

Recover lost revenue and identify trends to prevent medical claim denials.

Automate appeals in real time and take control of your revenue cycle.



Medical claim denials drive lost revenue and increase cost to capture

Denial teams are buried in avoidable rework:

Staff spend hours correcting data errors, verifying insurance, and manually preparing appeals. These errors could have been prevented with earlier detection and automated correction.

Payer and regulatory pressure are intensifying:

Payers demand accurate patient data, credentialing documentation, and eligibility verification. Meanwhile, recurring errors impact audits, compliance risk, and payer relationships.

Transform reactive denial management into proactive revenue protection

The UiPath Solution for Claim Denial Prevention and Resolution turns reactive, labor-intensive denial workflows into a proactive, intelligent system that catches errors before submission and accelerates resolution when denials occur.

Prevent denials at the point of registration:

AI agents continuously validate patient demographics and requirements, flagging and correcting claim issues before submission.

Accelerate appeals and recover revenue faster:

UiPath agents draft payer-specific appeals, cutting turnaround time from days to hours, reducing revenue leakage.

Strengthen governance and compliance posture:

Standardized workflows, automated audit trails, and real-time compliance dashboards ensure every action is ready for regulatory review.

Actionable intelligence across the revenue cycle:

Root-cause analytics, payer trend dashboards, and denial pattern intelligence give leaders the insight to reduce denial rates and improve net collections.

Key benefits



Resolve denials same-day

AI agents analyze denial reasons, reference payer-specific rules, and generate complete, compliant appeal drafts with supporting documentation.



Gain full visibility into denial trends and root causes

Get the insight needed to target systemic issues and drive improvement.



Ensure audit-ready compliance on every claim

Every correction, communication, and documentation trail is tracked automatically with full audit trails.



Integrate seamlessly with your existing RCM systems

Deploy on top of your existing EHR, billing, and claims infrastructure without rip-and-replace.



Scale denial management without increased headcount

Handle growing claim volumes and payer complexity with agentic business orchestration that frees your team to focus on high-value exceptions.



How does it work?

The UiPath Solution for Claim Denial Prevention and Resolution brings together two core capabilities to address denials across the full lifecycle. Our solution analyzes denial reasons, references payer rules, and generates appeal drafts, guiding staff through corrective actions via conversational UI.

UiPath Maestro orchestrates the full workflow—triaging denials, finding relevant clinical information, referencing payer policies all with human-in-the-loop oversight. Enriched case records, are automatically assembled for submission. Dashboards provide real-time visibility into denial trends and KPIs.

RESOLVE DENIALS FASTER



- UiPath agents summarize denial reasons, compare against medical records and reimbursement guidelines, and recommend next actions.
- Appeals are auto-drafted with payer-specific requirements and supporting evidence.
- Case records, payer interactions, and supporting documents are prefilled and tracked automatically.

Automatically draft complete, compliant appeals with supporting documentation for same-day response.

STRENGTHEN COMPLIANCE & CONTROL



- Configuration tools allow managers to define payer-specific rules, docs requirements, and SOP updates.
- All corrections, communications, and root-cause intelligence feed into your dashboards for complete oversight.
- Audit trails track every step of denial identification, analysis, and appeals for regulatory review.

Ensure every appeal, correction, and documentation trail is audit-ready with standardized, processes that reduce compliance risk.