Physician Coding Audits and Analysis

Documentation requirements. Coding accuracy. Missed revenue opportunities. ICD-10 Implementation. PQRS. EMR Meaningful Use. With all that physicians and their staff have to focus on each day, these key considerations may suffer.

Panacea consultants work directly with your office to make sure that your coding, compliance and reimbursement methods are accurate and compliant. We analyze your processes and review your records to identify points of concern. Then we work with your staff to provide the information they need to capture all the appropriate revenue and avoid risk.

Panacea conducts physician coding audits to uncover opportunities, risks and areas of improvement. To perform a provider coding audit (Physicians, PAs, NPs, etc.), Panacea typically analyzes a sample of encounters (office, outpatient and / or inpatient) to review for complete documentation, appropriate ICD-10 diagnosis assignment, appropriate E/M (Evaluation and Management) code assignment (95 & 97 guidelines), HCPCS / CPT procedure codes and modifiers. We also provide physicians with the tools and training to master the new ICD-10 code set.

Panacea's services are led by experts who understand physician's day-to-day challenges and take the time to learn your practice's goals. The result? Reliable analysis and actionable recommendations to make your practice even healthier.

KEY BENEFITS

Appropriately capture revenue

Identify and minimize risk

Minimize exposure

Achieve an ongoing accuracy rate of 90–97%

Training and Tools for ICD-10, E&M, Surgical/Procedural Coding

PANACEA®
A Career Step Company

We help healthcare organizations improve their bottom line and strategic market position with front line expertise in revenue cycle management, smart software and enterprise-level educational solutions.

For more information, call us at 866-926-5933 or register at panaceainc.com.