



THE BIG PICTURE

- Access CPT[®], HCPCS, and ICD-9-CM & ICD-10-CM code lookups quickly and accurately to reduce coding errors

NEW

CODELINK[®] PRO 2011

A Smarter Faster Way to Code Medical Claims



INDUSTRY CHALLENGE:

Improperly coded medical claims increase costs and decrease reimbursement and cash flow. Nearly 30% of all medical claims are improperly coded, incomplete or have technical errors. These challenges are compounded by a growing shortage of trained coders and billers.

CONTEXT SOLUTION:

Developed with coders in mind CodeLink[®] software provides fast code look up with targeted results. Enter a keyword or code and access a full array of essential coding guidelines, rules and information. CodeLink[®] contains the entire listing of CPT[®], HCPCS, and ICD-9-CM codes with cross-reference relationships between CPT[®] and ICD-9-CM codes. General equivalency mapping from ICD-9-CM to ICD-10-CM.

CONTEXT BENEFITS:

CodeLink Pro[®] 2011 also incorporates Medicare's rules and regulations, which are provided on a code-by-code basis and allows users to retrieve Medicare's National Correct Coding Policy and Medicare fees by carrier and ZIP code.

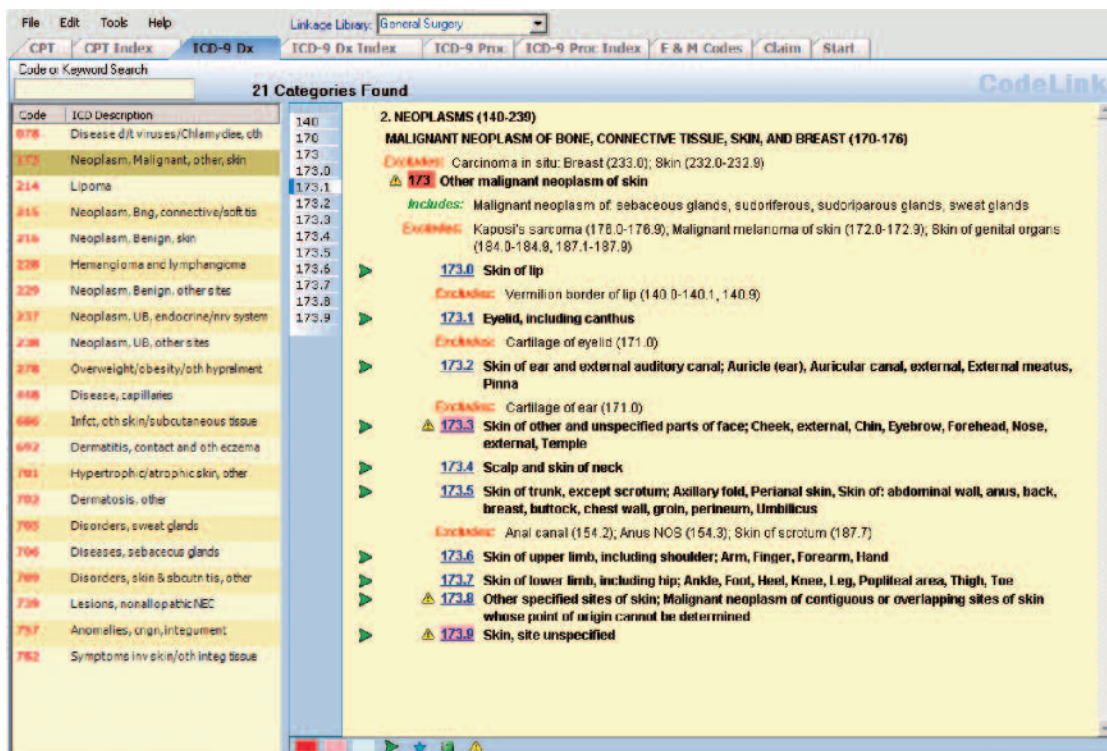
Rules that specifically address utilization, validation, modifier usage, and the National Correct Coding Initiative (CCI) edits for unbundling and potential upcoding occurrences are included.

CONTEXT SOLUTION VALUE POINTS:

- ▶ Ensure that reported diagnoses support and justify billed services
- ▶ Reduce denials, improved reimbursements & lower audit liabilities
- ▶ Drive proper code selection with full expansion of ICD-9-CM & 10-CM digits
- ▶ Minimize reporting errors with proactive cautions and warnings
- ▶ Simplify evaluation and management coding

PRODUCT FEATURES:

- Fast and accurate lookup of CPT®, HCPCS, and ICD-9-CM codes, which dramatically reduces time and errors in coding
- Procedure-to-diagnosis code linkages (available for all major specialties), which help ensure that reported diagnoses support and justify billed services
- Full expansion of ICD-9-CM fourth and fifth digits to ensure proper code selection
- Cautions for patient age and sex-specific codes, as well as warnings for manifestations and unspecified codes, which help minimize reporting errors
- An E/M code finder feature that makes evaluation and management coding a snap
- Access to Medicare's rules and regulations on a code-by-code basis
- Access to Medicare's fees by carrier and locality
- Fragmentations and re-bundling
- Multiple surgery reduction requirements
- Number of follow-up days
- Multiple endoscopy procedure rules
- Bilateral surgery restrictions
- Assistant surgeon requirements
- Professional/technical modifier usage
- Consultation service billing requirements
- Modifier reporting rules
- Co-surgery and team surgery requirements
- Supply charge restrictions
- Pre-operative, intra-operative, and post-operative components



P: (800) 783-3378 | 2056 Westings Avenue

F: (630) 654-1607 | Suite 220 Naperville, IL 60563

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