CodeLink Online

Advanced cloud-based medical coding software that generates CPT and ICD code data to expedite claim submission and minimize denials.

https://www.context4healthcare.com

Overview

CodeLink Online, by Context4 Healthcare, is an advanced, fully cloud-based medical coding solution designed to streamline the intricate processes of medical coding, claim submission, and denial minimization. Developed with coders in mind, it is the preferred coding solution for many medium to large coding organizations due to its intuitive user interface and cost-effective concurrent-user licensing model.

Key Features and Capabilities

CodeLink Online provides a comprehensive suite of tools to ensure coding accuracy and compliance:

Comprehensive Code Data: Includes the entire listing of CPT, HCPCS, ICD-10-CM, and ICD-10-PCS codes, along with detailed descriptions, AMA rules, and notes.
Powerful Code Search: Allows for fast and accurate searching by code, keyword, or modifier, with secondary preferences to help zero in on the correct code.
Fast, Accurate Bill Editing: Leverages Context4 Healthcare's Payment Integrity solution to edit bills before submission, checking for issues like CPT/ICD Mismatch, appropriate modifiers, medical necessity, and conflicts with patient age/gender/date of service.
Compliance Checks: Specifically addresses utilization, validation, modifier usage, and the National Correct Coding Initiative (CCI) edits for unbundling and potential upcoding occurrences, as well as LCD/NCD (Local/National Coverage Determination) compliance.
Pricing Information: Provides full Medicare Physician Fee Schedule pricing, searchable by date and location, and includes Dental and Anesthesia crosswalks.
Billing Tools: Allows users to save frequently used codes to a SuperBill or Bill Print Form, which can be organized by provider specialty.

Note Manager: Enables users to attach notes to any code and share them with others in the organization.

Target Users and Use Cases

CodeLink Online is built for medical coders, billers, and revenue cycle management teams in organizations ranging from small clinics to large hospital networks. Its primary use cases include:

Expediting Claim Submission: Generating accurate code data quickly to speed up the billing process.
Minimizing Claim Denials: Using real-time bill editing and compliance checks to catch errors before claims are sent.
Ensuring Compliance: Staying current with the latest coding changes, AMA rules, Medicare rules, and CCI/MUE alerts.
Revenue Cycle Optimization: Improving cash flow and reducing costs associated with claim rework and pended claims.

Key Features

- Comprehensive CPT, HCPCS, ICD-10-CM/PCS Code Data

- Powerful Keyword and Index Code Search

- Fast, Accurate Bill Editing (CCI/MUE/Modifier Checks)

- Concurrent-User Licensing Model

- SuperBill and Bill Print Form Creation

- Real-Time Code Updates and Compliance Checks

- Medicare Physician Fee Schedule Pricing

- Dental and Anesthesia Crosswalks

Pricing

Model: subscription

Licensed per concurrent user, not named user, which is noted as a cost-effective model for medium to large coding organizations with multiple shifts.

Target Company Size: small, medium, enterprise

Compliance & Certifications

HIPAA, National Correct Coding Initiative (CCI) Compliance