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"GIVING DOCTORS THE FREEDOM TO BE DOCTORS"

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MICHIGAN ASSOCIATION OF CHIROPRACTORS

# AI: SUPERPOWER OR KRYPTONITE? HOW AI IS CHANGING HEALTHCARE OPERATIONS


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- **44 years** in the Chiropractic/Medical Administration Field
- Certified Professional Compliance Officer (CPCO-AAPC)
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- Vice Chair, Board of the TX State Office of Risk Management
- Member TX and GA Chiropractic Association's Insurance Reimbursement Committee
- Proud Supporter of the Chiropractic Future Strategic Plan

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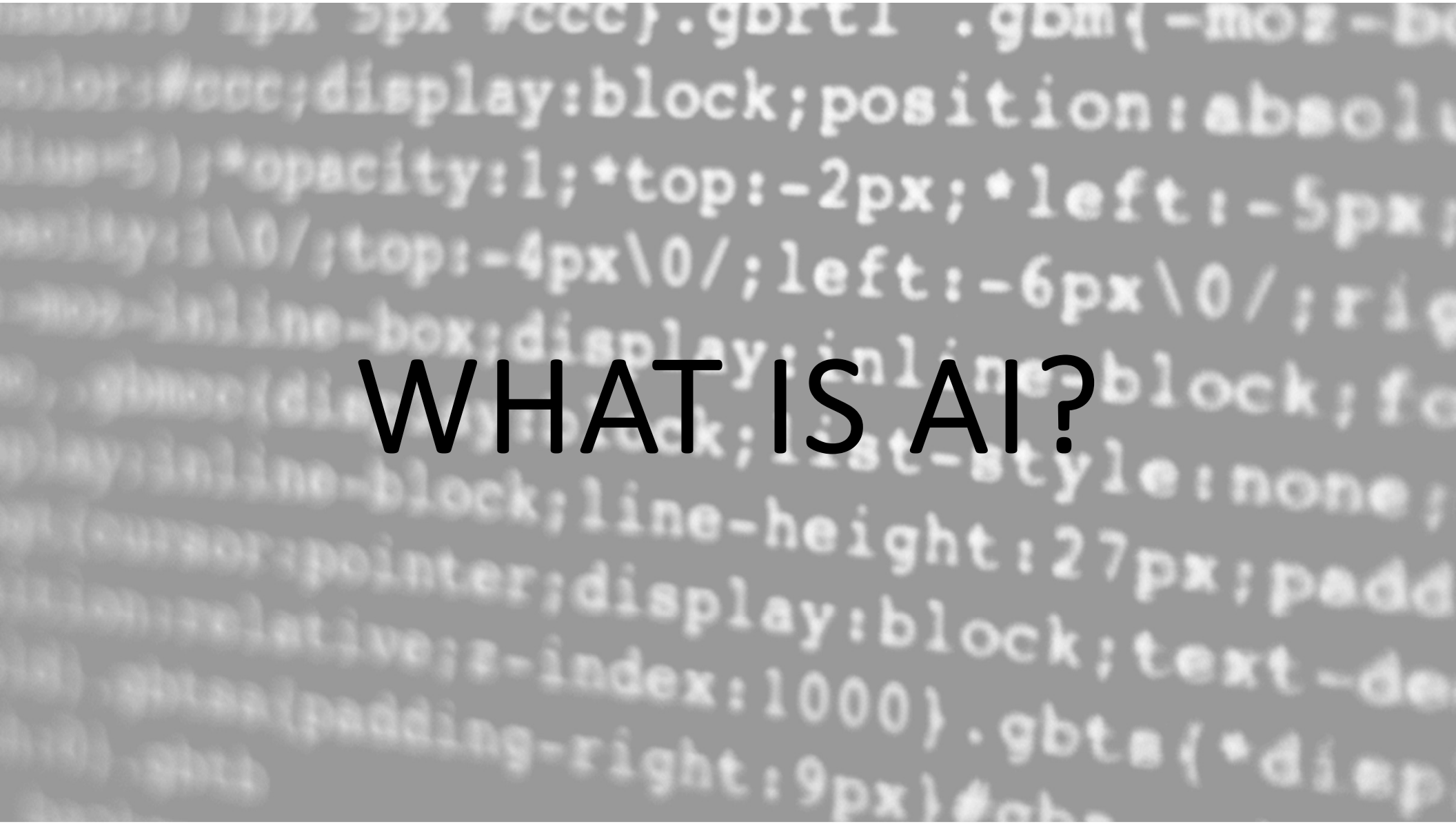

WHAT IS AI?

# ARTIFICIAL INTELLIGENCE

- AI is a branch of computer science that aims to build machines capable of mimicking human intelligence. This could be anything from recognizing speech, to learning, planning, problem-solving and even perceiving

- In the healthcare industry, AI has found a multitude of applications. From diagnosing diseases and predicting patient outcomes, to managing patient care and improving operational efficiency, AI is revolutionizing the way we approach healthcare.

# HOW DO MACHINES LEARN?

- **Machine Learning**: A subset of artificial intelligence that provides systems the ability to learn and improve from experience without being explicitly programmed
- **Deep Learning**: A subset of machine learning, uses artificial neural networks to simulate human decision making. Neural networks are a series of algorithms that are designed to recognize patterns

# NATURAL LANGUAGE PROCESSING

- Natural language processing (NLP) involves the interaction between computers and human language, especially in terms of how to program computers to process and analyze large amounts of natural language data.
- NLP algorithms can process and analyze large volumes of medical records at a rapid pace, significantly reducing the time required for manual review.
- NLP offers several other benefits in the healthcare industry. It enables clinical decision support by analyzing vast amounts of medical records, identifying patterns, and providing valuable insights for healthcare professionals.
- NLP plays a crucial role in quality improvement efforts. By automating the analysis of medical records, NLP **can identify gaps in care**, **monitor adherence to guidelines**, and identify opportunities for process improvement.

# API'S

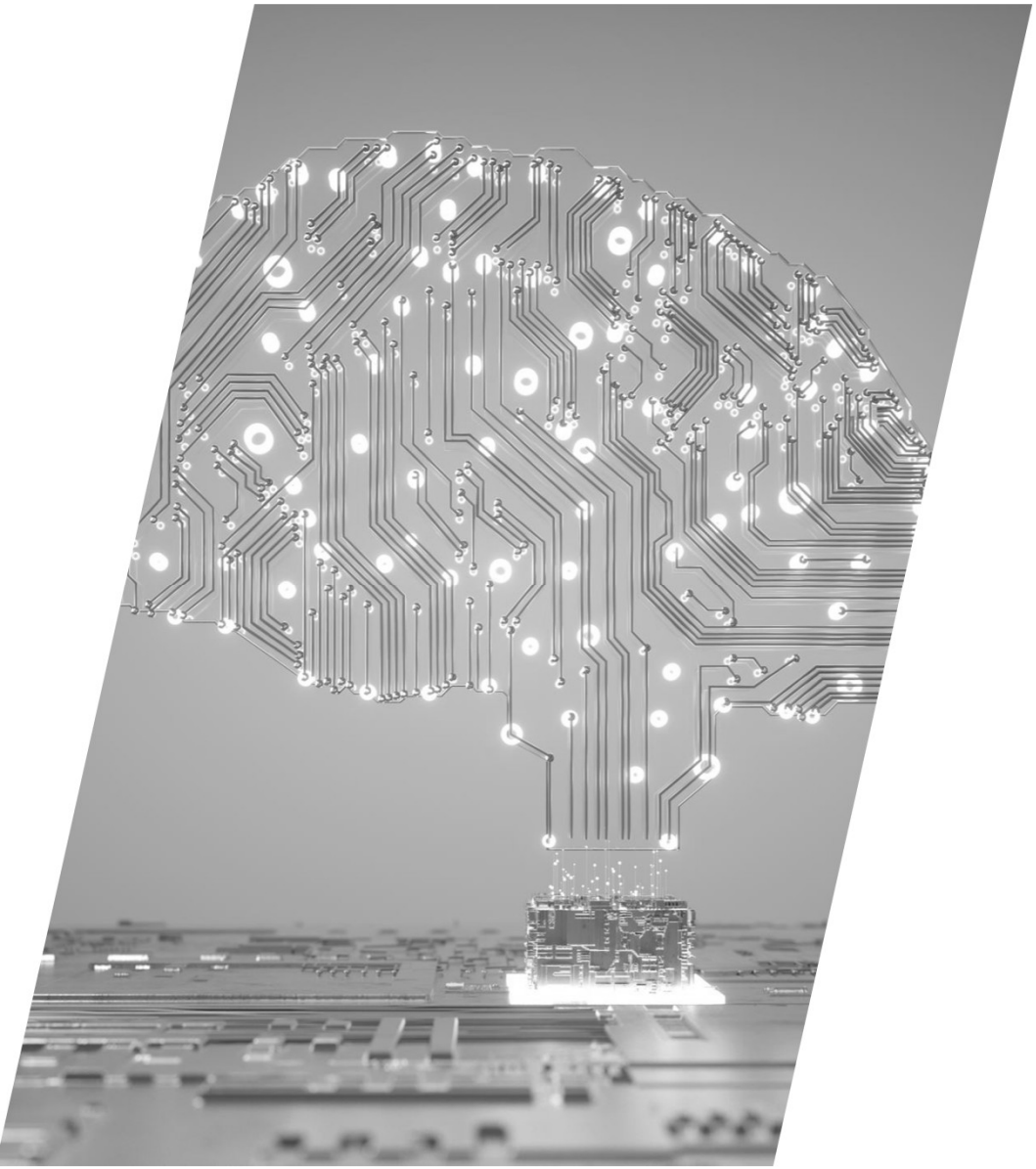
An **API** is a set of rules and protocols that allows different software applications to **communicate with each other**.

- **In AI, APIs Are Commonly Used To:**

- Access **machine learning models** (e.g., via OpenAI's GPT API)
- Retrieve **healthcare data** from electronic medical records (EHR)
- Connect **third-party AI tools** (e.g., voice recognition, image analysis)
- Enable **real-time interaction** with AI services in web or mobile apps

- **Example:**

- Using OpenAI's GPT API, a healthcare app can send a text prompt (like "summarize this patient note") and get a response from the AI model.



