare, high-cost diagnosis codes.

Rarity Review from APS makes it easy to capture these savings. With quick setup, no workflow disruption, and zero upfront investment, Rarity Review applies a rules-based system to flag low-frequency, high-cost codes before they increase claims costs.

**Ready to turn overlooked codes into clear savings?**  
**Rarity Review delivers measurable results from day one.**

Rarity Review from APS is a rules-based system that is accessed through an API from client's bill review workflow to detect bills with diagnosis codes unlikely to be related to a compensable worker's compensation injury, sorting them into multiple categories:

### RARITY

- **Absolute Rarity** - ICD codes with very high probability of being unrelated to a compensable worker's compensation injury.
- **Strong Rarity** - ICD codes that are unlikely related to a compensable worker's compensation injury that are flagged for review by an adjuster. Bills can be either Auto Denied or reviewed by Adjuster/Clinical resources prior to applying a denial determination.
- **No Rarity Issue** - ICD codes that are often billed in worker's compensation injuries.

## SAMPLE RARITY REVIEW ANALYSIS

Client Initial Medical Bill Data Set	Bills	Provider Charges	BR Allowance	Percent of Bills	Percent of Charges	Percent of Allowance
Bills Clean and Included in the Analysis	348,307	\$416,092,019	\$212,499,001	100.0%	100.0%	100.0%
Diagnosis Code Relatedness Analysis Scenarios	Bills	Provider Charges	BR Allowance	Percent of Bills	Percent of Charges	Percent of Allowance
<b>Scenario 1</b>						
All Diagnosis codes on the bill are Absolute Rarity codes	3,945	\$5,599,046	\$3,070,643	1.1%	1.3%	1.4%
<b>Scenario 2</b>						
All Diagnosis codes on the bill are a mixture of Absolute Rarity and Strong Rarity codes	5,433	\$7,765,118	\$3,949,577	1.6%	1.9%	1.9%
<b>Scenario 3</b>						
Primary and Secondary Diagnosis codes on the bill are Absolute Rarity codes	4,500	\$12,101,752	\$6,311,652	1.3%	2.9%	3.0%
<b>Scenario 4</b>						
Primary Diagnosis code on the bill is an Absolute Rarity code	8,599	\$23,308,492	\$11,689,100	2.5%	5.6%	5.5%
<b>Scenario 5</b>						
Primary and Secondary Diagnosis codes on the bill are a mixture of Absolute Rarity and Strong Rarity codes	11,042	\$27,627,603	\$13,553,100	3.2%	6.6%	6.4%



## SERVICE COMPONENTS:

To ensure accurate review and sorting, as well as minimal integration requirements, Rarity Review offers a number of advanced processing rules at various points during the process:

### INITIAL INTAKE

- Light bill level data field intake (no HIPA). Includes all billed Diagnosis Codes.

### EXCEPTION PROCESSING

- Ability to skip bills based on client, jurisdiction, state, provider, and claim, or specific combinations.

### RETURN SCORING FEED TO CLIENT

- Light bill level unique identifying information.
- APS Scoring  
Scores – “Auto Deny,” “Manual Deny,” and “No Rarity Issue.”  
Message – Indicates rarity issues found for specific diagnosis codes.  
Example: \*\*\* AUTO-DENY \*\*\* - These DX Codes are not commonly WC related: M16.0 - Bilateral primary osteoarthritis of hip.

### CLIENT FINAL DISPOSITION FEED

- Light bill level unique identifying information.
- Final Client Disposition:  
APS Denial Applied.
- Denial Overridden with Reason Code.

### INVOICING AND REPORTING

- Coordinate initial and re-evaluated transactions and savings for monthly invoicing and performance reporting.

## RARITY REVIEW WORKFLOW INTEGRATION OPTIONS

