



## GUIDE

# 10 Questions to Ask Autonomous Medical Coding Vendors

This guide covers ten fundamental questions every health information management leaders should be asking in order to better understand autonomous medical coding and be best positioned to select the vendor that is the right fit for their coding automation needs.

[See Nym's Solution in Action](#)

## QUESTION #1

### How does the vendor define autonomous medical coding?

Understanding the distinction between automation types is crucial for avoiding unexpected manual intervention requirements. True autonomous medical coding solutions require zero human intervention from chart receipt to billing submission, representing a significant advancement in healthcare automation. This differs from computer-assisted coding (CAC) and AI-assisted coding, which both require trained medical coders to validate medical codes before the chart can be sent to billing. Nym's autonomous medical coding engine is fully autonomous, requiring zero human intervention and fitting seamlessly into existing customer workflows.

## QUESTION #2

### How does the vendor's solution integrate with existing EHRs?

It is crucial to understand the integration capabilities of an autonomous medical coding solution with different electronic health records (EHRs), as issues with EHR integration can lead to disjointed workflows and data getting siloed in different systems. Downstream, this may drive coding-related challenges such as medical coders doing double the work because they have to re-enter data from the non-integrated system, or claims getting lost in the process (and therefore revenue loss down the line). At Nym, we leverage Fast Healthcare Interoperability Resources (FHIR) to retrieve real-time clinical data from customer systems, accelerating integration timelines and ensuring accurate, complete coding.

### QUESTION #3

## How much historical data is required for setup?

Historical data requirements significantly influence implementation timelines and resource allocation. Many autonomous medical coding solutions rely heavily on machine learning, requiring extensive historical customer data for training and optimization. This dependency can lead to longer implementation times and increased IT burden for data extraction and mapping. Organizations should also consider id and how historical claims data will be used and stored, as this raises important security concerns. Since Nym's technology isn't fully reliant on machine learning, our solution requires minimal historical data, enabling faster implementation and reduced IT overhead.

### QUESTION #4

## How does the vendor adapt to coding guideline updates?

A solution's ability to adapt to coding guideline changes is crucial, as falling behind can lead to compliance concerns including low accuracy rates, audits, and reimbursement issues. With CMS, payer, CPT, and ICD guidelines constantly evolving, autonomous medical coding vendors must have a system in place that ensures their solution is always compliant with the latest guidelines and regulations. Additionally, systems must be capable of coding encounters involving new medical advancements without extensive training data. At Nym, we assess and implement coding updates into our solution as new guidelines are released, ensuring that our customers are always compliant.

### QUESTION #5

## What monitoring and audit processes are in place?

Accuracy is the top priority in medical coding as it directly reflects patient care, impacts reporting, drives revenue, and much more. Therefore, it is imperative that organizations understand what processes the vendor has in place to ensure that coding accuracy is maintained, as well as how the vendor audits any updates made to their solution (proper testing should always take place before production to assess the positive impact of new updates and to avoid unintended consequences post-production). At Nym, our internal team of experienced medical coders conducts frequent audits to ensure alignment with customer, regulatory, and payer guidelines.

### QUESTION #6

## How transparent is the code assignment process?

A common concern with AI-based solutions is that they may be incapable of providing the rationale behind their output (commonly referred to as the "black box" problem). In medical coding, healthcare organizations must be able to explain the rationale behind code assignment in the events of audits, denial appeals, and other compliance-related activities. Therefore, autonomous medical coding solutions cannot be a "black box" – they must be capable of providing documentation that supports code assignment. Nym's approach to autonomous coding enables us to provide our customers with a fully traceable audit trail for every code our solution assigns.

## QUESTION #7

### What reporting capabilities does the vendor offer?

Coding departments are used to tracking their medical coders' productivity metrics, such as charts coded per day, coding accuracy, discarded charts, not final coded (DNFC) charts, coding denial rates, and days in accounts receivable (A/R). When making the switch to autonomous medical coding, it is important to ensure that the vendor has a system in place for tracking and reporting all key metrics. Additionally, vendors should also have a system in place to explain why charts couldn't be coded by the autonomous coding solution. Nym provides a reporting dashboard that customers can access to track important metrics such as coding accuracy and coverage.

## QUESTION #8

### How many healthcare providers use the vendor's solution?

Medical coding guidelines and workflows vary significantly by facility type (e.g., health system versus physician group) and medical specialty (e.g., emergency medicine versus inpatient visits). Experience with many different facility types and medical specialties can indicate a vendor's ability to handle diverse coding needs. Nym currently partners with over 20 unique healthcare organizations comprised of leading health systems, hospitals, and physician groups. Those customers leverage Nym's autonomous medical coding solution in several specialty areas, including emergency medicine, radiology, urgent care, outpatient surgery, and outpatient visits.

## QUESTION #9

### What are some common challenges to look out for?

Understanding common challenges can help the provider and vendor set realistic expectations around key results and metrics (e.g., accuracy, turnaround time) and help predict and prevent issues that may occur during or after implementation. It is also important for healthcare organizations to ask vendors about the systems they have in place to resolve issues, their typical resolution timelines, and the level of support they can expect to receive from the vendor's customer operations team. Nym seeks to always be transparent about potential challenges from the first kick-off call onwards and dedicates a custom support team to every customer.

## QUESTION #10

### What are the longest tenured customer's results?

While certain benefits such as increased coding speed are realized immediately, other benefits such as revenue uplift may take time to come into effect. Because of this, it is important for healthcare organizations to evaluate the long-term ROI delivered by different vendors and decide which will best meet their needs. Nym's longest-tenured customers repeatedly report reduced coding costs, improved revenue capture, accelerated payments, and decreased administrative burden on their internal medical coding teams. Additionally, they find that the integration process with Nym's solutions is seamless, allowing for a smoother transition and enhanced operational efficiency over time.