# AI AND ALGORITHMS

IN AI LEARNING, ALGORITHMS ARE THE **SET OF RULES OR MATHEMATICAL INSTRUCTIONS** THAT ENABLE A MACHINE TO **LEARN PATTERNS FROM DATA** AND MAKE DECISIONS OR PREDICTIONS.

# HOW ALGORITHMS WORK

**1. Input Data**

The algorithm starts with raw data (e.g., images, text, numbers).

**2. Model Building**

The algorithm uses the data to build a model by identifying patterns or relationships. This can be done through:

- **Supervised Learning**: The data has labels (e.g., photos labeled as “cat” or “dog”), and the algorithm learns to map inputs to correct outputs.
- **Unsupervised Learning**: The data has no labels, and the algorithm tries to find structure (e.g., grouping customers by behavior).
- **Reinforcement Learning**: The algorithm learns through trial and error, receiving rewards or penalties.

# HOW ALGORITHMS WORK

**3. Training**

- The algorithm adjusts its internal parameters (like weights in a neural network) by minimizing error—this process is called **optimization**

**4. Testing/Evaluation**

- Once trained, the model is tested on new data to see how well it generalizes. Accuracy, precision, recall, and other metrics are used.

**5. Prediction/Decision Making**

- The trained algorithm can now take new inputs and make informed predictions or decisions based on what it learned.

# NOISY LABELS

WHEN INPUT DATA CONFLICTS WITH EACH OTHER IN AI LEARNING—MEANING THE DATA CONTAINS INCONSISTENCIES, CONTRADICTIONS, OR **NOISY LABELS**—IT CAN NEGATIVELY IMPACT THE TRAINING PROCESS AND MODEL PERFORMANCE IN SEVERAL WAYS

**1. Model Confusion**

The algorithm may struggle to learn consistent patterns, leading to:

- Poor accuracy or generalization.
- Overfitting to noise (memorizing inconsistencies rather than learning real patterns).

**2. Reduced Confidence in Predictions**

If conflicting examples are frequent, the model may:

- Give lower confidence scores for predictions.
- Exhibit unstable or unpredictable behavior.

**3. Slower or Faulty Convergence**

During training, conflicting data can:

- Disrupt the optimization process.
- Prevent the model from reaching a low-error state.

# NOISY LABEL EXAMPLE

- Chiropractic claim is filed to insurance company for an exam and spinal manipulation on the same day. (eg: 99213 and 98941)
  - CMS' NCCI Pair to Pair Edits state that these codes are separately payable with a proper modifier (-25 modifier on the 99213 code) https://www.cms.gov/medicare/coding-billing/ncci-medicare
  - CMS Physician Fee Schedule assigns a "zero day" global indicator to the 98941 code. The zero-day global rules state that an exam is not payable on the same day. https://www.cms.gov/medicare/physician-fee-schedule/search/overview
  - ASHN Chiropractic Policy states that re-exams are considered to be part of an episode of care, and should not be billed with a spinal manipulation unless the patient has a new condition or an exacerbation of an existing condition or reoccurrence of a previous condition that has been quiescent for more than 35 days. www.ashlink.com/ASH/WCMGenerated/CPG_278_Revision_13_-_S_tcm17-121498.pdf

# WHEN POLICIES CONFLICT

- If AI uses all three of those policies to create a claims payment algorithm, what happens?
  - Claim is denied outright
  - Claim is bundled, and only manipulation code is paid (the lower priced one)
  - Claim is then appealed by sending in medical records
  - Claim is paid on appeal 90% of the time (if the medical records are good)
- BUT who has time to appeal these?
- AND do the insurance companies really care?

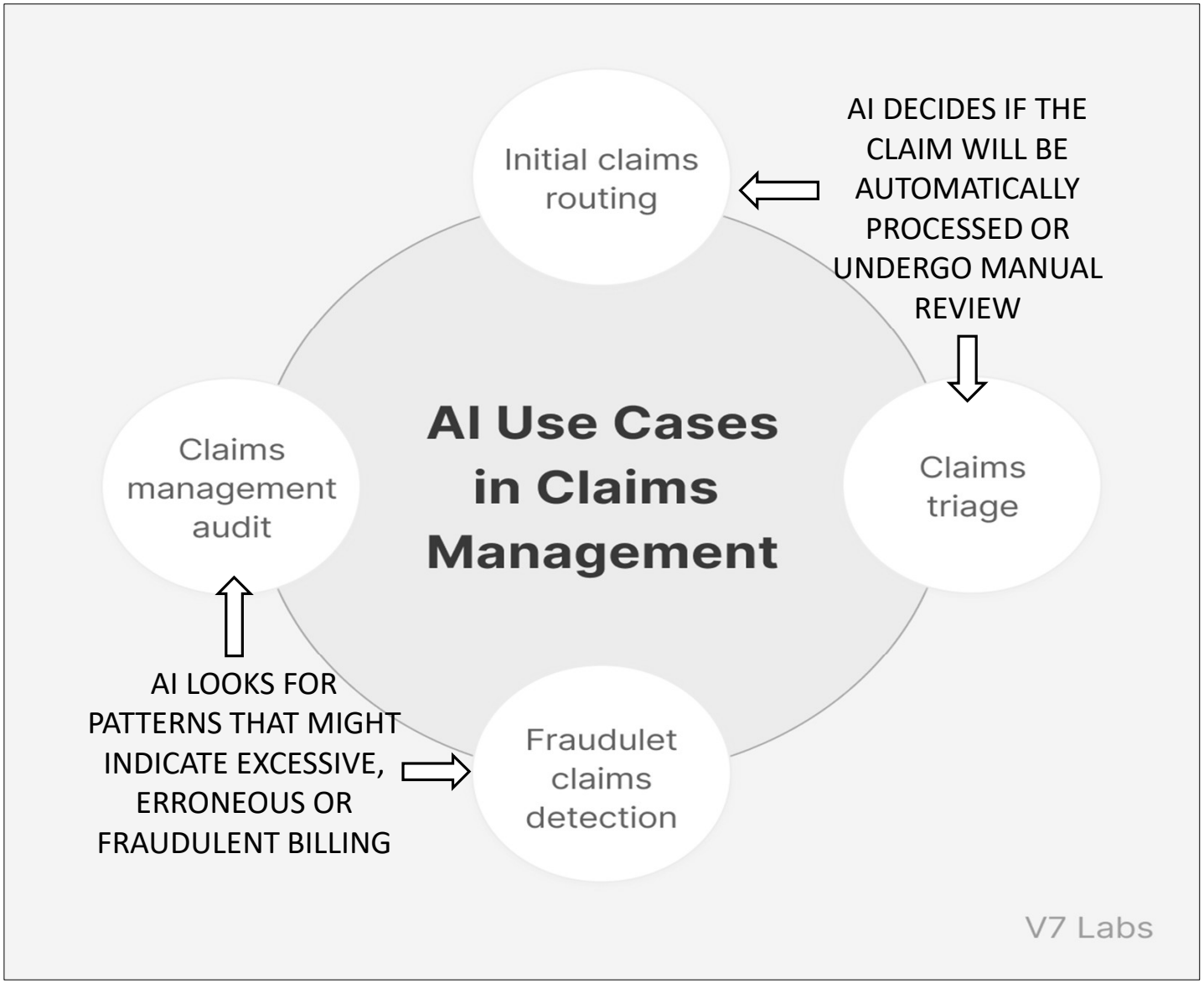
# AI IN HEALTHCARE APPLICATIONS

**Medical diagnosis**: AI algorithms can analyze large volumes of patient data, medical images, and clinical text to identify patterns, assisting with early detection and diagnosis of various medical conditions.

**Treatment planning**: AI systems can help in planning personalized treatments based on patient- specific factors, such as genomic data, medical history, and lifestyle habits.

**Medical imaging**: AI-powered tools can assist in more accurate and efficient interpretation of medical images, such as X-rays, MRIs, and CT scans, for improved diagnoses.

**Administrative tasks**: AI can improve efficiency in administrative tasks like medical coding and billing, reducing human error and streamlining revenue cycle management.


AI Use Cases in Claims Management
Initial claims routing
AI DECIDES IF THE CLAIM WILL BE AUTOMATICALLY PROCESSED OR UNDERGO MANUAL REVIEW
Claims triage
Fraudulet claims detection
AI LOOKS FOR PATTERNS THAT MIGHT INDICATE EXCESSIVE, ERRONEOUS OR FRAUDULENT BILLING
Claims management audit
V7 Labs

# Kryptonite: Beautiful and Deadly

# INSURANCE COMPANY MISUSE OF AI

**1. Automated Denials with Minimal Human Oversight**

- Health insurers have increasingly adopted AI tools to expedite prior authorization decisions. These systems often generate denials with little or no human review, leading to concerns about inappropriate or excessive denials. In some instances, AI-driven denials have been reported to be up to 16 times higher than traditional methods

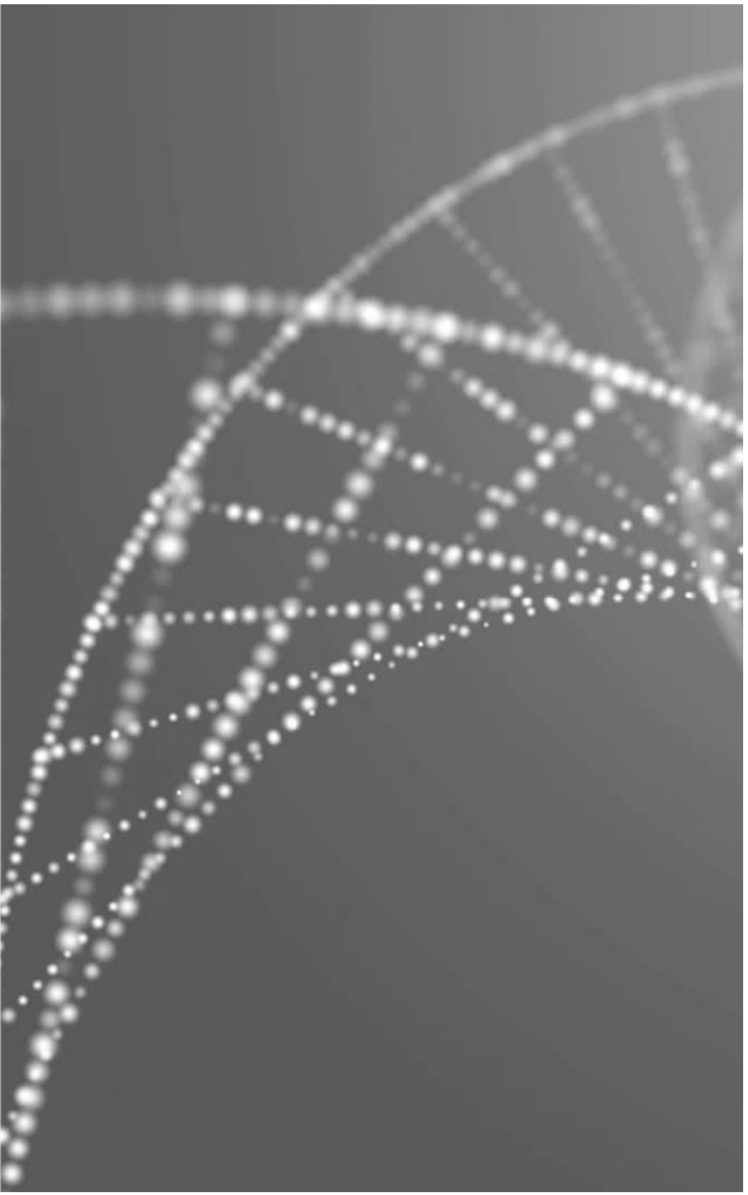
https://www.ama-assn.org/press-center/ama-press-releases/physicians-concerned-ai-increases-prior-authorization-denials

