



AGS Health Code Auditing

AI-powered code auditing and compliance software that integrates with Computer-Assisted Coding (CAC) to protect revenue and ensure regulatory adherence.

<https://www.agshealth.com>

Overview

AGS Health Code Auditing is a core module of the AGS AI Platform, designed to help healthcare organizations protect their reputation and maximize hard-earned revenue through thorough and accurate auditing led by advanced AI and automation. It is a fully integrated auditing solution that supports users of the Computer-Assisted Coding (CAC), Computer-Assisted Professional Coding (CAPC), and Clinical Documentation Improvement (CDI) modules.

Product Overview and Key Benefits

In the face of increasing regulatory scrutiny and shifting rules, the Code Auditing module eases the burden on revenue cycles by transforming the auditing process from a retrospective, stand-alone function into an automated, real-time, and collaborative compliance solution. Key benefits include maximizing revenue, minimizing audit risk, enhancing data quality, and improving operational efficiency.

Main Features and Capabilities

Intelligent Audit Worklists: Automatically queues and prioritizes charts for auditing based on the likelihood of finding a discrepancy, allowing teams to focus on high-impact cases.

Concurrent and Pre-bill Auditing: Allows for auditing of charts and coding before they are sent to billing, ensuring quality without holding up the revenue cycle process.

Audit Case Selection: Advanced features enable case sampling across a variety of parameters (e.g., specialty, provider, coder).

Detailed Audit Reports: Generates automated reports with a code-by-code comparison of the coder and auditor versions, providing a clear audit trail.

Coder Feedback Center: A collaborative platform for coders and auditors to review changes, compare feedback, and resolve disputes on claims.

Automated Audit Suggestions: Automatically triggers audits based on specialties, providers, or coders, and compares predicted coding against final coding to spot significant variances or missing documentation.

Target Users and Use Cases

This software is designed for a wide range of healthcare organizations, including large health systems, hospitals, physician groups, multi-facility health systems, and Federally Qualified Health Centers (FQHCs). Primary use cases include:

Coding Audit and Compliance: Ensuring adherence to complex and changing coding guidelines (ICD-10, CPT, PCS).

Revenue Cycle Management (RCM) Optimization: Reducing denials, missed charges, and low-risk scores.

Clinical Documentation Improvement (CDI): Providing a feedback loop to improve documentation accuracy.

Key Features

- Intelligent Audit Worklists
- Concurrent and Pre-bill Auditing
- Automated Audit Reports
- Coder Feedback Center
- Audit Case Selection
- Automated Audit Triggers
- Real-Time Analytics and Reporting
- Integrated Encoder and Grouper

Pricing

Model: enterprise

Subscription-based, enterprise pricing model with a flexible cost structure. Pricing is not publicly disclosed and requires direct contact with AGS Health for a detailed quote. A risk-free implementation with no initial fee and a free first month may be available.

Target Company Size: medium, enterprise

Integrations

EHR Systems, HL7 Interface, 3M Grouper (optional), Practice Management Systems

Compliance & Certifications

HIPAA, ISO 27001, SOC 2 Type 2, ISO 9001

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