



The intelligence layer for healthcare providers

Fragmented clinical records make accurate coding, billing processes and revenue optimization difficult to scale.
Novo turns each clinical episode into structured intelligence for reimbursement and revenue decisions.

1. ACCELERATE PAYMENTS

Reconstruct before submission

- Generate ICD-10 / CPT-4 / DRG codes on completion.
- Check documentation and billing consistency.
- Prepare the case for payer approval.

>> Reduce manual preparation

2. STRENGTHEN REVENUE INTEGRITY

Link coding to realized revenue

- Link codes to package, LOS and resource cost.
- Flag coding gaps and billing inconsistencies.
- Review package variance.

>> Find gaps early

3. OPTIMIZE PERFORMANCE

Use case data to guide operations

- Compare pathways, LOS, treatment and revenue.
- Find package deviations and unexplained variance.
- Guide pricing, package design and capacity reviews.

>> Improve revenue

Proven in production

500K+

clinical cases processed
to date

12×

faster medical
reviews

>70%

cases eligible for STP
in production

Provider-ready at scale

- 90+ languages supported
- ISO/IEC 27001 certified
- In production since April 2024

Production evidence

89%

F1 score on AHIMA Clinical Coding
Workout '26

Top 10

IHH x Plug & Play
Catalyst Program 2026

Contact us:

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