# INSURANCE COMPANY MISUSE OF AI

**2. Use of Predictive Algorithms**

- Insurers like UnitedHealthcare have implemented AI programs such as "nH Predict" to determine the necessity of post-acute care. This tool compares individual patient data with historical cases to predict care needs, sometimes overriding physicians' recommendations. A class-action lawsuit alleges that UnitedHealthcare used nH Predict to improperly deny claims, with the AI model reportedly having a 90% error rate.

https://www.dlapiper.com/en/insights/publications/ai-outlook/2025/lawsuit-over-ai-usage-by-medicare-advantage-plans-allowed-to-proceed



# INCREASES IN DENIALS AND AUDITS

AI has contributed to an increase in medical claims denials primarily due to **automated prior authorization and claims review systems** used by insurers. These systems, while designed to improve efficiency, often result in inappropriate or excessive denials for the following reasons:

**1. Over-Aggressive Automation**

- AI-driven algorithms may flag or deny claims based on patterns or anomalies without context.
- Denials may occur even when care is medically necessary but deviates slightly from “expected” norms in the training data.

**2. Opaque Criteria**

- **Proprietary algorithms** used by payers (e.g., **UnitedHealthcare**’s use of AI in Medicare Advantage plans) often lack transparency.
- Providers and patients may not know why a claim was denied, making appeals difficult.

## 3. VOLUME-BASED TRIAGE

- AI SYSTEMS RAPIDLY PROCESS VAST NUMBERS OF CLAIMS, **INCREASING THE VOLUME OF DENIALS ISSUED BEFORE HUMAN REVIEW.**
- INSURERS SOMETIMES RELY ON AUTO-DENIALS TO FILTER OUT A PORTION OF CLAIMS, EXPECTING PROVIDERS TO APPEAL ONLY SOME.

## 4. PRIOR AUTHORIZATION DENIALS

- AI IS USED TO "PREDICT" WHETHER A REQUEST FOR SERVICES IS LIKELY TO BE APPROVED OR DENIED.
- STUDIES AND INVESTIGATIONS (E.G., BY STAT NEWS AND THE NEW YORK TIMES) HAVE FOUND THAT **AI TOOLS OFTEN DENY CARE AUTOMATICALLY IN LESS THAN 2 SECONDS, EVEN FOR PREVIOUSLY COVERED SERVICES**.

## 5. DATA QUALITY AND BIAS

- POOR OR INCOMPLETE CLAIMS DATA (E.G., CODING ERRORS, EHR GAPS) CAN LEAD AI MODELS TO MAKE ERRONEOUS ASSUMPTIONS.
- MODELS TRAINED ON SKEWED DATA MAY REPLICATE SYSTEMIC BIASES, DISPROPORTIONATELY IMPACTING CERTAIN PROVIDER TYPES OR PATIENT DEMOGRAPHICS.

# EXAMPLE: HUMANA MA DENIALS

- Humana MA has traditionally offered extended benefits in many of their plans. This included 12 Chiropractic Maintenance visits/year
- Renewed MA Plans for 2026: Humana reversed their policy of covering Spinal Manipulation Maintenance Care in the majority of their extended plans.
- Claims Processing Algorithms interpreted it to mean ALL spinal Manipulation.
- On Jan 1, Humana Medicare Advantage plans began denying ALL chiropractic manipulation codes stating that Manipulation is not a covered service.
- Humana is now breaking the law, as they are mandated under CMS' Medicare Advantage rules to provide at LEAST the same coverage as Original Medicare (Medicare B).

# HUMANA'S RESPONSE

- Call Humana and explain the issue.  They will admit the error and reprocess.  But you can only call on one claim at a time.
- Send an Appeal through Availity – one appeal/DOS at a time
- Regardless of who is at fault, Humana places the burden of correction on the provider, instead of identifying these incorrectly processed claims automatically and reprocessing them correctly.
- Many of these improperly processed claims will end up as a loss to the provider after factoring the additional staff time and resources needed to appeal them.

# UHC WOES

IN 2023, **UNITED HEALTHCARE FACED SCRUTINY** FOR USING A TOOL CALLED "NH PREDICT" THAT REPORTEDLY ISSUED MEDICARE ADVANTAGE DENIALS WITHOUT PHYSICIAN REVIEW. CONGRESSIONAL AND REGULATORY BODIES BEGAN INVESTIGATING THESE PRACTICES.

Legal

**MARCH 13, 2026**

# Judge orders UnitedHealth to hand over documents in AI coverage denial case



By: **Jakob Emerson** Friday, March 13th, 2026

Share

A federal magistrate judge in Minnesota has ordered UnitedHealth Group to produce a wide range of documents in an ongoing lawsuit accusing the insurer of using an AI algorithm to wrongfully deny Medicare Advantage members post-acute care.

The March 9 order largely sided with the plaintiffs in their motion to compel discovery, granting or

Under the court's order, UnitedHealth must produce documents dating back to January 2017 on its policies and procedures for post-acute care claims, all documents analyzing or discussing nH Predict, records related to its acquisition of naviHealth in relation to post-acute care cost savings, and documents concerning government investigations into the company's use of AI in claims adjudication. The company must also produce performance evaluation and compensation records for post-acute care coordinators and medical directors, documents related to its internal AI review board and the identities of its members, and the names and contact information for medical directors and care coordinators involved in coverage denials for 300 members of the proposed nationwide class action.

The court rejected UnitedHealth's efforts to limit several of those requests, including its argument that documents predating July 2019, when nH Predict was deployed, were not relevant. The judge found that pre-2019 records could serve as circumstantial evidence, noting that a 2024 Senate investigation found that UnitedHealth's denial rate for post-acute care claims more than doubled after it began using naviHealth and nH Predict.

The court denied some requests, including demands for nH Predict's source code and underlying medical guidelines, broad financial data on UnitedHealth's business entities, all employee

## Most Read

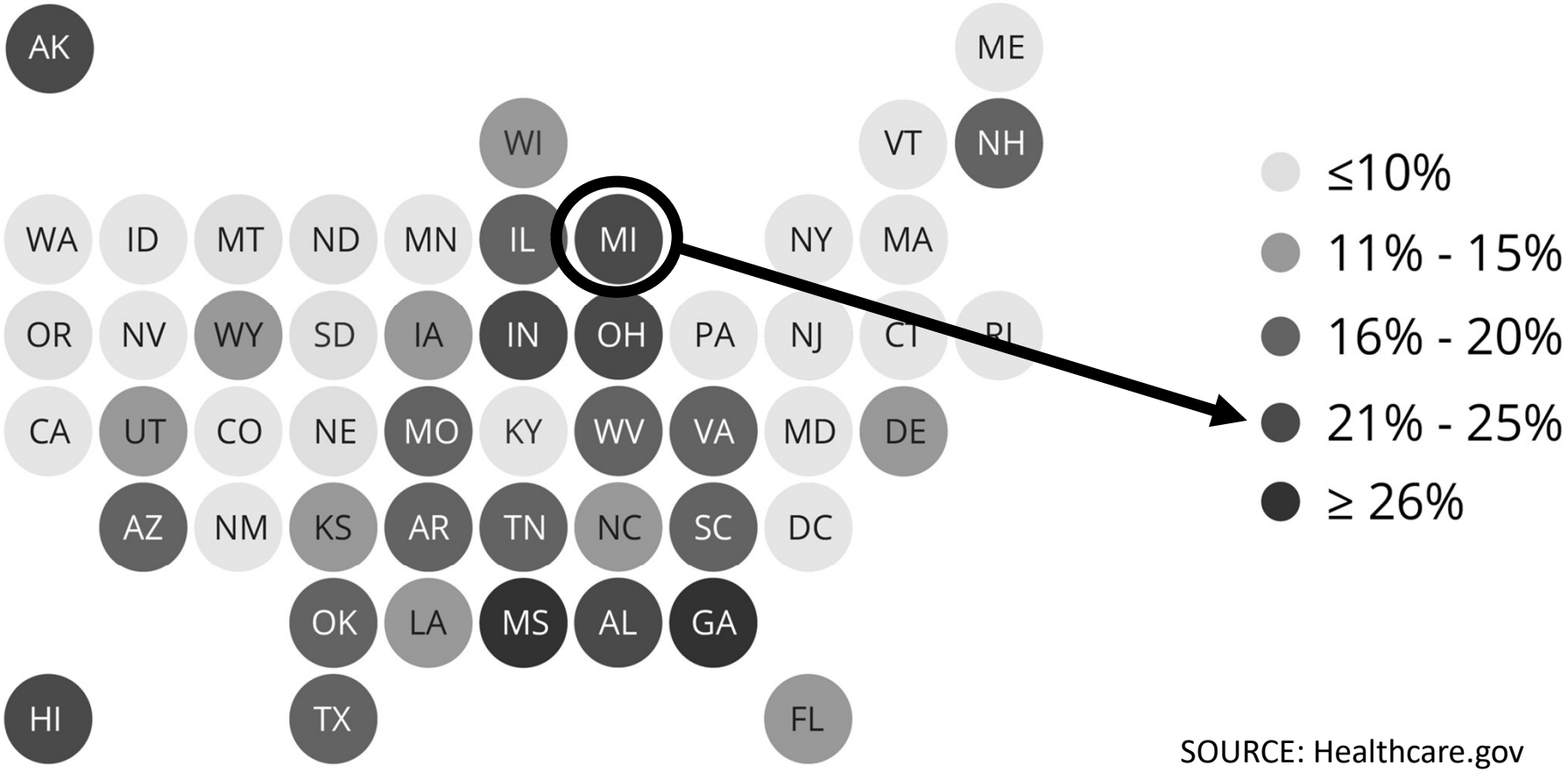
### Eli Lilly launches new form of Zepbound
By: **Erica Cerutti**
Monday, February 23rd, 2026

