



Documentation and Coding Reviews

Appropriate documentation and accurate coding are essential components to effective charge capture and compliant billing practices, and provide several significant benefits for health care organizations, including;

- Reducing compliance risk
- Facilitating appropriate cash flow
- Supporting improved quality of care

Our Approach

CCI will perform several steps to maximize your benefit from an external documenting and coding review, including the following:

- Review and compare the underlying documentation to the services reported
- Prepared detailed grids by provider (and patient ID) outlining our recommended CPT and diagnosis codes vs. those reported
- Provide explanatory comments for each exception identified by record reviewed
- Provide an overall scoring summary outlining the CPT scoring accuracy rate by provider and for the group overall. CPT exceptions identified are categorized by exception type (i.e. service not supported, incorrect code, service missed, etc.)
- Facilitate provider education to capitalize on opportunities identified and reinforce positive documentation and coding patterns

Our Professionals

Our team members performing the documentation and coding reviews are all credentialed certified professional coders (CPC), and in some cases have the combined expertise of licensed practical nurses (LPN) and CPC's. We have extensive experience working with physician clinics, hospitals, teaching hospitals, rural health clinics (RHC), federally qualified health centers (FQHC) and critical access hospitals.

Two easy ways to contact us!

Give us a call at 913-768-1212, we would welcome an opportunity to learn more about your interests and needs, or click on the "contact us" tab and send us an e-mail.