



Revolutionize Medical Coding with AI

Improve Accuracy and Efficiency for Modern Healthcare Solutions

Medical coding's immense complexity, combined with a critical 30% workforce shortage, creates a crisis for healthcare providers, leading to costly errors and claim denial rates of up to 30%. This administrative bottleneck directly impacts revenue and compromises patient care. This high-stakes process demands a more intelligent, modern approach.

OmniCoder an advanced AI platform that leverages a sophisticated multi-agent AI system to interpret unstructured clinical notes and accurately translate them into correct billing codes. By automating the most demanding aspects of the coding process, OmniCoder drastically reduces errors, accelerates the revenue cycle, and empowers staff to focus on final validation and complex cases—turning a critical vulnerability into a strength.

INTELLIGENT DATA INGESTION

OmniCoder securely ingests unstructured data from various sources, including clinical notes, medical records, and patient histories, while strict guardrails shield all Protected Health Information (PHI) and Personally Identifiable Information (PII).

MULTI-AGENT AI ANALYSIS & VALIDATION

A team of specialized AI agents works collaboratively. The first agent interprets the clinical text and proposes the appropriate medical codes. Subsequent agents then validate the initial results for accuracy, check for adherence to all regulatory guidelines, and ensure compliance.

HUMAN-IN-THE-LOOP REVIEW & STRUCTURED OUTPUT

OmniCoder presents a draft claim with all suggested codes for a final, efficient review by a human coder. Once validated, the data is automatically packaged into a structured JSON file—the industry standard for secure electronic transmission.

Certified-Level Performance, Proven by a Human Standard

To validate its real-world capability, OmniCoder was benchmarked against the gold standard for human coders: the official Certified Professional Coder (CPC) exam. This grueling four-hour test, which requires a 70% to pass and typically demands 2-5 years of human experience, covers 100 intricate patient scenarios across 17 knowledge areas.

OmniCoder passed the exam with a score in the mid-90s, demonstrating expert-level proficiency in recognizing complex medical ontology and translating it into compliant billing codes.

Boost Coding Efficiency and First-Pass Acceptance

OmniCoder addresses staff shortages and eliminates costly claim denials in a single step. By automating high-volume coding with superhuman speed and accuracy, it drastically reduces the manual errors that cause costly rework. And by securing revenue and streamlining workflows, it frees expert coders from repetitive tasks. This allows them to manage the most complex cases, improve overall quality, and drive revenue cycle forward with confidence.

OMNICODER'S IMPACT



Increased First-Pass Accuracy

Significantly reduces clerical errors and incorrect code usage, directly lowering claim denial rates and shortening the revenue cycle.



Accelerated Claims Processing

Automates the coding for a high volume of cases, clearing backlogs and allowing for faster claim submissions.



Reduced Administrative Burden

Frees coders and providers from tedious documentation and rework, allowing them to operate at the top of their license.



Built-in Compliance & Scalability

Stays current with the 900+ ICD-10 changes that occur annually, ensuring ongoing compliance without the need for constant retraining.



Enhanced Provider & Payer Relations

Delivers cleaner, more reliable claims, which strengthens partnerships and improves trust across the healthcare ecosystem.



Improved Health Outcomes

Facilitates better, more timely patient care by reducing delays and ensuring accurate documentation for treatments.



Andrew Novokhatny

DIRECTOR

anovokharny@captechconsulting.com

919.606.3734



Zach Mayo

MANAGER

zmayo@captechconsulting.com

757.630.7943



Shane Sullivan

SR. MANAGER

smsullivan@captechconsulting.com

315.729.2988

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