### Trump's State of the Union: 6 healthcare takeaways
By: **Elizabeth Casolo** and **Kristin Kuchno**
Wednesday, February 25th, 2026

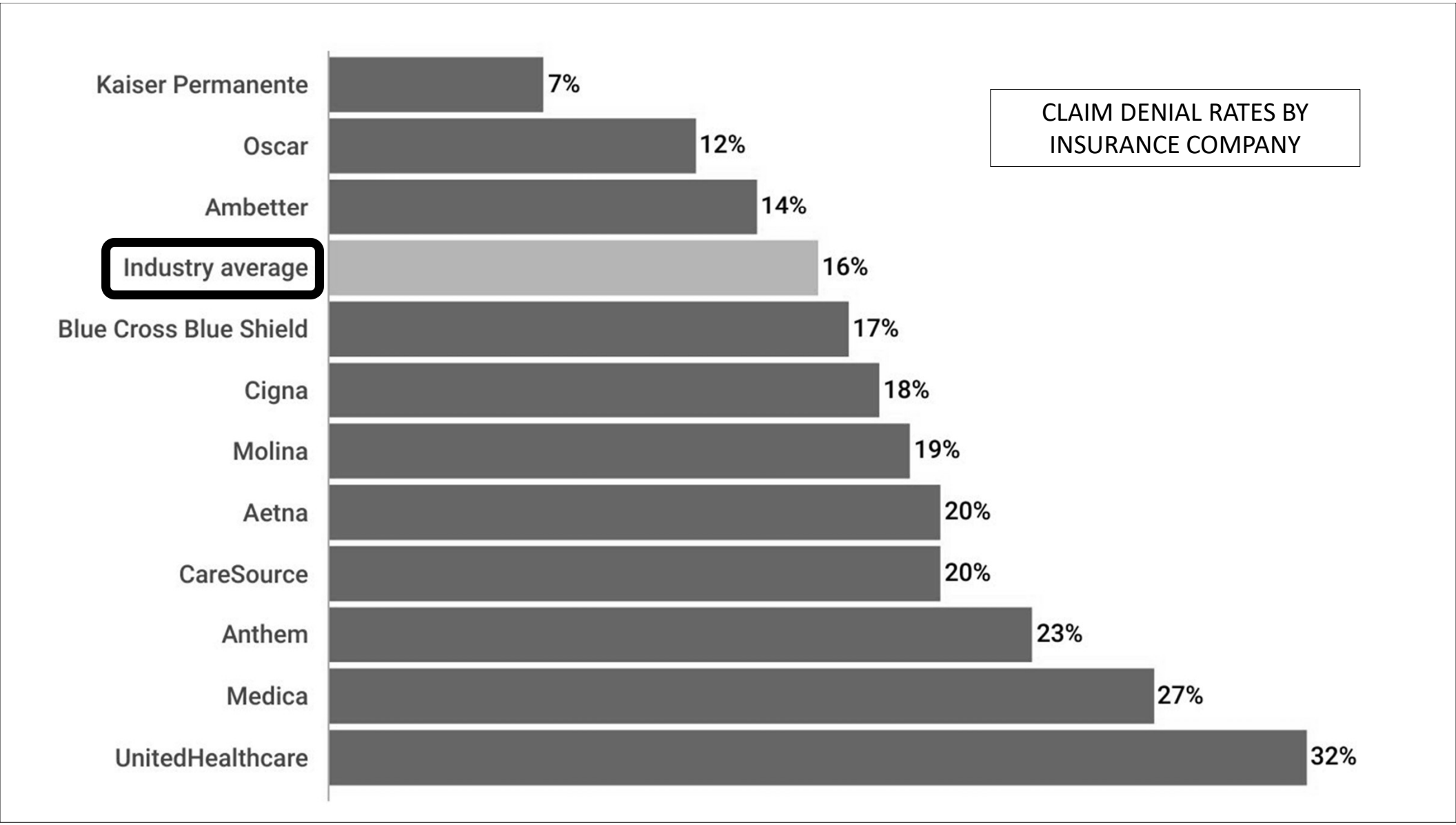
### Epic sued over claims MyChart fragments patient medical records
By: **Naomi Diaz**

# CONGRESSIONAL HEARINGS ADDRESSING MEDICARE ADVANTAGE DENIALS AND POSSIBLE ABUSES OF PRIOR-AUTHORIZATION PROCESSES *HAVE OCCURRED* (S.HRG. 118-144 TOUCHING ON INSURANCE DENIALS AND ALGORITHMIC CONCERNS)

# Average Denial Rate for In-Network Claims by HealthCare.gov Issuers, 2021




SOURCE: Healthcare.gov


CLAIM DENIAL RATES BY INSURANCE COMPANY
Kaiser Permanente
7%
Oscar
12%
Ambetter
14%
Industry average
16%
Blue Cross Blue Shield
17%
Cigna
18%
Molina
19%
Aetna
20%
CareSource
20%
Anthem
23%
Medica
27%
UnitedHealthcare
32%

# AI, OUR SUPERHERO

HOW CAN AI HELP US?

# USING AI FOR CLINIC EFFICIENCY

**ELIGIBILITY AND BENEFITS**

**CLAIMS MANAGEMENT**

**DOCUMENTATION**

**CODING**

**RESEARCH**

# AI DRIVEN ELIGIBILITY TOOLS

- Online eligibility and verification tools have become the most efficient way to check patient's benefits.
- There are numerous tools available, with some dedicated to eligibility alone, some include online submission of prior authorizations and other administrative features
- If possible, look for tools that are either included in your practice management software system, or external tools that integrate with them.
- Some payers no longer support phone verifications

# COMMON ELIGIBILITY TOOLS

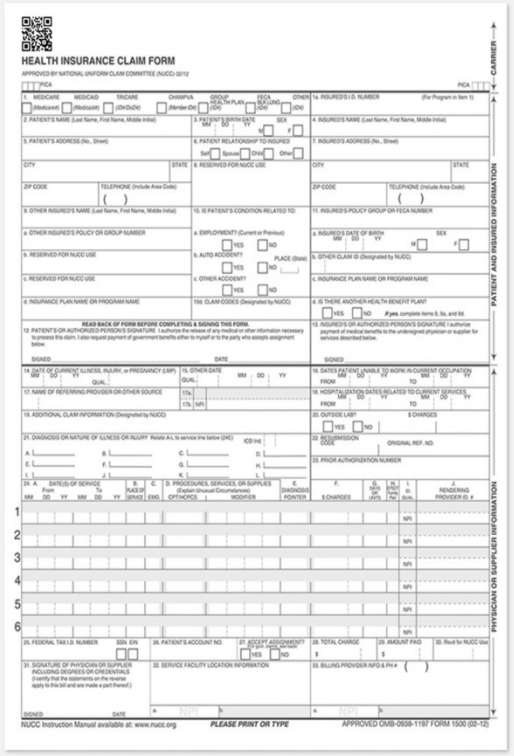
YOUR PRACTICE MANAGEMENT SOFTWARE PROGRAM

Can you run eligibility checks directly from the program? (Integrated Eligibility Services)

YOUR CLEARINGHOUSE THAT IS LINKED TO YOUR PM SOFTWARE PROGRAM: Trizetto, InfinEDI, Waystar, Availity, etc.

EXTERNAL PROGRAMS:  Availity Essentials, OneHealthPort, UHC Provider Online, etc.

# AI DRIVEN CLAIMS MANAGEMENT TOOLS



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

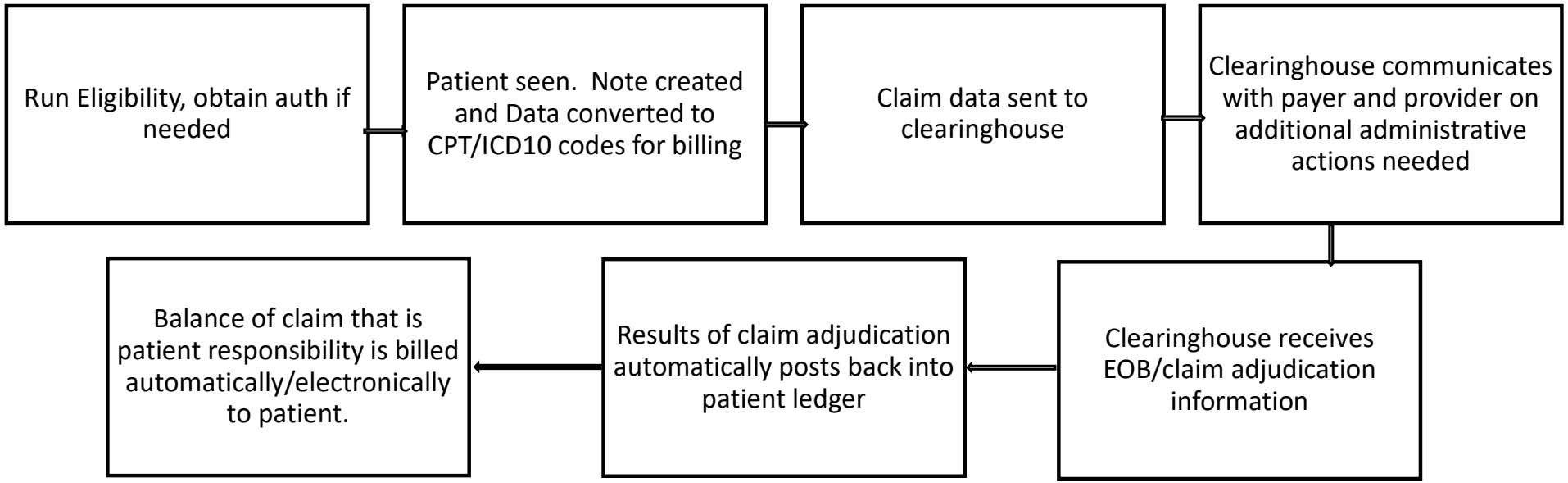
NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

- Many PM Software Programs are now fully “closed loop” integrated with an EMR.
  - Everything runs through the software, no need to go to external sources for eligibility/VOB, claims processing, payments, patient billing, etc.
  - This can save thousands of dollars/yr on staff resources, supplies (like postage and envelopes for statements), multiple subscriptions, etc.

