



# A Practical Framework for Evaluating Autonomous Coding Solutions

From Table Stakes to Differentiators: How to  
Choose for Durable Financial Outcomes

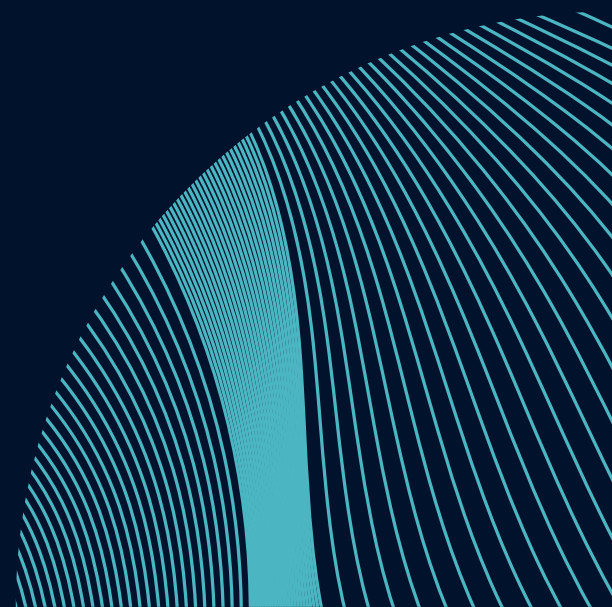


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# Executive Summary

As coding backlogs grow, A/R days lengthen, denials rise, and staffing shortages intensify, autonomous medical coding is emerging as an important tool for health systems and physicians groups. But when every vendor claims accuracy, speed, and financial benefits, it becomes nearly impossible to understand how they differ or identify which solution truly delivers. The wrong choice doesn't just waste your resources, it perpetuates the problems you're trying to solve.

This white paper is *designed for revenue cycle leaders who already recognize the need for autonomous coding and are now evaluating which solution is the best strategic fit*. At this stage, the question isn't whether to adopt, it's how to cut through marketing noise and identify which solutions offer genuine impact.

The framework presented here helps leaders move beyond surface-level claims and assess vendors on two critical dimensions: the **baseline capabilities** every solution must deliver, and the **strategic differentiators** that prove a solution can drive both immediate and long-term value. Crucially, it adds the nuance often missing from marketing pitches, helping you decode their claims and ask the questions that reveal real capabilities.

By applying this structured approach, revenue cycle leaders can make confident investment decisions, avoid costly missteps, and select a platform that improves coding efficiency now while scaling with their growth, adapting to changing payer requirements, and delivering measurable, durable financial results.



# Introduction

Congratulations on reaching this point in your journey! You've made the smart decision to explore autonomous coding solutions for your health system. The challenges that brought you here are industry-wide: coding backlogs, coder shortages, and revenue cycle delays that impact the bottom line.

Autonomous coding offers a path toward solving these challenges, but vendor pitches sound remarkably similar. They all claim high accuracy, faster A/R, lower costs, and EHR integration.

So how do you choose?

It feels natural to start by asking: Can this vendor automate my specialty? That's important, and specialty coverage matters. But making it your primary driver can be risky; you might choose a solution that works today but leaves you stranded as your needs evolve.

The real test is whether a vendor can do deep integration, scale across specialties, and adapt as your organization grows, which is where this guide comes in. It cuts through the marketing noise and provides two sets of requirements:

- **Baseline non-negotiables** to help you build your vendor shortlist
- **Differentiating criteria** to help you choose a vendor that drives revenue cycle improvements.



# What Every Solution Should Deliver (No Exceptions)

As you begin evaluating vendors, you'll read repeated claims about capabilities and results. To bring clarity about what matters, establish your vendor shortlist by screening for non-negotiables. Any autonomous coding solution worth considering must deliver five fundamental capabilities:

- Works with your electronic health record (EHR) platform
- Proven accuracy with verifiable results
- Measurable financial benefits
- Customizable to your workflows
- Scalability and extensibility

These are the minimum requirements for an autonomous coding solution. However, vendors often use these terms loosely. Understanding the nuances will help you separate viable platforms from those that sound good in marketing presentations but fall short in the real world.

Let's walk through each baseline requirement with this in mind.

## Ensure Deep EHR Integration

Every autonomous coding vendor claims their solution "works with your EHR," but this can mean anything from overnight batch processing to deep, native integration. Look beyond the marketing speak.

