Nuance Clıntıegrity Coding Solutions are designed to improve coder productivity and maintain the highest levels of accuracy and compliance. These web-based, enterprise-wide solutions effectively manage and monitor the compliance and coding challenges that can put a health system at risk and delay and reduce reimbursement. Nuance Clıntıegrity Coding Solutions bring together all the tools needed to completely and accurately review, analyze, code, and audit inpatient and outpatient encounters to better manage workflow and enhance coder productivity.

Solutions to improve coding accuracy and compliance

**Nuance Clintégrity Facility Coding** is an easy-to-understand encoder that empowers coding staff with critical clinical, financial, and regulatory information essential for complete and accurate reimbursement. This solution uses an efficient, unified platform to ensure data and coding consistency between physician and facility encounters, even with separate billing systems.

- **Improves coding compliance** by enabling ICD-10, CPT, and HCPCS codes to be assigned
- **Maximizes productivity** by allowing simultaneous encoding and grouping, dual grouping capability at the encounter level, and quick and easy access to industry-accepted coding references
- **Facilitates greater coding accuracy** and appropriate reimbursement by providing automated tools for fast and accurate code assignment
- **Enables continuous monitoring** and improvement of coding practice using detailed reporting capabilities

**Nuance Clintégrity Physician Coding** is a comprehensive encoder that provides staff with the critical information necessary to improve professional fee coding productivity and ensure accurate reimbursements. This easy-to-understand, unified platform empowers staff with critical clinical, financial, and regulatory information to ensure better alignment between professional service and facility coding.
– **Enhances staff productivity** by allowing coders to quickly code complete and accurate encounters with convenient access to multiple reference materials across organizational facilities

– **Ensures compliance** and reduces reimbursement risk exposure by identifying noncompliant coding encounters using extensive ICD-10 and HCPCS code edits

– **Supports OIG compliance** by promoting accurate E/M coding with multiple workflow, rules, and edit features

– **Improves enterprise-wide data integrity** by enabling transparent, centralized encounter management across facilities, promoting data consistency and accuracy between facility and physician coding when integrated with Nuance Clinityнтegarity Facility Coding

**Nuance Clinityнтegarity Coding Compliance** reduces or eliminates reimbursement delays and audit risks by monitoring and updating records to meet regulatory and payor standards before being billed. The solution improves the quality of claims data and acts as an early warning system to identify and reduce potential audit vulnerabilities.

– **Reduces claim denials** by helping ensure accurate and complete coding of the medical record to protect against noncompliance

– **Reduces risk of audits, penalties and take-backs** from the OIG, Recovery Audit Contractors and others

– **Supports accurate and appropriate reimbursement** by modeling future reimbursement expectations based on more complete coding

– **Supports continuous improvement** through tracking progress against specific goals, identifying performance trends, and uncovering possible areas of opportunity

– **Enables custom workflow and rule sets** based on facility data

– **Reduces edit fatigue** by only setting compliance rules where they are needed

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**Solutions to enhance coding productivity**

**Nuance Clinityнтegarity Coding Abstracting** is designed to enhance productivity and streamline coding and workflows by structuring, capturing, and analyzing clinical and financial information. This solution provides secure, centralized access to web-based electronic health information in real time to meet remote coding and abstracting needs anywhere, anytime.

**Nuance Clinityнтegarity Enhanced Coding Workflow** manages complex health information management business processes electronically and automatically distributes and allocates coding, compliance, and other health information management (HIM) work assignments. This solution provides a standard and efficient workflow to increase productivity, reduce operational costs, and ensure documents are delivered properly along with a comprehensive audit trail.

**Nuance Clinityнтegarity Record Management** is a comprehensive, integrated solution that streamlines record management and accelerates HIM processes to efficiently locate and share patient records information. The suite of solutions offers the ability to monitor deficiencies, track patient records, and share information while remaining compliant with Joint Commission, HIPAA, and other regulations.

To learn how Nuance Clinityнтegarity Coding Solutions can help you achieve predictable reimbursement, please call 1-877-805-5902 or visit nuance.com.

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**About Nuance Communications, Inc.**

Nuance Communications (NASDAQ: NUAN) is the pioneer and leader in conversational AI innovations that bring intelligence to everyday work and life. The company delivers solutions that understand, analyze, and respond to people—amplifying human intelligence to increase productivity and security. With decades of domain and AI expertise, Nuance works with thousands of organizations globally across healthcare, financial services, telecommunications, government, and retail—to create stronger relationships and better experiences for their customers and workforce. For more information, please visit www.nuance.com/healthcare or call 1-877-805-5902. Connect with us via the What’s next blog, LinkedIn, Facebook, and Twitter.