# HOW THIS WORKS
# (ALL THESE ACTIVITIES ARE DONE IN THE SOFTWARE)



# NBCE STUDY ON CHIRORPACTIC DOCUMENTATION

**NBCE "Practice Analysis of Chiropractic 2025"**
NBCE asked chiropractors how often they **"use electronic health records for patient care."**

In the 2025 report's technology section/figure:

- **71%** reported using EHRs **daily**
- **21%** reported **never** using EHRs for patient care
- The remainder reported using EHRs **yearly/monthly/weekly** (**2% / 3% / 4%**, respectively)

SOURCE: https://www.nbce.org/practice-analysis-of-chiropractic-2025
(NBCE = National Board of Chiropractic Examiners)

# EHR Adoption: Chiropractors vs Rest of Medical Profession

| Group | % Using EHR | % Still Paper-Based |
|---|---|---|
| Hospitals | 97% | 3% |
| Medical Physicians (MD/DO) | 95%[1]<br>(83.6% report using CEHRT) | 5% |
| Chiropractors | 71% (daily) | 21% (never)<br>4% (weekly)<br>3% (monthly)<br>2% (yearly) |

[1]SOURCE: CDC NATIONAL ELECTRONIC HEALTH RECORDS SURVEY 2024
https://www.cdc.gov/nchs/nehrs/results/index.html

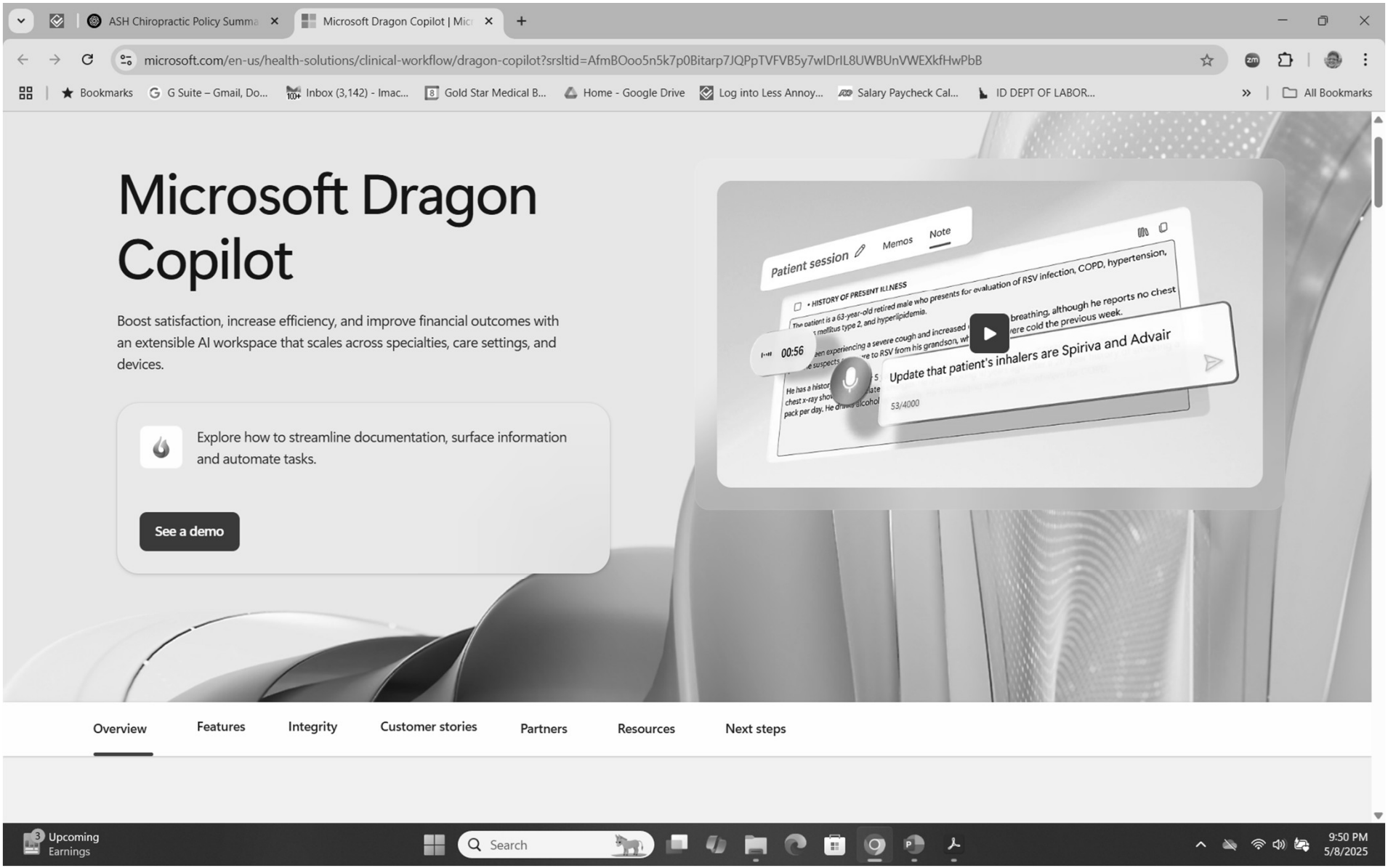
# AI DRIVEN DOCUMENTATION TOOLS

**1. Ambient Clinical Intelligence (ACI) Tools**

These tools passively "listen" during doctor-patient visits and automatically generate documentation in real-time.

**Examples:**

- **Nuance DAX (Dragon Ambient eXperience)**
  Captures patient conversations and automatically generates clinical notes that physicians can review and sign in the EHR.
- **Amazon HealthScribe**
  Uses generative AI to transcribe and summarize clinician-patient conversations for documentation support.


