



E-BRIEF

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## How to Build an Audit-Ready Coding Team

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# Introduction

Today's healthcare landscape is evolving rapidly with rising audits, shifting documentation guidelines, and the growing use of AI-driven tools. To keep up, coding teams must be more than productive — they must be accurate, audit-ready, and aligned with compliance expectations. This eBrief explores what's driving audit intensity in 2025, which coding and documentation areas are under the microscope, and practical ways to strengthen your team's performance — so you can protect revenue, reduce denials, and ensure compliance.







### Why Now?

Audits are intensifying across the industry. Payers, the OIG, and internal compliance teams are increasing oversight, and coding errors now account for up to 90% of denials — costing \$25–\$30 per claim on average. Meanwhile, staffing shortages and the rise of ambient AI are reshaping workflows. While AI reduces data entry burden, it still requires validation. In this high-pressure environment, coders must do more than assign codes — they must think like auditors, with the critical eye to catch inconsistencies, validate documentation, and ensure claims withstand scrutiny

### Top Audit Triggers in 2025

Audit activity is ramping up, and payers are zeroing in on recurring areas of risk. In 2025, some of the most common triggers include:

- **Time-based coding and prolonged services that lack clear documentation of total time and related activities**
- **Medical necessity concerns when codes like G2211 are used without appropriate clinical support**
- **E/M leveling and split/shared visits with inconsistent application of guidelines or unclear provider roles**
- **Cloning and duplicate encounters flagged due to copy-paste habits or repeated documentation that lacks unique detail**





## From Coder to Auditor: Evolving the Mindset

While coders are typically focused on chart volume, auditors prioritize accuracy, risk reduction, and documentation integrity. Developing an auditor mindset means coders don't just apply codes — they evaluate context, recognize compliance red flags, and proactively address documentation gaps. Coders with this mindset are better equipped to:

- **Spot inconsistencies before they lead to denials**
- **Justify code selection with clear, encounter-specific documentation**
- **Confidently navigate ambiguous rules, especially in shared visits and time-based care**
- **Use modifiers appropriately and avoid assumptions**

Auditors today are not only reviewing what codes were assigned, but how coders got there. They expect clarity, consistency, and compliance in every record — and coding teams must be prepared to deliver.



# From Coder to Auditor: Evolving the Mindset

High-impact coding teams are supported by leaders who prioritize education. Upskilling coders to meet audit demands starts with role-based training focused on high-risk specialties and continues with ongoing reinforcement. Real-world audit scenarios and coding assessments help identify skill gaps, build confidence, and ensure coders apply knowledge correctly in daily workflows.

Mentorship also plays a key role. Pairing coders with experienced auditors strengthens critical thinking, sharpens judgment, and builds the ability to review documentation with a compliance lens.

As AI tools become more common, coders need training to validate machine-generated documentation and ensure nothing important is missed or misinterpreted.

### To strengthen your team:

- Offer role-based education tailored to specialty risk
- Incorporate audit scenarios to build practical confidence
- Use assessments to guide targeted upskilling
- Reinforce compliance-first practices across all training
- Pair coders with auditors for mentorship and deeper insight
- Support teams through change with clear guidance and transparency

## Real-World Results

Organizations that equip coders with audit-ready skills are already seeing measurable impact:

- **A hospital reduced denials by 20% by training coders to spot documentation gaps and validate AI output.**
- **A health system saw a 30% increase in coding speed and accuracy by integrating auditing practices.**
- **One provider improved CPT/HCPCS accuracy by 9% after implementing focused, audit-based training.**

The outcomes are clear: audit-ready coders don't just code better, they support the entire revenue cycle more effectively.



### What Leaders Can Do

To prepare your team for audit scrutiny and improve coding performance, take action across training, mentorship, and technology. Start by implementing audit-based education tailored to the specialties and services you bill most. Build strong query workflows and give coders the tools they need to apply rules with precision. Pairing coders with auditors, encouraging clinical understanding, and reinforcing documentation best practices can all help your team grow from good to exceptional.

Support coders through change, especially as AI shifts their daily work. Technology can't replace clinical judgment — and when coders are trained to review and refine AI output, the results are powerful.

### How AAPC Can Help

AAPC delivers the tools, training, and support healthcare organizations need to build audit-ready coding teams. Whether you're upskilling current staff or onboarding new hires, our resources are designed to meet you where you are. We help organizations:

- **Conduct performance audits using proven benchmarks**
- **Uncover missed revenue and compliance risk**
- **Deliver specialty-specific, role-based training**
- **Equip coders with tools like Codify and Practicode**
- **Build repeatable, scalable audit processes**

From CEUs on audit triggers to hands-on workshops in E/M leveling and time-based coding, we provide education that meets today's challenges.







## Conclusion

Audits are increasing. Guidelines are evolving. And the pressure on coding teams has never been higher. By equipping your coders with the right knowledge and tools, you can build a team that's not only accurate, but audit-ready. Now is the time to close the gap between coding and compliance — and AAPC is here to help.





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### AUTHOR BIO

**Stephani Scott, RHIT, CPC**, Vice President of AAPC Services, has over 25 years of experience in the healthcare industry, working closely with physicians and staff in health information management. She has worked in a variety of settings including hospital, long-term care, large multispecialty physician practice, and electronic health record software design and development. Scott has extensive experience in inpatient and outpatient auditing and coding compliance and is responsible for overall project performance and client satisfaction. Scott was also a part-owner of a consulting company for many years, providing services in best practices for physician practice management services including coding, billing, and revenue cycle management audits.

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