The truth about coding.

A CLAIM IS ONLY AS GOOD AS ITS CHARGES ARE ACCURATE.

Payer demands and denial instances are becoming increasingly complex. Regulatory requirements for documentation and reporting are increasing. With each new uncertainty, the need for quality, accurate medical coding becomes increasingly clear. Practices need a simpler solution.

With over 150 coding specialists on-staff and experience across 30+ medical specialties, our medical coding services team delivers superior results, from increasing the accuracy of claim submissions and speeding adjudication times, to reducing regulatory risks and solidifying positive cash flows.

TAILORED CODING SERVICES TO FIT YOUR BUSINESS NEEDS.

- Encounter-based Medical Record Coding: For medical necessity and maximized charge and payment capture
- HEDIS Medical Record Review: STAR ratings, ICD-10 capture
- Retrospective Risk Adjustment: HCC & HHS-HCC models
- Concurrent Risk Adjustment: HCC & HHS-HCC models
- Professional Services: Workflows, Clinical Documentation Improvement, Key Metrics & Analytics

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