iMedX
Rapid Care™ Group



CLINICAL CODING ACCURACY AND ASSURANCE

How Accurate Autonomous Coding Is Built, Measured and Governed.

How accuracy is defined, how HIM expertise is applied, how autocoding was engineered, and how the feedback loop is assured in the HIM Companion Suite.

MEASURED ■ TUNED ■ GOVERNED ■ PROVEN

WHITE PAPER | EXECUTIVE EDITION

Prepared for Health Information Managers, Coding Managers, Clinical Coders and Health Service Executives

iMedX Australia & New Zealand | September 2026

Autonomous coding is possible. Trust depends on method.

The question now is how its accuracy can be trusted, measured and continuously improved.

For Health Information Managers (HIMs), coding leaders and health service executives, confidence in AI-generated coding depends on three things: a transparent methodology, the quality of the clinical expertise behind it, and the robustness of the assurance framework that governs performance.

The HIM Companion Suite (HCS) is designed around one principle: autonomous coding accuracy must be built on the same foundations as high-quality human coding. That means expert HIM knowledge, coding standards, classification logic, clinical context and rigorous audit, inside a structured and measurable AI environment.

This paper sets out how iMedX builds, measures and assures clinical coding accuracy in HCS and Code Accelerate, including the limits of automation and the conditions under which our accuracy figures can be validated. It is written for health information management leaders, clinical coding teams and hospital executives.

FOUR PRINCIPLES

1. **Accuracy is defined at the coding segment**
   Principal diagnosis, every additional diagnosis, every procedure and the resulting DRG, each measured and benchmarked against human-coded episodes.

2. **iMedX HIMs set the standard**
   They write and govern the coding rules, review and test every variance, tune the models and sign off each release.

3. **Autocoding was engineered deliberately**
   Segment-specialist agents, segment-level tuning, a defined minimum document set and de-identification inside your network, in full alignment with the Australian Coding Standards.

4. **The feedback loop is visible to you**
   AI Reasoning is linked to source evidence in the redacted record, coder corrections feed tuning, accuracy is reported DRG by DRG, and a system-level check runs before any DRG is confirmed.

4	99%	>90%	Multi-agent
Measures per DRG	Client-assessed PDx accuracy, 100+ episodes	DRG accuracy to release	Interpret, reason, apply standards, validate and confirm on each segment

The thresholds we set, and the limits we state.

OUR THRESHOLD

>90%

DRG accuracy to release a DRG into production

INDEPENDENTLY ASSESSED

Client result, Obstetrics casemix, 100+ episodes

A large public hospital and health service provider has validated our approach. Its own assessment of Code Accelerate across 100+ episodes:

99% PDx accuracy

94% DRG accuracy

Our working threshold for releasing a DRG into production is greater than 90% DRG accuracy, with tuning continuing above that level on established casemix. That raises a practical question. When the AI is as accurate as our human coders, how best can effort be redirected to what matters, such as capturing additional complexity?

These are outcomes observed on defined casemix under a defined, measured method. They are not a global claim about every DRG in the classification.

WE ARE EQUALLY EXPLICIT ABOUT THE CONSTRAINTS

Documentation quality

Where the clinical evidence is not in the record, the model cannot infer it, and neither can a coder working to the Australian Coding Standards.

Documents ingested

Codes are not pre-populated until all of the required documents are ready.

DRG split level

Fine-tuning is done at the DRG split level, because each complexity split within an adjacent DRG requires its own code combinations.

Certified grouping

Our grouper is certified under the IHACPA AR-DRG grouper certification program, so the variable under discussion is the code assignment.

This is why our reporting separates AI variance from evidence variance. It keeps the conversation with clinical coding managers honest about what automation is and is not responsible for, and it tells our engineering and HIM teams precisely what to address next.

WHAT WE COMMIT TO

Greater than 90% DRG accuracy for casemix released into production, tuning above that threshold, with the documentation and document-scope dependencies stated openly, and accuracy commitments we are willing to carry contractually.

Our HIMs build the product.

HCS is designed by Health Information Managers for Health Information Managers. The coding intelligence inside the suite, including Australian Coding Standards logic, excludes and use-additional-code rules, custom coding pathways, and index and tabular navigation, has been built and validated by our own HIM and clinical coding team. Thousands of hours of coding expertise sit in the rule library alone.

WHERE OUR HIMS HOLD THE PEN

Gold standard	HIMs, senior clinical coders and senior clinical auditors produce the gold-standard coded episodes that every model is measured against.
Rule library	HIMs write and govern the rule library. Where AI drafts a rule, a human expert reviews it and rejects or rewrites it before it is loaded.
Release sign-off	HIM product owners define the requirements and sign off user acceptance testing for each module before release.
Variance review	Our HIM working group reviews every low-accuracy segment and determines whether the variance is a model issue or an absence of clinical evidence in the record.
Live audit	Our auditors feed live audit findings back into the rules engine, which is maintained and released on a monthly cadence.

> **We operate one of the region's largest clinical coding and auditing workforces. Our HIMs and coders set the standards the technology is measured against, govern the rules inside it and audit the outcomes it produces.**
>
> Every accuracy decision passes through the same professional discipline your own coding team applies to its work.

