

E-BRIEF

AAPC

Your Blueprint for Building a High-Performing Coding Team



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Introduction

In the healthcare industry, precision in medical coding directly influences revenue cycle performance, compliance, and patient outcomes. Yet, many organizations overlook opportunities to elevate their coding quality beyond basic accuracy. By adopting a more strategic approach, your organization can unlock substantial benefits — from reducing compliance risks to improving financial performance. Here's how to get started:



1. Understand the stakes

Medical coding errors can result in claim denials, audits, and even legal consequences. According to industry studies, even small error rates can translate into significant financial losses. Today, around 11% of all claims are denied. A strategic focus on coding quality is not just about compliance; it's about ensuring your organization is accurately reimbursed for the services it provides.



2. Invest in training and education

Coding standards and guidelines, such as ICD-10, CPT, and HCPCS, evolve regularly. In 2025, the only items unchanged for CPT are the appendices, Anesthesia codes, and modifiers. Investing in ongoing training ensures your coding team stays ahead of the changes. Consider:

- **Certification programs:** Encourage coders to pursue certifications such as CPC (Certified Professional Coder) or CCS (Certified Coding Specialist).
- **Regular updates:** Provide monthly, quarterly, or bi-annual refresher courses.
- **Specialty training:** Offer training tailored to specific departments like cardiology, oncology, or orthopedics.
- **Provider education:** Providers may not realize the impact their documentation has on codes selected. Offer training customized specifically to them and their specialty.

3. Leverage technology

Technology can play a pivotal role in improving coding quality. Tools such as computer-assisted coding (CAC) systems, artificial intelligence (AI), and natural language processing (NLP) software can:

- Highlight potential coding discrepancies.
- Suggest appropriate codes based on documentation.
- Reduce manual errors and improve coder productivity.

Additionally, leveraging analytics platforms can help identify trends in coding errors and areas for improvement.

4. Build a strong audit program

Audits are more than a compliance safeguard; they're a powerful tool for continuous improvement. A strategic audit program should:

- **Focus on high-risk areas:** Prioritize audits for services prone to coding errors or those with high reimbursement rates.
- **Use data insights:** Analyze patterns in denials and rejections to target problem areas.
- **Include feedback loops:** Ensure audit findings are shared with coders for educational purposes.
- **Re-audit:** After initial audit and education/feedback, re-audit to ensure adherence to findings and suggestions.



5. Encourage collaboration across teams

Coding quality isn't just the responsibility of the coding team. Collaboration between coders, clinical staff, and billing teams can:

- Ensure documentation accuracy.
- Clarify ambiguous diagnoses or procedures.
- Resolve discrepancies in real time.

6. Measure and benchmark performance

Establish key performance indicators (KPIs) to track coding quality over time. Metrics like accuracy rates, denial rates, and coder productivity can provide actionable insights. Benchmarking your performance against industry standards or peer organizations can help set realistic goals and foster a culture of continuous improvement.

7. Strategically incorporate offshore and onshore resources

With a mix of onshore and offshore coding resources, organizations can leverage the best of both worlds. Onshore coders often bring deeper experience and familiarity with local regulations, while offshore teams can provide scalability and cost-effectiveness. To optimize this model:

- Define clear quality expectations for both teams.
- Ensure seamless communication.
- Implement consistent training and auditing practices.





How AAPC Can Help

AAPC offers a range of resources designed to support your coding team's accuracy at every stage, from skill development to daily code selection. Here are a few AAPC tools that can strengthen your team's precision and performance:

- **Codify by AAPC:** A powerful code lookup tool that integrates official guidelines, code edits, and payer policies — helping coders make accurate selections quickly and confidently.
- **Practicode:** An interactive training platform that uses real, de-identified medical records to help coders sharpen accuracy, gain speed, and build real-world readiness.
- **Specialty-focused courses:** In-depth training designed to strengthen coding accuracy in complex and high-risk specialties.

Conclusion

Excellence in medical coding quality demands a forward-thinking and strategic approach. By prioritizing education, embracing technology, fostering collaboration, and utilizing performance metrics, your organization can elevate coding from a routine task to a cornerstone of financial and operational excellence. Medical coding is more than a back-office task; it's a strategic enabler of your organization's success.



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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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