ASH Chiropractic Policy Summa
Microsoft Dragon Copilot | Mic
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Bookmarks
G Suite – Gmail, Do...
Inbox (3,142) - Imac...
Gold Star Medical B...
Home - Google Drive
Log into Less Annoy...
Salary Paycheck Cal...
ID DEPT OF LABOR...
All Bookmarks
Microsoft Dragon Copilot
Boost satisfaction, increase efficiency, and improve financial outcomes with an extensible AI workspace that scales across specialties, care settings, and devices.
Explore how to streamline documentation, surface information and automate tasks.
See a demo
Patient session
Memos
Note
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Update that patient's inhalers are Spiriva and Advair
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Overview
Features
Integrity
Customer stories
Partners
Resources
Next steps
Upcoming Earnings
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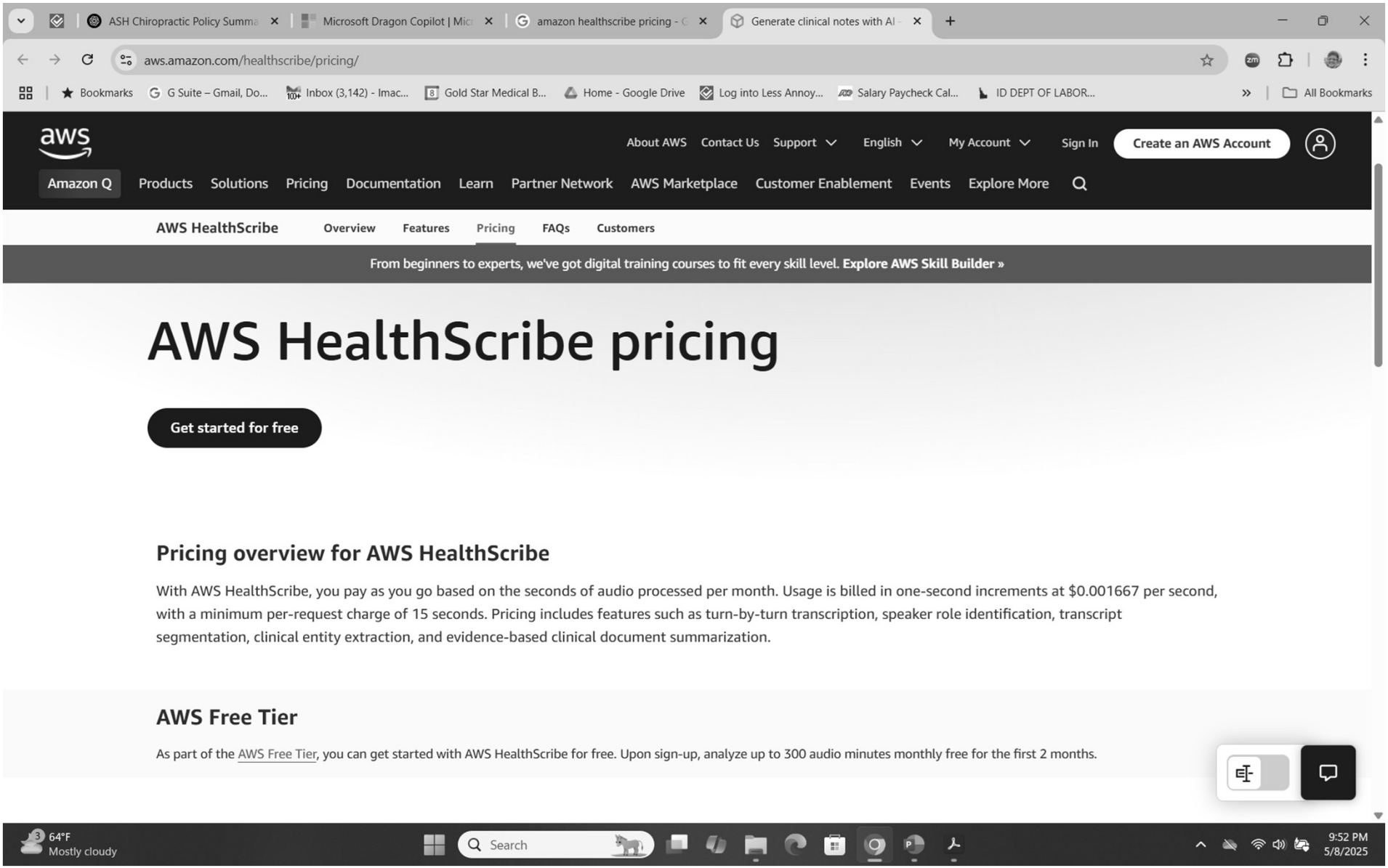
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Generate clinical notes with AI
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Gold Star Medical B...
Home - Google Drive
Log into Less Annoy...
Salary Paycheck Cal...
ID DEPT OF LABOR...
All Bookmarks
aws
About AWS
Contact Us
Support
English
My Account
Sign In
Create an AWS Account
Amazon Q
Products
Solutions
Pricing
Documentation
Learn
Partner Network
AWS Marketplace
Customer Enablement
Events
Explore More
AWS HealthScribe
Overview
Features
Pricing
FAQs
Customers
From beginners to experts, we've got digital training courses to fit every skill level. Explore AWS Skill Builder »
AWS HealthScribe pricing
Get started for free
Pricing overview for AWS HealthScribe
With AWS HealthScribe, you pay as you go based on the seconds of audio processed per month. Usage is billed in one-second increments at $0.001667 per second, with a minimum per-request charge of 15 seconds. Pricing includes features such as turn-by-turn transcription, speaker role identification, transcript segmentation, clinical entity extraction, and evidence-based clinical document summarization.
AWS Free Tier
As part of the AWS Free Tier, you can get started with AWS HealthScribe for free. Upon sign-up, analyze up to 300 audio minutes monthly free for the first 2 months.
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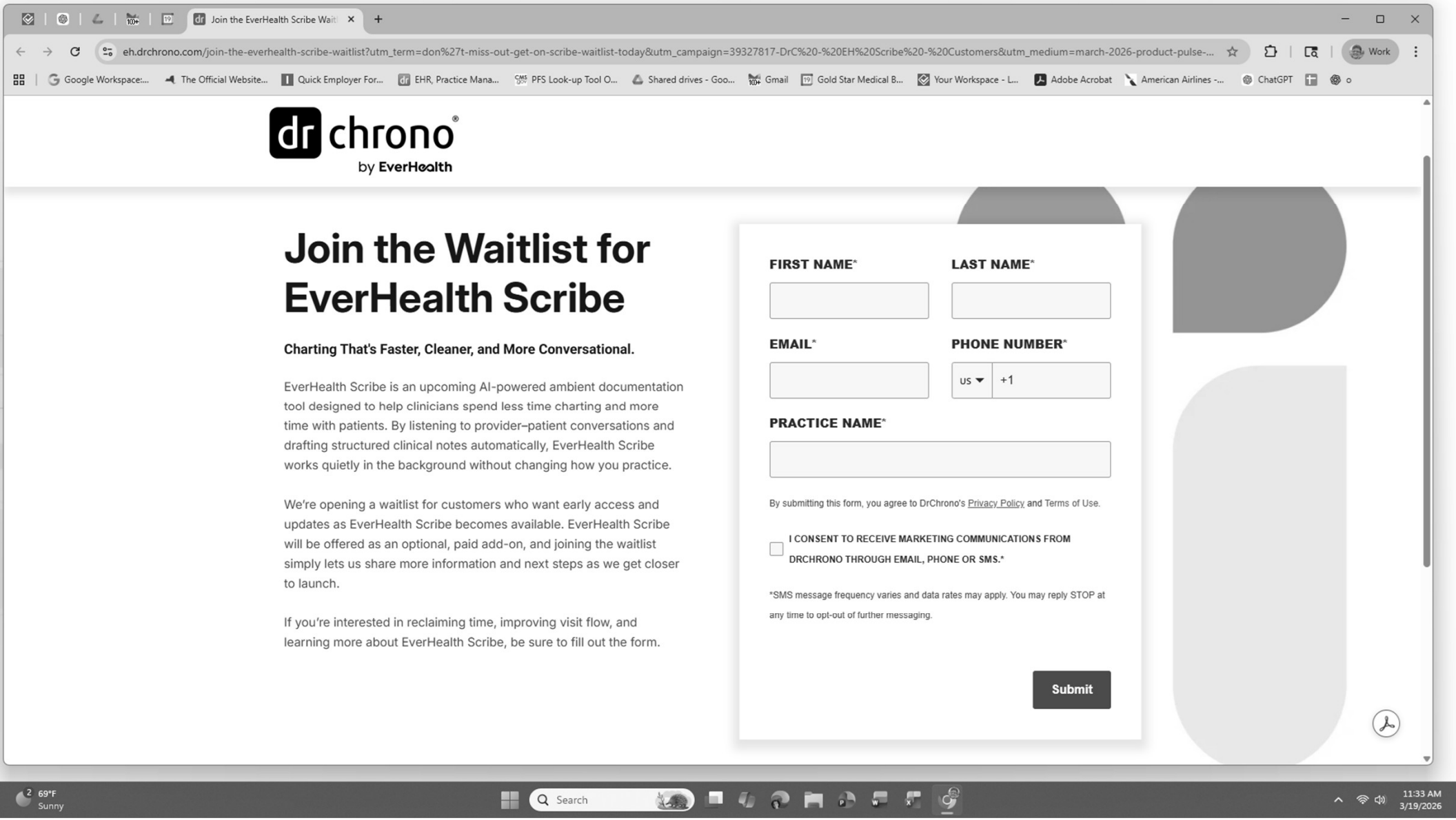
5/8/2025


Join the EverHealth Scribe Wait
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Work
Google Workspace:...
The Official Website...
Quick Employer For...
EHR, Practice Mana...
PFS Look-up Tool O...
Shared drives - Goo...
Gmail
Gold Star Medical B...
Your Workspace - L...
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ChatGPT
dr chrono
by EverHealth
Join the Waitlist for EverHealth Scribe
Charting That's Faster, Cleaner, and More Conversational.
EverHealth Scribe is an upcoming AI-powered ambient documentation tool designed to help clinicians spend less time charting and more time with patients. By listening to provider–patient conversations and drafting structured clinical notes automatically, EverHealth Scribe works quietly in the background without changing how you practice.
We're opening a waitlist for customers who want early access and updates as EverHealth Scribe becomes available. EverHealth Scribe will be offered as an optional, paid add-on, and joining the waitlist simply lets us share more information and next steps as we get closer to launch.
If you're interested in reclaiming time, improving visit flow, and learning more about EverHealth Scribe, be sure to fill out the form.
FIRST NAME*
LAST NAME*
EMAIL*
PHONE NUMBER*
US
+1
PRACTICE NAME*
By submitting this form, you agree to DrChrono's Privacy Policy and Terms of Use.
I CONSENT TO RECEIVE MARKETING COMMUNICATIONS FROM DRCHRONO THROUGH EMAIL, PHONE OR SMS.*
*SMS message frequency varies and data rates may apply. You may reply STOP at any time to opt-out of further messaging.
Submit
69°F
Sunny
Search
11:33 AM
3/19/2026

# AI DRIVEN DOCUMENTATION TOOLS

**2. AI-POWERED SCRIBES**

VIRTUAL SCRIBES ASSISTED BY AI CONVERT AUDIO OR WRITTEN NOTES INTO STRUCTURED EHR ENTRIES.

**EXAMPLES:**

**RHEO: CHIRO TOUCH AI DOCUMENTATION TOOL**

CT AI Assistant for Chiropractor

chirotouch.com/product/ai-assistant?utm_campaign=19400485-CHT_Launch-Rheo-AI-Assistant_25&utm_source=ppc&utm_medium=googleads&utm_content=branded-search&utm_source=google&utm_medium=cpc&utm_campa...

Work

Google Workspace:... | Quick Employer For... | EHR, Practice Mana... | PFS Look-up Tool O... | Shared drives - Goo... | Gmail | Gold Star Medical B... | Your Workspace - L... | Adobe Acrobat | American Airlines -... | ChatGPT



AI ASSISTANT FOR CHIROPRACTORS: RHEO

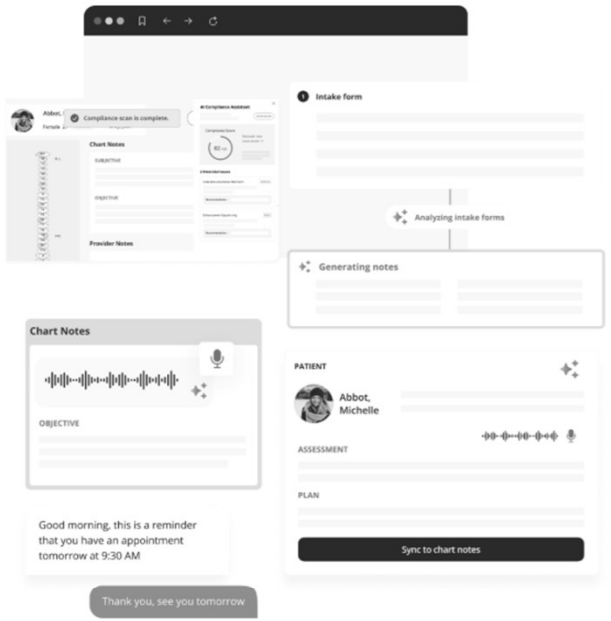
# Meet Rheo: AI redefined for chiropractors

Rheo is your AI powered chiropractic assistant built directly into ChiroTouch. From smart patient intake to automated SOAP notes, real time compliance checks, and chart summaries, Rheo simplifies your day, saves hours each week, and reduces documentation fatigue, all within the **complete solution trusted by over 12,500 practices**.

- **AI that works like you** — Rheo adapts to your workflow for a seamless experience that keeps you efficient and in sync.
- **A trusted partner in care** — From intake, to SOAP note, to compliance checks, Rheo removes admin burden at every stage of the patient journey so you can focus on care.
- **Built into your EHR** — No add-ons or extra logins. Rheo is built into your ChiroTouch software so it's always there working beside you.

