

PROVEN, FULLY INTEGRATED CODING SOLUTION



Clintegrity 360 | Physician Coding

Improve coding productivity, ensure accurate reimbursement, and minimize risk

CHALLENGE:

How can I code with greater confidence and ensure accuracy, while preparing my professional fee service coders for the ICD-10 transition?

SOLUTION:

Let Clintegrity® 360 | Physician Coding solution meet your current Office of Inspector General (OIG), Medical Necessity, ICD-9—and future ICD-10—coding needs from a single, intuitive platform. A critical component of our integrated Clintegrity 360 platform, Clintegrity 360 | Physician Coding solution enables your coding professionals to more accurately and efficiently assign codes. This helps ensure accurate reimbursement, reduces costs, and accelerates the revenue cycle.

PROVEN, FULLY INTEGRATED CODING SOLUTION

With today's complex and evolving compliance requirements, your coding professionals need an easy-to-understand coding application that provides critical clinical, financial, and regulatory information essential for accurate reimbursement. Clintegrity 360 | Physician Coding solution, the professional fee service component of Clintegrity 360 | Coding, combines an intuitive web-native workflow with reference materials to provide a world-class, single-platform solution.

KEY FEATURES

- Code in ICD-9 or ICD-10 within a single application and encounter
- Single, unified Clintegrity 360 platform offers transparent, centralized encounter management across all facilities

KEY BENEFITS

- Maximizes coding productivity
- Facilitates efficient code assignment
- Improves coding accuracy and enables appropriate reimbursement
- Improves coding compliance and reduces reimbursement risk exposure
- Facilitates OIG compliance and E/M code assignment
- Enables enterprise-wide data integrity

Clintegrity 360 | Physician Coding offers the knowledge base of clinical, financial, and regulatory information that coders need to meet today's complex coding requirements for professional fee service coding. The solution's single database solution allows your organization to store both facility and service encounters in one database even if you are using separate billing applications. This helps ensure coding consistency between facility and physician coding. It also increases efficiency and streamlines the coding process for your HIM staff, as does the ability to code, group, and edit in a single interface, from anywhere, at any time.

ENSURE COMPLIANCE & DATA INTEGRITY

Clintegrity 360 | Physician Coding equips you to meet today's OIG coding challenges, including the assignment of evaluation and management (E/M) codes and ensuring consistency between physician and hospital service codes.

Clintegrity 360 | Physician Coding provides an E/M calculator to correctly identify the assignment of these codes. It also includes Medical Necessity Edits that utilize Medicare's Local and National Medical Review Policies in determining any problems with diagnosis and procedure linkages. Lastly, Nuance® Healthcare's Resource-Based Relative Value Scale (RBRVS) reimbursement calculation provides the estimated reimbursement for the physician service provided.

Additionally, your HIM staff will access the same official ICD-9 and ICD-10 codebooks and work from the same coding guidelines. This helps ensure data integrity and reduces errors that can lead to costly audits.

FEATURES AND BENEFITS

- **Maximizes coding productivity.** Code in ICD-9 or ICD-10 within a single application and encounter—across any and all of your facilities. Your coders will have convenient access to codebooks, helpful shortcuts, and our expert Smartips that provide thousands of coding guidelines and enable them to add custom notes.

- **Improves coding accuracy and enables appropriate reimbursement.** Our approach to coding increases accuracy, reduces errors, and encourages your coding professionals to continuously leverage and build upon their skills.
- **Improves coding compliance and reduces reimbursement risk exposure.** Extensive ICD-9, ICD-10, and Healthcare Common Procedure Coding System (HCPCS) code edits help coding professionals immediately identify non-compliant coding encounters. And, complete integration with the single Clintegrity 360 platform, ensures consistent code assignment and application of coding rules and guidelines.
- **Facilitates OIG compliance and E/M code assignment.** Use our intuitive E/M calculator to correctly identify code assignments; accurately calculate the key components of an E/M service; and help identify coding errors; as well as changes in practice patterns and documentation issues.
- **Enables enterprise-wide data integrity.** Our single, unified Clintegrity 360 platform for both facility and professional fee service coding and reimbursement tools offers transparent, centralized encounter management across your facilities, promoting data consistency and accuracy between facility and physician coding.

ABOUT NUANCE HEALTHCARE

Nuance Healthcare, a division of Nuance Communications, is the market leader in creating clinical understanding solutions that drive smart, efficient decisions across healthcare. As the largest clinical documentation provider in the U.S., Nuance provides solutions and services that improve the entire clinical documentation process—from capture of the complete patient record to clinical documentation improvement, coding, compliance and appropriate reimbursement. More than 450,000 physicians and 10,000 healthcare facilities worldwide leverage Nuance's award-winning voice-enabled clinical documentation and analytics solutions to support the physician in any clinical workflow on any device.

To learn more about how Nuance Healthcare can help you improve financial performance, raise the quality of care, and increase clinician satisfaction, please visit us at www.nuance.com/healthcare.