

CODING AUDITS FOR PROVIDERS

IMPROVE CODING EFFICIENCIES AND ACCURACY

Experiencing higher denial rates due to inaccurate coding? Is your facility struggling with timely billing or higher operating costs due to in-house coding? Reviewing each diagnosis and procedure code for accuracy, sequencing and documentation while meeting payer and hospital system guidelines can be challenging. Ensuring coding accuracy and adhering to compliance rules is vital to increasing revenue for hospitals and clinical practices.

Team up with Bolder

Bolder Healthcare provides customizable coding audit services specifically tailored to your needs. Coding validation is a great way to ensure ongoing coding accuracy or to gain a snap-shot of how your facility's coders and auditors are handling some of the most complex types of charts. These reviews are a perfect way to unearth opportunity, identify underpayment problem areas and improve cash flow and overall revenue capture for healthcare services rendered.

Elevated revenue. Experienced coders.

Our solution offers comprehensive clinical coding audits which we have been providing for more than 25 years. Our consultants are AHIMA credentialed auditors with at least 10 years experience who can review the assigned codes prior to submission of the bill, giving your facility the opportunity to identify and correct errors prior to submission, or you may opt for a post-billing audit. Each audit offers an educational opportunity for providers and coders to learn from our findings and recommendations. We have the right mix of expertise to improve effective coding services.

**Learn more about Bolder Healthcare Revenue Cycle
Management services today.**

Contact us at bolderhealthcare@cognizant.com