

# DOES YOUR PRACTICE HAVE A CODING PROBLEM?



The quality of your revenue cycle is closely aligned with the quality of your coding. Poor coding integrity can lead to inaccurate reimbursement, increasing denials and takebacks, and even penalties

## Top Signs You Have a Coding Problem



Increasing number of underpayments or overpayments



Growing payer audits for certain code combos



Stagnant or decreasing per-visit revenue



Payer takebacks



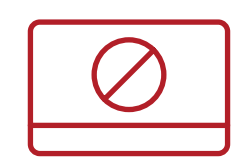
Increasing denials



Suboptimal KPIs



Growing coding backlogs



Poor performance or high turnover in coding staff



Upset providers

## COMMON CODING PROBLEMS<sup>1</sup>

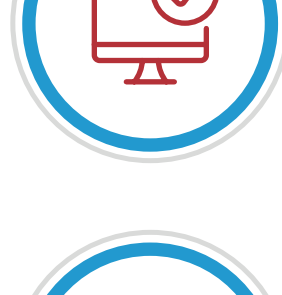
- Under-coding
- Poor or missing documentation
- Using outdated code sets
- Not communicating with providers



## Signs of High-Quality Coding Integrity



Complete/timeliness of charge capture:  
**3 – 5 DAYS**<sup>\* 2</sup>



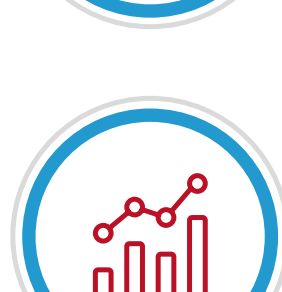
Average coding turnaround time:  
**0 – 5 DAYS**



Clean claims rate:  
**98%**<sup>3</sup>



Initial denial rate:  
**<5%**<sup>4</sup>



Bad debt rate:  
**<5%**<sup>5</sup>



Reimbursement (DRG) accuracy:  
**95%+**<sup>6</sup>



Coding accuracy:  
**95%+**<sup>7</sup>

\* After the date of service

## Attributes of a High-Functioning Coding Team



All coders are AAPC or HIMA certified



Coders focus on a maximum of 3 specialties



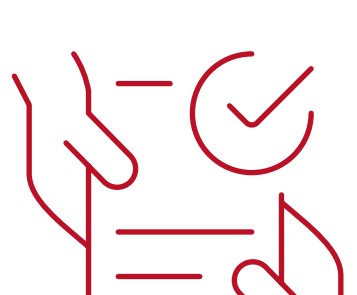
Coders undergo rigorous, ongoing training



Coders must pass stringent quality review tests with a 95.5% score for each specialty



Quality bonuses are regularly achieved



## Conifer Health can help

Conifer Health's specialty-specific coders and physician-support tools drive distinctive impact for hospitals, health systems, and physician practices. Our Coding and Documentation Services leverage a comprehensive suite of capabilities for coding, coding quality, charge capture, and clinical documentation—offering opportunities to improve accuracy, decrease denials, and increase productivity.

**YOU CARE FOR PATIENTS.**  
WE CARE FOR YOUR BUSINESS.

**CONIFER**  
HEALTH SOLUTIONS®

Care Over Everything.™

<sup>1</sup> <https://www.medicalbillingandcoding.org/common-problems-coding/>

<sup>2</sup> <https://healthanalytics.com/news/using-business-intelligence-kpis-for-revenue-cycle-management>

<sup>3</sup> <https://www.beckersasc.com/asc-coding-billing-and-collections/improving-asc-kpis-clean-claim-percentage-denial-rate-and-denial-reason-trending.html>

<sup>4</sup> [https://www.aapc.org/dam/AAPF/documents/practice\\_management/admin\\_staffing/FiveKeyMetricsPresentation.pdf](https://www.aapc.org/dam/AAPF/documents/practice_management/admin_staffing/FiveKeyMetricsPresentation.pdf)

<sup>5</sup> <https://www.kareo.com/blog/article/benchmarks-your-medical-practice-vital-part-critical-practice-analysis>

<sup>6</sup> <https://www.hcinovationgroup.com/finance-revenue-cycle/cd-10/article/13008137/a-new-focus-on-coding-quality-audits>

<sup>7</sup> <https://www.hcinovationgroup.com/finance-revenue-cycle/cd-10/article/13008137/a-new-focus-on-coding-quality-audits>