

Building a high-performance coding foundation at Axia Women's Health

Delivering \$12M in annual impact

Client overview

Axia Women's Health is a leading U.S. women's healthcare provider with over 450 clinicians operating across New Jersey, Pennsylvania, Indiana, and Kentucky. This fast-growing network delivers comprehensive care at OB/GYN practices, breast health centers, high-risk pregnancy units, laboratories, urogynecology services, and fertility centers.

Partnership context

As Axia Women's Health scaled its multi-site network, leadership focused on delivering consistent, high-quality patient care while giving clinicians and care teams more time to spend with patients and less time on administrative tasks.

However, fragmented coding operations split between internal teams and external partners created variability in accuracy and charge capture, making consistency at scale difficult.

When Axia reviewed performance data across the network, care centers supported by IKS Health consistently achieved coding accuracy above 96%, stronger charge capture, and better downstream revenue performance. Sites also experienced lower denial rates and fewer days in accounts receivable (A/R), suggesting that more consistent coding practices contributed to cleaner claims and improved financial workflows.

Based on this positive discovery, Axia expanded the partnership to 100% from 60% of their coding volume to drive consistency, compliance, and sustainable growth across the organization. The expansion strengthened Axia's financial resilience and reduced the operational burdens on their clinical teams.

Axia expanded their partnership with IKS Health to manage **100% of coding volume, up from 60%.**

A collaborative path forward

IKS Health coders worked as an extension of Axia's clinical and billing teams, validating clinician-entered CPT codes against supporting documentation to help ensure claims accurately reflected the level of care delivered. Regular chart reviews were used to identify opportunities to strengthen accuracy and support appropriate reimbursement, including:

- Aligning evaluation and management (E/M) levels with supporting documentation
- Identifying and coding potentially missed billable services
- Removing unsupported codes to strengthen compliance and audit readiness

In close partnership with Axia's leadership, IKS Health co-built an operational coding foundation, advising on performance benchmarks, standardizing processes, and delivering consistent quality across sites. By reducing rework, denials, and administrative friction, the model helped restore time, focus, and confidence for clinical and operational teams alike.

Results and impact

With coding fully entrusted to IKS Health across 100% of their volume, Axia's clinical teams could focus more on patient care. The partnership delivered measurable improvements in coding accuracy, charge capture, and overall RCM performance, exceeding industry baselines.

\$12M

Projected annual cash upside

~10%

Increase in charges and CPTs per visit

\$12.7M → \$14.3M

\$1.6M increase in monthly collections

8.6% → 5.5%

36% reduction in total denial rate

3.8% → 2.4%

37% reduction in total coding-specific denials

40 → 38.7 days

Days in A/R (DSO) improved by 1.3 days



By taking on our most complex coding challenges, IKS Health created more time in our care center team's schedules to truly focus on what matters – patient care. The financial results speak for themselves: improved charge accuracy, reduced denials, and \$12M in projected cash upside. But what matters most is that our clinicians can now practice at the top of their license, unburdened by administrative complexity.

— Michael Petit
Chief Financial Officer
Axia Women's Health

To learn more about IKS Health coding solutions, contact us at info@ikshealth.com or visit [IKSHealth.com](https://www.IKSHealth.com).

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