Book a demo

Say hello to Rheo




48°F Mostly cloudy

Search

3:38 PM 1/27/2026

# EXTERNAL TOOLS AND AIDS

# CODING ASSISTANCE

**AAPC'S CODIFY TOOL**

- AAPC's **Codify** platform integrates **AI-assisted tools** to help providers, coders, and compliance professionals navigate complex medical coding rules more accurately and efficiently. While Codify is not marketed as a fully autonomous AI engine, it uses **AI and machine learning elements** to support **coding compliance**

**https://aapc.com**


# CODIFY

**AAPC'S CODIFY TOOL**

**1. Code Search Optimization**

Codify uses **natural language processing (NLP)** to allow users to search by symptoms, procedures, or terms—not just codes. AI-driven algorithms analyze user input and context to suggest the most relevant:

- **CPT®, HCPCS, and ICD-10-CM** codes
- Modifiers
- LCD/NCD applicability

# CODIFY

**2. LCD/NCD Policy Integration**

Codify links local and national coverage determinations to specific codes using AI to match regional MAC rules. It alerts users to:

- When documentation must meet specific criteria
- Medical necessity requirements
- Region-specific coverage differences
- Helps prevent claim denials by guiding coders to meet payer expectations.

# CODIFY

**3. Audit and Documentation Tools**

Codify's AI features support:

- Audit prep by flagging **high-risk codes** or inconsistent usage patterns
- Compliance reports for internal review
- Suggestions for **improved documentation language** to support complex or high-level codes

# CPT CODING TOOLS QUICK COMPARISON

| Tool | Best Use Case | Depth | Compliance Tools | Cost |
|---|---|---|---|---|
| Codify (AAPC) | Daily coding + billing | ★★★★★ | ★★★★★ | $$ |
| Find-A-Code | Research + policy validation | ★★★★★ | ★★★★★ | $$ |
| AMA CPT Assistant | Appeals + definitive guidance | ★★★★ | ★★★★ | $$ |
| Optum EncoderPro | Enterprise coding/ auditing | ★★★★★ | ★★★★★ | $$$ |
| CMS Tools | Medicare validation | ★★★ | ★★★ | Free |

# AI AS A RESEARCH TOOL

AI is being used extensively for all kinds of research. There are free "open source" AI programs that allow you to ask questions or make queries about a certain topic. AI Intelligence will scour multiple sources for the best answer and usually provide you with the resource source document if needed.

# POPULAR AI DRIVEN RESEARCH TOOLS

| Platform | Best For | Output Style | Website |
|---|---|---|---|
| ChatGPT (OpenAI) | Conversational research on all topics | Conversational, contextual explanations | https://chat.openai.com |
| Perplexity AI | General research, academic citations | Conversational with citations | https://www.perplexity.ai |
| You.com | Tech, science, consumer products | Web-style snippets + AI summaries | https://www.you.com |
| Claude (Anthropic) | Ethics, law, general summaries | Clear, cautious explanations | https://claude.ai |
| Elicit | Evidence-based literature reviews | Bullet points and key findings | https://elicit.org |
| Consensus | Scientific consensus summaries | Consensus-level statements | https://consensus.app |
| SciSummary | Simplified scientific paper summaries | Plain-language scientific summaries | https://scisummary.com |

# ESTIMATED ERROR RANGES BY TASK TYPE (LLMS LIKE CHATGPT)

| Task Type | Estimated Error Rate |
|---|---|
| General factual recall | ~5–20% |
| Math & logic problems | ~20–40% |
| Code generation & reasoning | ~15–50% |
| Domain-specific (medical/legal/coding) | ~30–60%+ |

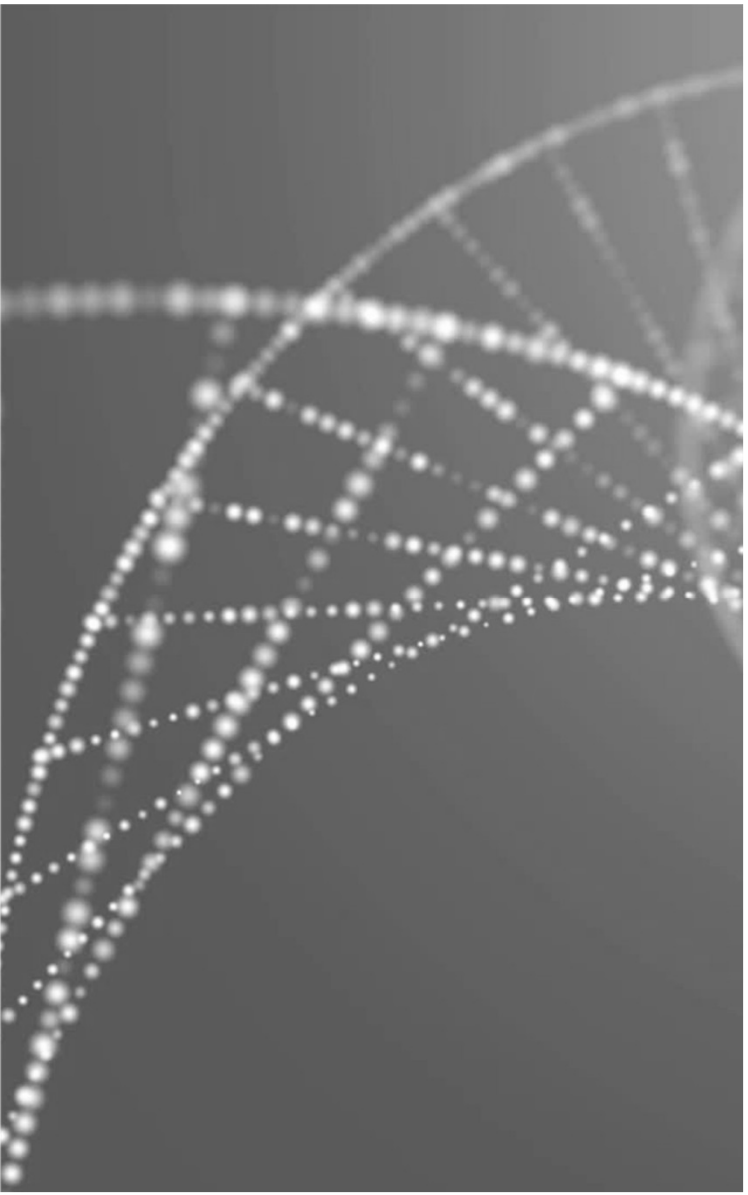
SOURCE: Chat GPT (LLM= Large Language Model)

# COMMON TYPES OF CHATGPT MISTAKES

- **Hallucinations/fabricated facts** – Generates information that sounds plausible but is factually incorrect or made up.
- **Calculation and arithmetic errors** – Produces incorrect math results, unit conversions, or numeric reasoning.
- **Reasoning and logic mistakes** – Draws faulty conclusions due to incorrect assumptions or broken multi-step logic.
- **Outdated or missing context** – Uses incomplete or old information because it lacks real-time awareness or key details.

# THE “WILD WEST” OF AI

HOW IS AI HURTING US?



# LEGAL/ETHICS ISSUES

**1. Lack of Transparency and Accountability**

- The proprietary nature of these AI algorithms often results in opaque decision-making processes. Patients and providers may not understand the rationale behind denials, making appeals challenging. For example, Cigna faced scrutiny for using an algorithm that denied over 300,000 claims in two months, averaging a decision every 1.2 seconds .

https://www.theguardian.com/us-news/2025/jan/25/health-insurers-ai

# LEGAL/ETHICS ISSUES

## 2. Regulatory and Legal Challenges

- The surge in AI-driven denials has prompted legal actions and regulatory scrutiny. Multiple lawsuits have been filed against major insurers, including UnitedHealthcare, Humana, and Cigna, alleging misuse of AI to deny necessary care . Additionally, states are considering legislation to limit AI's role in medical claim decisions .

https://www.darkdaily.com/2025/04/23/states-pursue-legislation-limiting-ais-growing-role-in-payer-prior-authorization-denials-and-claims-processing

# LEGAL/ETHICS ISSUES

**3. Physician and Patient Concerns**

- A significant number of physicians express concern over AI's role in increasing prior authorization denials. A survey by the American Medical Association found that 61% of doctors worry that insurers' use of AI will lead to more denials of pre-approval for treatments, placing patients in danger of not receiving the critical care they need.

https://www.chiefhealthcareexecutive.com/view/most-doctors-fear-insurers-using-ai-to-deny-coverage

# HOW MICHIGAN IS RESPONDING TO AI USE IN VARIOUS SETTINGS

- Governments, including the State of Michigan, are starting to think about how they might deploy AI to carry out its functions. As part of the State of Michigan's FY2025 budget, $10 million was appropriated to explore "strategy, platforms, and tools for the integration of artificial intelligence and develop[ment of] pilot projects that capitalize on the potential of this new generative technology to transform the provision of government service." While this is a worthwhile step, it only covers one part of the government's role in the emerging AI landscape.

