

# Coding audits are where compliance gets confirmed.

*Unbiased reviews. Documented findings. Defensible coding.*

The AMA reports 42% of Medicare E/M services are coded incorrectly. Most undercoding stays hidden until an audit brings it to light. Advantum runs coding audits as an independent discipline: CPMA-certified auditors review documentation, coding, claims, contracts, and payments to surface risk, identify revenue opportunities, and document findings clearly. Compliance gets confirmed. Revenue gets verified. Training follows.

## Certified

CPMA-certified auditors with specialized coding audit experience

## Independent

External audit reviews conducted separately from internal coding teams

### DEFENSIBLE CODING

Coding checked against documentation and current guidelines, so claims hold up under review.

### RECOVERED REVENUE

Under-coding and missed specificity coded to the level the record already supports.

### STROGER DOCUMENTATION

Audit findings returned to your providers, so documentation improvements carry to the next chart.

#### EMR & PMS INTEGRATIONS

Athenahealth · eClinicalWorks · NextGen · Greenway · AdvancedMD · Tebra (Kareo)  
Allscripts · Epic · ModMed · TherapyNotes · Cerner · SimplePractice · and more

#### WHAT WE DO

## Every code. Every claim. Every audit defensible.

Advantum runs coding audits as an independent discipline. CPMA-certified auditors review, surface findings and document everything. Training follows.

### 01 Proactive coding reviews

Documentation and claims reviewed before submission, catching errors at the source.

### 02 Documentation analysis

Clinical notes reviewed against coding selection and payer requirements.

### 03 OIG and RAC audit preparation

Unbiased reviews so practices are prepared for federal audits before they arrive.

### 04 Risk assessment and reporting

Comprehensive risk reports with findings, root causes and recommended actions.

### 05 Retrospective and concurrent claim audits

Active and historical claims reviewed for overcoding, undercoding and documentation gaps.

### 06 Contract and payment review

Payer contracts and payment data analyzed to identify underpayments.

### 07 Revenue recovery

In-depth coding reviews that surface missed opportunities and recover earned reimbursement.

### 08 Provider-specific training

Virtual or in-person training delivered to providers and staff based on audit findings.

TECHNOLOGY + SERVICE

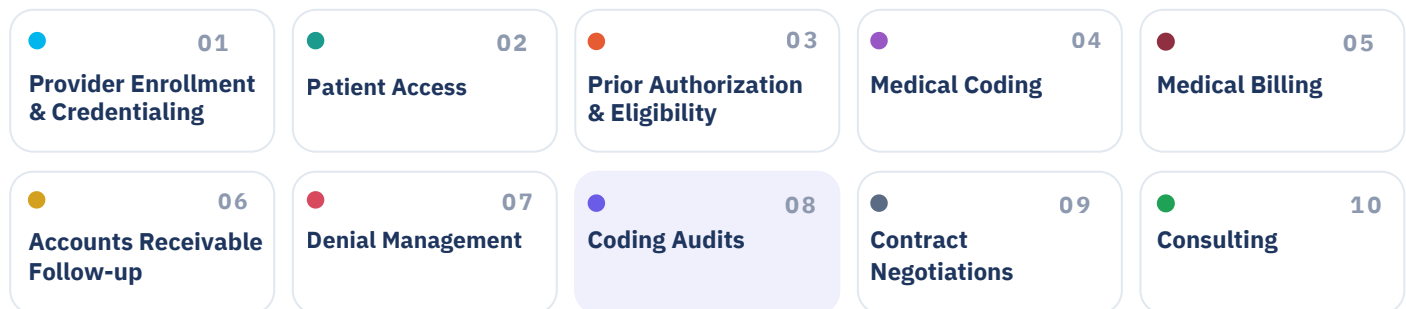
# Powered by Advantum One. Run by CPMA-certified auditors.

*Audits confirm what the practice has done right.*

Auditing is its own discipline. Advantum runs coding audits independently from coding and billing operations, so reviews are unbiased and defensible. CPMA-certified auditors review documentation, contracts and historical payments. Advantum One handles the operational layer: workflow tracking, finding documentation, training delivery. Patterns get surfaced. Training gets delivered. Compliance gets confirmed.

## Full revenue cycle. Flexible engagement.

Coding Audits can be purchased as a standalone service or integrated into a full revenue cycle partnership. Solve one challenge or consolidate the cycle under one partner.



### ABOUT ADVANTUM

## Revenue cycle, treated like the financial discipline it is.

Advantum Health delivers full-scale revenue cycle management for providers, hospitals and health systems nationwide. With proprietary technology, specialized expertise and a disciplined approach to financial performance, we help providers gain visibility, stay audit-ready and capture the reimbursement they have earned.

### 25+ years

Operating revenue cycle for providers across the United States

### 15,000+

Active providers across the platform