Start by checking whether a vendor has EHR partnership programs, such as Epic Toolbox, Oracle Cerner's Open Developer Program, or AthenaHealth

Marketplace. Then dig deeper into the details. Avoid vendors who use third-party tools, batch processing, or non-native formats. These create workflow disruption and data integrity issues.

Deep native integration is foundational to preserving your workflows and explainability. The best solutions embed coding results directly within your EHR



while preserving existing workflows and data formats. Teams should be able to access coding explanations without clicking away from the EHR.

**Pro Tip:**

Not all EHR integrations are equal. FHIR-based native integration is the current best practice, which enables real-time data exchange, preserves data provenance, and provides a seamless user experience.

## Demand High Accuracy and Transparency

Coding accuracy directly impacts revenue, making 90%+ accuracy rates non-negotiable. But accuracy alone isn't enough. The system should recognize which charts it cannot handle independently, using configurable rules to route uncertain cases to human coders with specific guidance on where to focus attention.

Equally critical is verifiability. Healthcare organizations can't use black box solutions. The platform must provide transparent reporting and audit trails that show why codes were assigned, accessible within your EHR workflow. Look for robust reporting that tracks

accuracy and automation rates over time. The audit trail should be intuitive, helping your team manage denials and payer queries quickly.

## Require Measurable Financial Impact

Any autonomous coding solution must demonstrate clear financial results. Look for vendors who can prove that their solution reduces denial rates, accelerates A/R cycles, and decreases operating costs.

Automation will also lower costs by freeing your existing coding staff to focus on complex cases and strategic initiatives rather than routine coding for high-volume encounters.

**Pro Tip:**

All solutions should deliver efficiency gains, but the best solutions go one step further and offer tangible revenue uplift, although the magnitude will vary by specialty.



## Insist on Workflow Configurability

An autonomous coding solution must adapt to your organization's specific requirements, different payer rules, modifier requirements, and billing preferences, instead of forcing you to re-engineer processes. The platform should integrate seamlessly into existing EHR workflows.

Your staff shouldn't need to learn new interfaces or abandon familiar workflows. They should be able to work the same way they always have, only faster. The best solutions feel like natural extensions of your current systems. Avoid vendors who require major workflow changes.

## Plan for Scaling and Extensibility

An autonomous coding solution must be able to handle chart volume fluctuations and specialty expansion as your organization grows. The platform should process volume spikes automatically without performance degradation or additional infrastructure investments. This is especially critical for high-volume, lower-dollar

specialties where hiring dedicated coders isn't feasible.

Specialty coverage is equally critical. Once you've implemented autonomous coding for one specialty, adding new ones should be straightforward; you shouldn't have to start from scratch. Look for vendors who demonstrate capability across diverse code types and complexity levels. A vendor handling complex specialties well typically expands more easily.

### **Pro Tip:**

Look for evidence that a vendor's existing customers have grown their usage, both volume and specialties, with the solution. That track record signals a solution built for growth.



# Differentiators: How to Choose the Best Vendor

Using the first set of non-negotiable criteria listed above, you've built a shortlist. The next set of requirements helps you differentiate between good-enough solutions and optimal platforms that maximize your autonomous coding outcomes. Look for five key differentiators:

- Support for complex workflows
- The ability to handle more than ICD-10 and CPT codes
- Adaptability to changing requirements
- Superior quality of reporting and documentation
- Clinical documentation improvement (CDI)

## Support Complex Workflows

Every healthcare organization has unique coding needs reflecting specific payer requirements, specialties, and internal processes. Workflows might require applying organization-specific coding rules, holding some charts until specialist consultations are completed, complex exception handling that varies by payer, and more.

Many vendors claim to support payer rules and business logic; however, the depth of customization varies dramatically. Look for vendors that let you encode your specific business decisions and workflow requirements directly into the automation process,

and provide an easy way to make updates as your requirements evolve.

### **Arintra's Approach**

Arintra works with your coding team during implementation to review existing coding guidelines, exception handling processes etc, then configures the system to automate these organization-specific requirements. This includes complex scenarios such as payer-specific modifier applications and exception-based edits that would otherwise create manual bottlenecks in your EHR. Arintra's approach has resulted in *100% implementation success*.





## Handle the Breadth of Code Types

Many vendors focus primarily on ICD-10 and CPT codes. Hierarchical Condition Category (HCC) coding is equally important for accurate patient risk assessment and quality reporting, and directly impacts reimbursements – most notably for Medicare Advantage plans. Yet many vendors don't support them at all. Look for solutions capable of automating all code categories and modifiers. This separates good-enough from top-tier vendors.