Source: https://crcmich.org/putting-the-use-of-ai-in-health-care-on-policymakers-radar

# MICHIGAN PROPOSED LAWS AND RULEMAKING

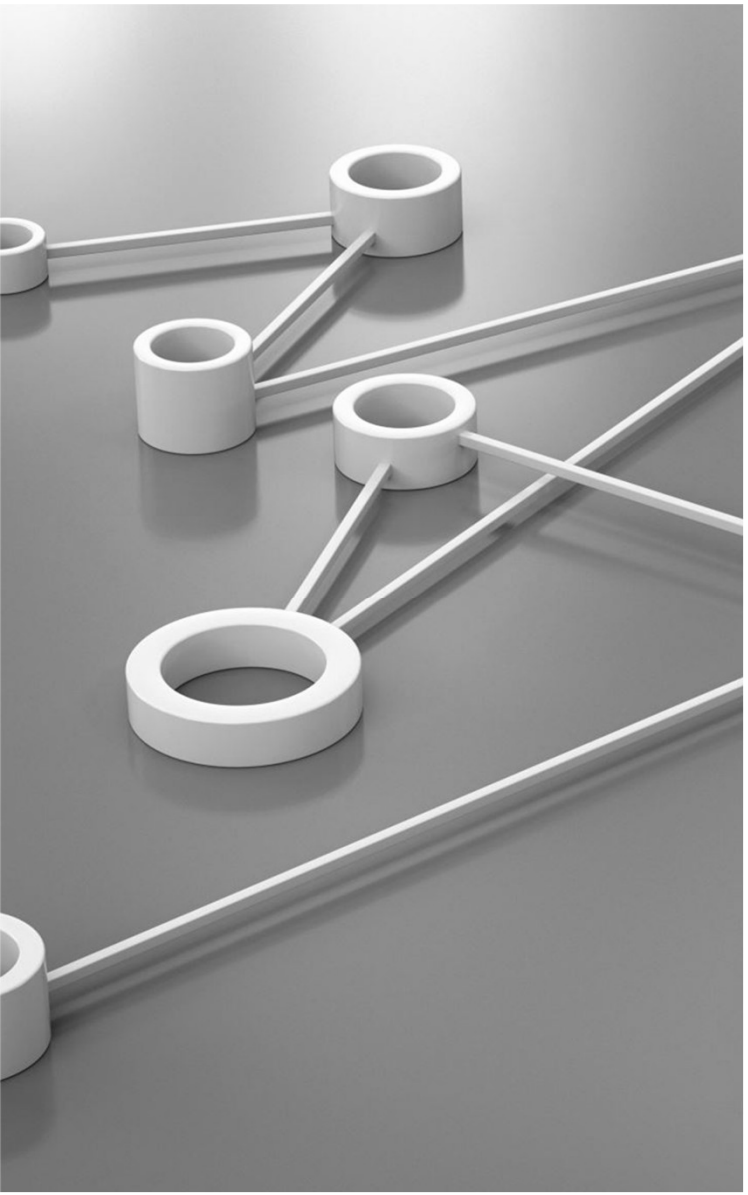
- House Bills 4536 and 4537 of 2025
- Relating to health insurers; medical service providers, use of artificial intelligence tools to make decisions regarding claims; prohibit. Amends 1956 PA 218 (MCL 500.100 - 500.8302
- **SUMMARY: A law that would prohibit providers and insurance companies to make claims decisions solely through the use of AI algorithms.**
- Both Bills Referred to the Committee on Communications and Technology March 19, 2026

# DATA PRIVACY ISSUES

- AI can put **patient data privacy at risk** in several ways, particularly when used in healthcare settings without strong safeguards. Here are the main risks:

**1. Inadequate De-identification**

- AI models, especially those trained on medical records, may inadvertently retain or reconstruct identifiable patient data.
- Example: Generative models trained on EHR data might "hallucinate" real names or dates.



# DATA PRIVACY ISSUES

**2. Data Leakage in Model Training**

- If patient data is used to train AI models without proper controls, **confidential information could be memorized** and unintentionally disclosed in responses.
- Risk increases with large language models and deep learning systems.

**3. Unauthorized Access or Sharing**

- AI systems often aggregate data from multiple sources. If not encrypted and access-controlled, these aggregations can be vulnerable to breaches or insider misuse.

# DATA PRIVACY ISSUES

**4. Insecure APIs and Integrations**

- AI tools integrated into EMRs, apps, or devices may expose **sensitive health data via poorly secured APIs**.
- Example: Third-party vendors might receive more data than necessary for their function.

**5. Inference and Re-identification**

- AI can **infer sensitive information** (e.g., mental health status, pregnancy) from non-sensitive data (like wearables or prescription history).
- Sophisticated AI can also **re-identify individuals** from anonymized datasets using cross-matching.

# DATA PRIVACY ISSUES

**6. Non-Compliance with Privacy Laws**

- Tools that handle PHI (Protected Health Information) must follow **HIPAA** in the U.S. or **GDPR** in the EU.
- Many AI startups and consumer health apps are **not HIPAA-covered entities**, even though they process sensitive data.

**7. Lack of Patient Consent**

- AI systems may use data in ways **not covered by patient consent forms**, especially for secondary uses like training or marketing.

# CONSENT TO RECORD ENCOUNTER

**Under Michigan law** (**Michigan Compiled Laws § 750.539c**):
It is **legal to record a conversation if at least one party consents**
•**Only one party to the conversation must consent** to the recording.
•That means:

- You can legally record a conversation **if you are a participant**.
- You do **not** need to tell the other person(s).

•However:

- You **cannot** record conversations you are **not part of** (e.g., wiretapping others).

👉 This aligns with federal law under 18 U.S.C. § 2511, which is also one-party consent.

# EXPECTATION OF PRIVACY

In a healthcare setting, **“expectation of privacy” is at its highest level**, especially inside a treatment room.

A medical treatment room is considered a **confidential environment** because:

- Conversations involve **protected health information (PHI)**
- Patients reasonably expect **confidentiality and discretion**
- Providers are legally bound by privacy laws like HIPAA

Legally, this creates a **“reasonable expectation of privacy”** for both parties. Federal law (HIPAA) Applies

# MICHIGAN DATA PRIVACY LAWS

- **Public Health Code – Confidentiality of Medical Records**
- **Michigan Public Health Code § 333.26263**
- Requires healthcare providers to **keep patient records confidential**
- Limits disclosure without patient authorization (with exceptions)
- 👉 Practical effect:
- Reinforces HIPAA at the state level
- Used in **state enforcement and civil liability**

# WHEN AI IS THE FOE, HOW DO WE FIGHT IT?

# INSURANCE COMPANY MISUSE OF AI

## 1. Automated Denials with Minimal Human Oversight

Health insurers have increasingly adopted AI tools to expedite prior authorization decisions. These systems often generate denials with little or no human review, leading to concerns about inappropriate or excessive denials. In some instances, AI-driven denials have been reported to be up to 16 times higher than traditional method

- **Don't assume a denial is "righteous". Human eyes still need to review all denials for accuracy**
- **If denial is caused by faulty or inconsistent rules, INSIST on getting the source of the rule(s) used for the denial**
- **Appeal, appeal, appeal!**

# INSURANCE COMPANY MISUSE OF AI

## 2. Use of Predictive Algorithms

Insurers like UnitedHealthcare have implemented AI programs such as "nH Predict" to determine the necessity of post-acute care. This tool compares individual patient data with historical cases to predict care needs, sometimes overriding physicians' recommendations. A class-action lawsuit alleges that UnitedHealthcare used nH Predict to improperly deny claims, with the AI model reportedly having a 90% error rate.

- **Find out the source of the predictive algorithm (where are you getting this information from??)**
- **Check with your own clearinghouse for data that can refute the Algorithm**
  - **Example: InfinEDI's reimbursement dashboard**

# LEGAL/ETHICS ISSUES

## 1. Lack of Transparency and Accountability

The proprietary nature of these AI algorithms often results in opaque decision-making processes. Patients and providers may not understand the rationale behind denials, making appeals challenging

- **Providers have a right to know if a denial came from an actual person or an automated system. Appeal denial by insisting on the source of the rationale**
- **Make sure Peer-to-Peer reviews are actually based on a live review from a licensed DC, not compiled data from other PTP reviews.**

# LEGAL/ETHICS ISSUES

## 2. Regulatory and Legal Challenges

The surge in AI-driven denials has prompted legal actions and regulatory scrutiny. Multiple lawsuits have been filed against major insurers, including UnitedHealthcare, Humana, and Cigna, alleging misuse of AI to deny necessary care . Additionally, states are considering legislation to limit AI's role in medical claim decisions.

- **Ask your lobbyists to keep your Association apprised of legal/ regulatory issues in your state that could negatively impact you. Go to your legislative days and talk to your congressmen!**
- **Check with national organizations such as Chiro Congress for updates on class action lawsuits. If you qualify, join the suit**

# LEGAL/ETHICS ISSUES

## 3. Physician and Patient Concerns

A significant number of physicians express concern over AI's role in increasing prior authorization denials. A survey by the American Medical Association found that 61% of doctors worry that insurers' use of AI will lead to more denials of pre-approval for treatments, placing patients in danger of not receiving the critical care they need.

- **Keep patients apprised of the impact PA's are having on their quality of care. Give them the contact information to their insurance company's grievance department.**
- **For Employer Sponsored Commercial Plans, notify the employer of the issues and challenges you're having. Your patient should join you in this conversation.**

# HIPAA CHECKLIST FOR DATA PRIVACY AND SECURITY ISSUES

**1. Security Safeguards**

- Encrypt PHI **in transit** and **at rest**
- Use **role-based access controls**
- Implement **automatic logoff** and session timeouts
- Maintain **audit trails** of data access and modifications
- Conduct **regular vulnerability scans** and penetration testing

# HIPAA CHECKLIST FOR DATA PRIVACY AND SECURITY ISSUES

**2. Privacy Requirements**

- Ensure use of PHI is **minimally necessary**
- Obtain **valid patient consent or authorization** if required
- De-identify data when possible (according to OCR REGULATION §164.514(b))
- Disclose how data will be used, including AI training or secondary analysis

# HIPAA CHECKLIST FOR DATA PRIVACY AND SECURITY ISSUES

**3. Business Associate Agreements (BAAs)**

- Execute BAAs with **any third-party AI vendors** who handle PHI
- Ensure BAA covers:
  - Safeguards and breach reporting
  - Permissible uses and disclosures
  - Subcontractor requirements

# HIPAA CHECKLIST FOR DATA PRIVACY AND SECURITY ISSUES

**4. Administrative Safeguards**

- Appoint a **HIPAA Security & Privacy Officer**
- Conduct annual **HIPAA training** for staff and developers
- Perform a **HIPAA risk assessment** on AI systems
- Maintain **incident response plans** for AI-related breaches

# SOURCE LIST

These sources form the legal and practical foundation for HIPAA compliance and are widely referenced in healthcare compliance programs, legal reviews, and third-party risk management related to AI and data handling

**1. HIPAA Privacy Rule**:
https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C/part-164

**2. HIPAA Security Rule Guidance** (HHS.gov):
https://www.hhs.gov/hipaa/for-professionals/security/guidance/index.html

**3. De-identification Guidelines**:
https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html

**4. Business Associate Agreement Guidance**:
https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html

**5. NIST Guidelines on HIPAA Security Rule Implementation** (SP 800-66 Rev.1):
https://csrc.nist.gov/publications/detail/sp/800-66/rev-1/final

QUESTIONS?

THANK YOU!

CONCERNS?

NEED HANDOUTS?

NEED FORMS?

NEED ADVICE?

NEED HELP?

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TRAINING
CREDENTIALING
CONSULTING
COMPLIANCE

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