TriZetto Provider Solutions®

Coding

CERTIFIED, PROFESSIONAL CODERS MAKE THE DIFFERENCE

Medical Coding requires claims to be coded to the highest level of specificity. This means abstracting the most information out of the medical reports from the provider and taking accurate notes. It also means knowing the medical terminology for both procedures and diagnoses. Coding to a general level, or undercoding can lead to a rejected or denied claim.

Let the Pros Help

Our available highly-trained, AAPC and AHIMA certified coders know the importance of getting the details right the first time and understand the importance of coding to the medical practice. We use a robust billing compliance plan to ensure coding complies with all payer formatting, with audits and feedback.

Our team helps improve practice cash flow with:

- AAPC (CPC, COC, CIC) and AHIMA (CCS) certified coders
- 95% accurate coding, including ICD-10-CM, CPT, HCPCS, E/M, and modifiers
- Medical chart review
- Charge entry
- Working coding related denials and appeals

Call us at 800.969.3666 or visit trizettoprovider.com/request-demo