

How Ogden Clinic Achieved a 46% Reduction in Coding Denials with AI-Powered Payment Intelligence



Location	Specialties	Providers	EHR	Claim Volume
Ogden, Utah	20+ (Family Medicine, GI, Neurology, Physical Therapy, OB-GYN, Orthopedics, and more)	250+	eClinicalWorks (ECW)	~1.3M claims annually

Results at a Glance

46.5% coding denial reduction, hundreds of thousands of dollars in saved labor costs

The Challenge

Ogden Clinic processes over 1.3 million claims annually across 20+ specialties. The organization has invested heavily in disciplined coding practices, routing 100% of claims through certified professional coders, which has helped achieve a 99% initial clean claim rate and an average overall denial rate of 6.5%.

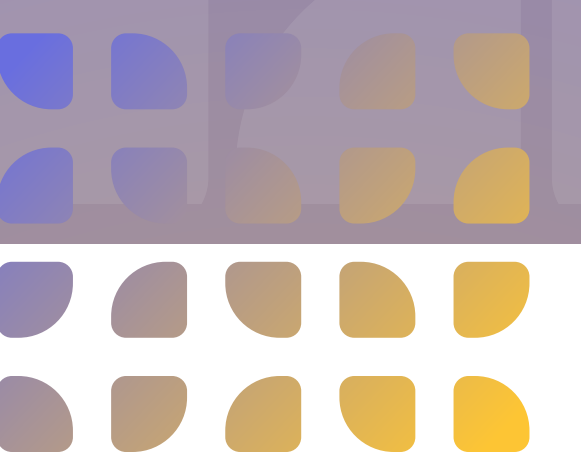
Despite this strong baseline and prior investments in Medicare-specific screening tools, coding-related denials (CAS-11, CAS-4, CAS-151, etc.) persisted as a source of rework and revenue risk:

- **Lab claims running at 6.1%** coding denial rate – the highest-risk category
- **High-complexity specialties** like Physical Therapy, Neurology, and GI required nuanced, constantly-changing payer logic
- **Reactive workflows:** staff spent significant time working denial queues after the fact rather than preventing errors pre-submission
- **Scale amplified cost:** at tens of thousands of claims per week, even a 1% error rate meant hundreds of rework cycles monthly

The Solution: Protego Health

Ogden Clinic implemented Protego Health's AI-powered pre-submission Guardian tool to provide:

- **Real-Time Pre-Submission Analysis** – AI evaluates every claim before it leaves the practice, flagging coding, documentation, and payer-policy violations
- **Specialty-Specific Validation Logic** – tailored rules for each of Ogden's 20+ specialties
- **Payer Policy Intelligence Engine** – continuously updated rules reflecting changes across the full payer mix in real time without practice intervention
- **Automated Edit Flagging** – surfaces CPT/diagnosis mismatches and missing modifiers for coder review before submission



Key Results

Metric	Change
Coding Denials (All)	-46.5%
Coding Denials (Lab)	-44%
Coding Denials (Radiology)	-47%

Key Insight: Upon Protego Guardian activation, coding denials dropped from 1.21% to 0.64%, a reduction of 47.1%. Gains were driven primarily by lab and radiology claims, which represented the highest coding denial volumes. Labs are predominantly ordered by Family Medicine, OB/GYN, Nephrology, and Oncology providers.

In Their Own Words

"We run a very tight operation - 50 certified coders, 99% initial acceptance, and I track performance down to the minute and dollar. Frankly, I didn't think there was much left to gain. **The results with Protego have been remarkable.**

Coding denials are down 46.5%—from 1.21% to 0.64% of claims—driven primarily by improvements in lab and radiology. Payer variability at scale is something our team couldn't manage manually, and Protego embedded the logic directly into our workflow.

That translated to 182 fewer coding denials per week and approximately \$236,392 in annual labor savings, with less rework and cleaner operations overall. Equally important, our coders love the tool - it required minimal effort to implement and generated immediate, measurable ROI."

- Jeff Davis, CFO

"We run a strong operation and take a lot of pride in our processes, so we weren't looking for a silver bullet. What stood out with Protego is that it addressed a layer no human team can manage at scale – the numerous and ever-changing payer policies and coding guidelines. It consistently caught issues before submission that would have otherwise turned into denials and rework, and over time that has fundamentally changed how we run our revenue cycle. **We're handling more volume with the same team and doing it more accurately.** If you're leading an RCM organization, this is a capability you should evaluate."

- Lindsey Chatelain, RCM Leader

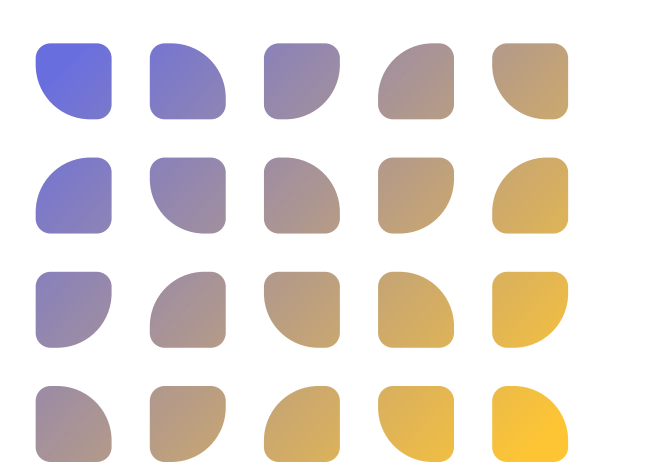
"At Ogden, we are already coding at a very high level, but payer-specific rules are where things slip through the cracks. Protego flags those issues directly within our workflow, especially the ones that aren't obvious but still get denied. It's reduced a lot of repeat denials and has taken some of the second-guessing out of the process. The best part is that we have not had to integrate anything or change how we work."

- Jodi Chandler, Medical Coder

Impact Beyond the Numbers

- **Revenue protection at scale:** Denial rework is estimated at \$25/claim; Protego Guardian has saved ~\$236,392 per year in preventable coding-denial labor costs (182 fewer denials/week × 52 weeks × \$25). Notably, Ogden already operated at a 99% initial clean claim rate, well above the 95% industry benchmark. A group performing at benchmark would have roughly 5× the error volume: the same denial reduction would translate to approximately \$1.2M in annual labor savings.
- **Proactive shift:** Billing staff moved from managing denial queues to resolving flagged issues before submission, a fundamental workflow change.

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~\$236,392
 per year in preventable coding-denial labor costs

Ready to transform your revenue cycle?
 Visit protegohealth.ai to schedule a demo.