

Outpaced by Payer Policy Changes? How DME Providers Can Stay Ahead with Al Agents



Executive Summary

Durable Medical Equipment (DME) providers face an ever-shifting payer landscape. Insurers constantly revise rules for documentation, coverage, modifiers, and proof-ofdelivery requirements. These changes often result in preventable denials, lost revenue, and strained billing teams. This white paper explores how AI agents help DME organizations stay ahead of policy complexity by tracking payer changes, validating claims, and automating compliance before submission.

The Problem: Policy Whiplash and Revenue Risk

Every payer has its own playbook—and they change it often. A claim that was reimbursed last quarter may now be denied due to:

- New HCPCS modifier requirements
- Changes in documentation or prescription age rules
- Updated coverage limitations or quantity thresholds
- Prior authorization nuances

Traditional billing teams can't keep up. By the time a denial arrives, the window to fix and resubmit may have already closed.

The Solution: Policy Intelligence + Automation

Al agents help DME providers stay one step ahead:

- Policy-Aware Claim Validation: Before submission, agents check claims against the latest payerspecific rules for coding, documentation, and quantity limits.
- **Change Detection:** Agents monitor payer policy updates and flag discrepancies between historical claims and new requirements.

Instead of reacting to denials, agents help your team prevent them entirely.



Why It Matters to CFOs

Policy-based denials are one of the most expensive and preventable forms of revenue leakage. Tally reduces the need for costly rework, manual research, and delayed collections—while protecting audit readiness and payer compliance.

It's not just operational—it's financial.

Get Ahead of the Payers

Tally gives your RCM team the tools to move at the speed of payers—and stop revenue loss before it starts.

<u>Schedule a demo or policy audit to see</u> <u>how Tally can help you stay ahead.</u>

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