

CodeEMR's Medical Coding Reimbursement Solutions to be Presented at MGMA Focus Conference, April 13-15 (Booth #212)

WOBURN, MA, UNITED STATES, April 11, 2025 /EINPresswire.com/ -- CodeEMR, a leading provider of remote medical coding and auditing services for medical practices, hospitals, and health systems, will present its full range of healthcare coding solutions for achieving maximum



reimbursements at the Medical Group Management Association's MGMA Focus | Financial Conference, Booth #212, April 13-15, at the Omni Shoreham Hotel in Washington, D.C.

The MGMA Focus | Financial Conference brings CFOs, practice managers, and other healthcare finance leaders together to navigate the complexities of healthcare financial management and gain actionable insights for driving financial sustainability and profitability in an increasingly competitive and regulated landscape.

"Coding to the highest level of specificity affects reimbursements, which makes it critically important to correctly capture everything you do," says CodeEMR's Vice President of Coding Business Development Paul Ferrazza. "CodeEMR's virtual medical coding and auditing solutions are a cost-effective approach for capturing revenue, ensuring compliance and avoiding costly mistakes."

CodeEMR's knowledgeable team of more than 500 AAPC and AHIMA-certified remote medical coders is dedicated to coding to the highest level of specificity to achieve maximum reimbursement with minimum denials.

The company's full range of virtual medical coding solutions, auditing, denial management and educational programs address key components of revenue cycle management that impact the bottom line:

• Claim Denials 🛘 Incorrect, or incomplete coding can lead to claim denials, which requires additional time and resources to rectify and resubmit.

- Underpayment or overpayment errors

 Incorrect coding can result in underpayment or overpayment, which can lead to penalties and audits.
- Revenue loss

 Consistent coding errors, including not coding for all services performed, can lead to revenue loss.
- Compliance Risks

 Non-compliance with regulations can result in fines, penalties, and loss of payer contracts.
- Untimely submission of claims

 Late submissions can result in denied claims, which affects reimbursement.

About MGMA Focus Financial Conference

The MGMA Focus | Financial Conference brings healthcare professionals specializing in billing, coding and payer contracting, as well as CFOs, vice presidents of finance, directors of finance, practice administrators and financial analysts together to stay ahead of industry trends with sessions on revenue cycle optimization, cost reduction, and the latest in value-based care models.

About CodeEMR

CodeEMR is a subsidiary of ScribeEMR, a leading provider of AI-powered healthcare documentation solutions and live, virtual medical coding and auditing, scribing, and medical office services for medical practices, hospitals, and health systems. CodeEMR's team of certified professional coders works with more than 85 EMR platforms, with the deep expertise necessary to prevent denials, optimize reimbursements, and help foster growth in any medical environment. For more information visit www.codeemr.com. Follow us on: LinkedIn.

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