WHY IT MATTERS

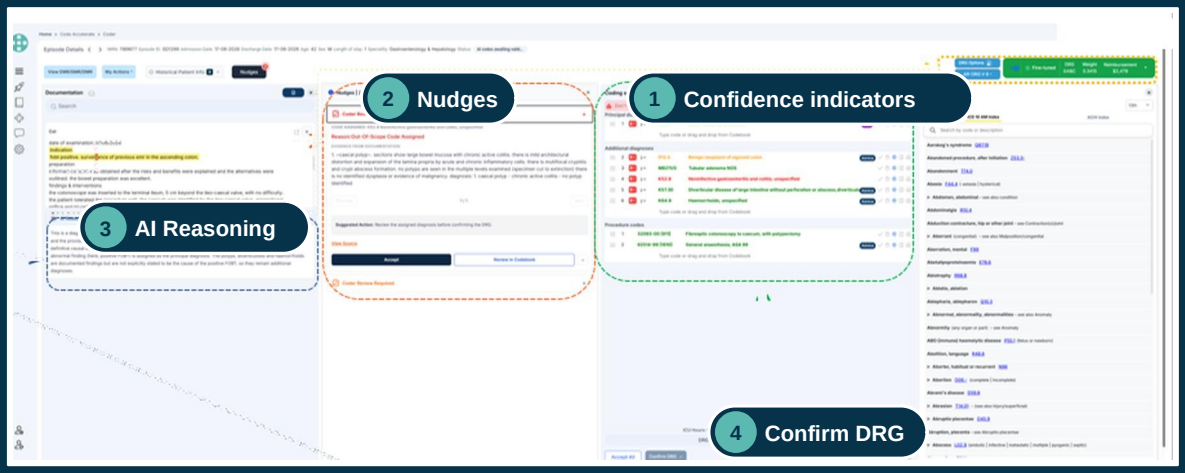
The gold standard, the rule library and the release sign-off are owned by practising HIM professionals. You are asked to trust a coding methodology you already recognise, made faster.

The coder is the control.

In production, Code Accelerate pre-populates the codes and the provisional DRG in the coder's episode list, and the coder validates. Every fine-tuned assignment can then be interrogated through AI Reasoning.

Where the coder validates on screen

Code Accelerate coding workspace



What the coder sees

1. **Confidence indicators** show which assignments sit inside a finely tuned segment and which need attention.
2. **Nudges** direct the coder to review potentially out-of-scope codes before the DRG is confirmed.
3. **AI Reasoning** opens the reasoning behind each fine-tuned assignment.
4. **Confirm DRG** is the coder's decision, made after validation.

AI Reasoning shows

- What the AI identified
- Where the supporting evidence sits in the record, with the section expanded and the text highlighted
- Which coding standards and rules were applied
- Why that code was recommended over the alternatives
- The actions available: accept, amend, delete, or open the code book and recode

The coder stays accountable

The reviewer remains accountable for whether the right documentation was considered and whether a standard was missed. That is deliberate.

Transparency makes the human check meaningful and lets coders challenge the model, which is how the model improves. Capacity released from episode abstraction and initial code assignment goes back into complexity capture, documentation quality and the cases that need a senior coder.

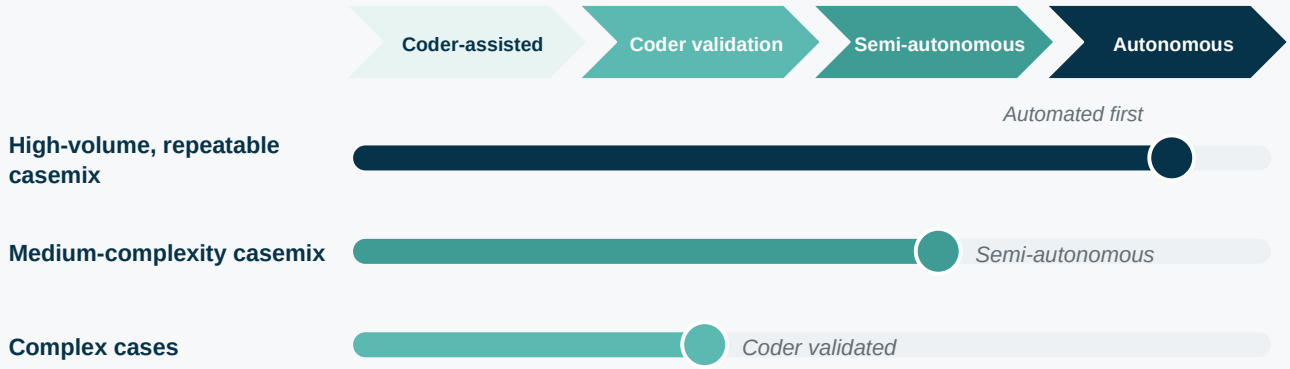
WHY IT MATTERS

Coders validate against visible evidence, applied standards and stated reasoning. The human in the loop is exercising judgement, which is the only version of human-in-the-loop an auditor will accept.