### Arintra's Approach

Arintra supports the entire coding spectrum: ICD-10, HCPCS, CPT, E/M, HCC, modifiers, as well as payer-specific rules and guidelines, ensuring automation across all code types.

## Adapt to Changing Requirements

Coding guidelines and requirements constantly evolve through regulatory changes, payer policy updates, and clinical practice modifications. Ask vendors: how long do they need to implement changes? How much data do they require? Look for platforms that can rapidly incorporate updates with minimal disruption.

### Arintra's Approach

Arintra proactively monitors for updates in payer guidelines and requirements, and works with health systems to educate and incorporate the changes, maintaining coding accuracy and compliance without extensive retraining periods.

## Deliver Superior Reporting and Documentation

Every vendor offers reporting capabilities, but quality and ease of access vary significantly. Lower-quality solutions require logging into separate dashboards or using data exports to access coding information.

Look for vendors that integrate reporting directly into your EHR workflows. Audit trails and coding explanations should be readily available where your team already works. Quality documentation provides easy visibility into coding decisions and streamlined compliance management.

### Arintra's Approach

Arintra provides coding logic, with detailed reporting and audit trails directly within the EHR. The revenue cycle team can even share coding logic and reports directly with payers when challenging denials without needing to export or format data.





## Improve Clinical Documentation

Most autonomous coding solutions only focus on accurately coding existing charts. But even 100% coding accuracy doesn't address provider services that aren't documented optimally in the first place, leaving revenue on the table

Look for platforms that go beyond coding accuracy and help providers easily improve documentation quality. This requires identifying documentation gaps, and providing feedback that physicians can act upon. The best solutions offer provider-specific, encounter-based guidance rather than generic CDI recommendations.

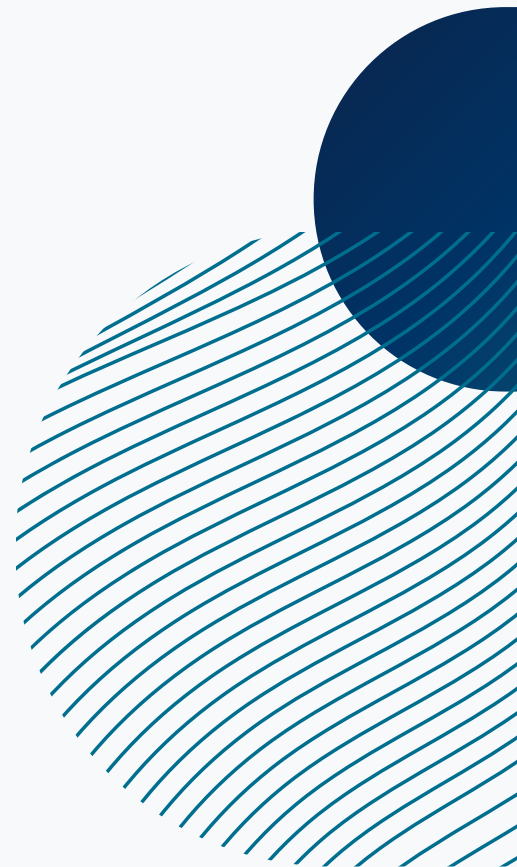
### Arintra's Approach

Arintra provides each physician with encounter-specific documentation suggestions that highlight gaps, resolve diagnosis conflicts, and recommend terminology aligned with payer requirements. Each recommendation is tied to its financial impact, helping providers see the value of

improvements. This reduces friction between coders and physicians while capturing revenue that might otherwise be missed.

### An Example

A clinic bills for prolonged physician time (CPT 99417) after an extended office visit, but the system flags an error because 99417 requires a primary E/M service code. Without automation, a coder must research the encounter, locate the missing code, and link them before claim submission.



# The Bottom Line

Autonomous coding solutions are capable of solving real revenue cycle challenges, but cutting through vendor claims requires a systematic approach. that goes beyond just reading through top level claims. Health systems and physician groups that invest in a thorough evaluation avoid costly mistakes and achieve better outcomes.

Choosing the right partner sets you up for immediate and long term success as coding guidelines and payer

requirements evolve, and chart volumes continue to grow.

Use the baseline requirements to build your shortlist, then focus on differentiating capabilities that align with your organization's specific needs.

With this framework, you can cut through the noise and select a platform that delivers measurable impact today and adapts to tomorrow's growth.



See how Arintra can help you **increase your revenue, lower your cost, and drive more efficient processes.**

**BOOK A DEMO TODAY**

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