

OmniMD Introduces AI Medical Biller and AI Medical Coder to Address Mounting Revenue Cycle Crisis in U.S. Healthcare

New AI platforms help providers identify denial risks, coding gaps, and revenue leakage before claim submission

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OmniMD, a health information technology company that has served more than 12,000 medical professionals across 20-plus specialties since 2002, today announced the commercial availability of two purpose-built artificial intelligence platforms: AI Medical Biller and AI Medical Coder. Both products are immediately accessible via a 3-Day Free Trial, enabling provider organizations to evaluate each system against their own live claim history before commitment.



The launch arrives at a moment of measurable financial distress across U.S. provider organizations. According to a 2026 analysis by Kodiak Solutions, insurers denied clinical claims at rates that produced a 25 percent increase in net revenue leakage at hospitals compared to the prior year, with total losses across 2,300 analyzed facilities exceeding \$48 billion, up from \$38.6 billion in 2024.

A parallel analysis of real-world data from more than 1.2 million providers conducted by MDAudit found a 30 percent year-over-year increase in total at-risk audit amounts per customer through the first three quarters of 2025, with outpatient coding denials rising 26 percent from the prior year. Coding errors were identified as the leading documented trigger for external payer audits, cited in 25 percent of audit requests.

The structural roots of this problem are well documented. ICD-10-CM contains more than 70,000 diagnosis codes; CPT encompasses more than 10,000 procedure codes. Manual coding at the specificity required for maximum defensible reimbursement is cognitively demanding, time-



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intensive, and sensitive to documentation variability.

Simultaneously, approximately half of U.S. provider organizations continue to review claims manually, according to Experian Health's 2025 State of Claims report, even as initial denial rates climbed to 11.8 percent in 2024, up from 10.2 percent in earlier years.

[OmniMD's AI Medical Biller](#) applies natural language processing to unstructured physician notes, operative

reports, and discharge summaries, extracting diagnosis and procedure codes across the full ICD-10 and CPT nomenclature. The system scores each coding selection against payer-specific denial patterns prior to submission, creating an auditor-ready log for each coded encounter. Real-time updates to coding guidelines are incorporated automatically, eliminating the lag between regulatory change and clinical documentation workflow. The platform is designed to scale to volume surges, new service lines, mergers, or seasonal fluctuations, without a corresponding increase in staffing overhead.

[OmniMD's AI Medical Biller](#) applies machine learning to a practice's historical claim data, identifying denial patterns, missed codes, and uncaptured revenue specific to the organization's payer mix and specialty profile. The system generates pre-submission risk scores for each claim, flags documentation gaps, and routes exception cases to human billers for resolution rather than passing errors forward to payers. OmniMD notes that the design intent is reallocation of biller effort, from routine claim entry to payer disputes, appeals, and provider education, rather than displacement of billing staff.

Both products integrate with OmniMD's existing [ONC-certified Electronic Health Record](#), Practice Management, and Revenue Cycle Management infrastructure. They are also accessible as standalone platforms for organizations operating different core systems.

The 3-Day Free Trial is structured as a working proof of concept. OmniMD runs each prospective customer's actual claim history through AI Medical Biller to surface denial patterns and revenue leakage specific to that organization's payer mix before any commercial agreement is signed.

"Revenue cycle dysfunction is not a technology problem that will be solved by general-purpose automation," said Divan Dave, Chairman and CEO of OmniMD. "Coding accuracy and denial prevention require models trained on healthcare billing data, the specific patterns of which payers deny which codes under which documentation conditions. That specificity is what we have built over more than two decades in this space, and it is what these platforms apply."

OmniMD's AI product portfolio now spans clinical documentation (AI Medical Scribe), front-office operations (AI Front Desk), clinical decision support (AI Clinician), and the revenue cycle tools

announced today. The company serves more than 20 specialties, including cardiology, behavioral health, orthopedics, and urgent care, with specialty-specific training datasets informing each product's accuracy calibration.

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OmniMD is a healthcare technology company headquartered in Hawthorne, New York, providing integrated EHR, practice management, revenue cycle management, and AI-powered clinical and administrative solutions to more than 12,000 medical professionals across the United States. Founded in 2002, the company offers more than 18 configurable products across 20-plus specialty areas and is ONC-certified for its electronic health record platform.

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