A staged path to autonomy, sequenced with you.

We treat automation and adoption of technology as a maturity curve, and we do not skip steps. The approach is anchored to the Health Information Management Association of Australia's adoption framework for the profession[1], because clinical coding teams, and people in general, can only absorb change at a certain pace. An automation program that outpaces its users fails on adoption and use, whatever its accuracy.

CASEMIX BY CASEMIX, ILLUSTRATIVE



Once your teams are satisfied with accuracy and DRG variance for a given casemix, straight-through processing can be introduced for that casemix, deliberately and one casemix at a time.

Sequencing is agreed with health information service leadership during discovery, with clear partnership objectives defined. It is informed by:

- **The specialties already trained**
- **The readiness and structure of your documentation**
- **The volume of separations**
- **How digitised your record is**

Confirmed coding is written back to your source system for billing and claiming through standard HL7 v2.x, FHIR and API integration patterns.

THE DECISION

Autonomy is switched on casemix by casemix, on evidence, with your organisation setting the pace. Nothing goes straight through until your own coders have seen it behave.

[1] Health Information Management Association of Australia (HIMAA), Australian Clinical Coding Artificial Intelligence (AI) Adoption Guideline, June 2025. The Guideline supports a principle-based approach to clinical coding AI adoption, including governance, risk management, ethical and safe use, quality improvement, collaboration and partnership, and human expertise (human in the loop).

Three pillars of benefit for hospital organisations.

Where the method described in this paper shows up in day-to-day operations, revenue integrity and workforce capability.

01

Operational efficiency

Automatic work allocation and routing replace manual, spreadsheet-based distribution. Reports that were compiled by hand, including coder KPIs, outstanding coding, DRG outliers and hospital-acquired complications, are generated by the platform. Finely tuned DRGs arrive pre-populated for validation, and measured coding time falls accordingly.

02

Revenue integrity

Additional diagnostic complexity is captured in Code Assist and Code Accelerate through nudging, AI Reasoning and evidence-linked recommendations, then checked by the Code Enhance rules at the point of grouping. Any trigger routes the episode to the audit or optimisation queue. Every episode is checked for quality, accuracy and DRG actualisation before billing and claiming.

03

Empowered health information specialists

Coders and HIMs are supported at the point of decision with nudges, guidance, coding pathways, errors and warnings, and full visibility of the reasoning behind every AI-assigned code. The same data shows coding managers where the answer is education rather than automation, and gives HIM leadership the reporting to direct effort at the highest-value work.

CASE STUDY · CLINICAL CODING AUDIT, AUSTRALIAN HEALTH SERVICES

Our proven combination:
Enhance audit prioritisation engine plus expert auditors.

Across **a selection of Australian health services**, iMedX conducted targeted coding audits on 2,117 episodes, each sample selected by the Enhance engine. Reviews identified 645 confirmed DRG changes and **$5.21M** in total revenue actualisation.

2,117	30%	$5.21M	$2,462
EPISODES AUDITED	DRG CHANGE RATE	TOTAL ACTUALISATION	RETURNED PER EPISODE

What we claim, and what we do not.

Claims about AI accuracy in clinical coding are easy to make and hard to verify, so we bound ours deliberately. Nothing in this paper is offered as a universal statement about automated coding. Every figure is tied to a defined casemix, a defined document scope and a stated method of measurement.

> **If a claim cannot be reproduced in the hospital's own environment, on its own episodes of care, it should not carry weight in the decision.**

We claim

Measured accuracy on defined casemix, tuned at coding-segment level and validated by qualified clinical coders, with a feedback loop and a pre-bill control you can see and audit.

We do not claim

Universal accuracy across every DRG, accuracy independent of documentation quality, or that the clinical coder has been removed from the process.

Framed that way, the position holds up to scrutiny from a coding manager, an internal auditor and a chief financial officer at the same time, which is exactly the test it should have to pass.

GO FURTHER

The Evaluation and Technical Editions of this paper set out the method in full: how accuracy is validated, how our HIMs govern the model, and how the feedback loop is assured. Request access at imedx.com.au.

ABOUT IMEDX

Built by the profession it serves.

iMedX is a health information services and technology company operating across Australia and New Zealand, with one of the region's largest clinical coding and auditing workforces. That workforce is what makes the HIM Companion Suite possible: our clinical coders and Health Information Managers set the standards the technology is measured against, govern the rules that sit inside it, and audit the outcomes it produces.



AUSTRALIA & NEW ZEALAND

imedx.com.au
1300 727 423
sales@imedx.com.au

UNITED STATES

imedx.com
+1 (855) 426-7633
sales@imedx.com

MEASURED ■ TUNED ■ GOVERNED ■ PROVEN

LEARN MORE ABOUT WHAT WE CAN DO FOR YOU

© 2026 iMedX Australia & New Zealand. Accuracy figures cited in this paper reflect measured outcomes on defined casemix under the method described and are not a guarantee of results in any other setting. Product capability is current at the date of publication.



iMedX

Rapid Care™ Group

MEASURED ■ TUNED ■ GOVERNED ■ PROVEN

imedx.com.au