

Embrace or Fear CAC Future?

Computer assisted coding enthusiasts believe it is the ticket to a streamlined coding process, with efficient and accurate coding at a fraction of the price. Others fear it's the end of professional coding as we know it; and coders will have to adapt as computer software replaces job duties. Whether you see the glass half full or half empty, your best bet is to understand the options that are in front of you.

How will CAC impact the ICD-10-CM transition, the coding process, the accuracy of coding, and the future responsibilities of coders?

Will Software Complicate ICD-10-CM Transition?

The good news is that CAC and electronic health records may smooth the transition from ICD-9-CM to ICD-10-CM. Computer application manufacturer e-MDs' president, Michael Stearns, MD, CPC, is already planning for ICD-10-CM implementation. Stearns said "We have an embedded terminology called the MedicaPaedia that is mapped to ICD-9-CM, ICD 10-CM, or any other terminology. This year, we will add ICD-10-CM to prepare for use of our EHR in other countries. This allows for a seamless migration when ICD-10-CM is required in the United States."

Dean Tullis, president and CEO of Voice Products' Fusion CAC, developed by Artificial Medical Intelligence, said his company is working with hospitals already using ICD-10-CM in the countries of Canada and Brazil. "We will provide an easy transition when and if the time arises for this coding system to become standardized in the United States. The software model allows the ICD-9-CM and ICD-10-CM dictionaries to be cross-walked and then tuned accordingly," he told *Coding Edge*.

By Michelle A. Dick, senior editor



Will Coding Robots Take Over?

Garbage in; garbage out. Because coding is a highly variable task, the error percentage rate with CAC is also variable. There are factors affecting correct coding on the coding level and the reimbursement level. Coding error percentage rates using CAC depends on the facility's or practice's needs, Tullis said. "Every institution has its own coding subtleties ... [Our product] Fusion CAC is no better or worse than a coder. As part of our installation, we can tune our engine to the particular facility. However, some facilities prefer not to tune the engine, but would rather have the coders select the codes, adding, or deleting codes as necessary. Fusion CAC is NOT a coding robot and therefore does not ascribe to the misnomer term of coding accuracy."

Stearns agrees that the percentage of coding errors using E-MD EHR is dependent on who is using it. He said, "It varies by clinic, but practices with efficient processes in place typically get well above 95 percent acceptance (a denied claims rate of less than 5 percent). Some practices achieve consistently high acceptance ratings as indicated by e-MDs customers and frequent membership monitoring of e-MDs customers."

Does a CAC Future Include CPCs®?

Will CAC replace certified coding professionals like robots replaced auto workers? Stearns said, "EHRs will create new job opportunities for CPCs® in the area of pay-for-performance and related reporting activities, which will soon be driving payment to a much higher degree. CPCs® will help practices by reviewing the quality of automated coding support provided by the systems. It will also help auditors by increasing the amount of information they can review, even from a remote location."

Tullis said, "It is possible that coder responsibilities may change. Instead of being readers and procurers, they will become reviewers and auditors. Coders will need to verify the codes within the documentation and the system will require a level of human intervention, approval, and review. Many facilities work with a hybrid medical record meaning they have paper records, progress notes, and legacy handwritten reports, etc. We pre-code the chart components that reside in an electronic format but provide the means to enter codes associated with the paper record, creating a single traceable chart record. Again, coders will need to verify suggested codes and look at any handwritten data that doesn't reside in electronic form."

Will We be Invaded by Spies?

Anti-fraud software is a feature that many administrators are looking for; however, not all software has this feature. When referring to Fusion CAC, Tullis confirmed

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the source documentation cannot be changed. The codes suggested by Fusion CAC are the only component that can be altered at a coder's discretion. "Any time a code is changed, deleted, or added, a traceable log file is created noting the affected change and the coder who made the change. Every alteration, every action within Fusion CAC leaves a 'paper trail.' Everything can be tracked to a specific user, including when and what time the change was made, down to a tenth of a second. The software also uses reverse mapping where accepted codes are traced back and highlighted within the original source documentation."

e-MDs system, however, doesn't "have anti-fraud software labeled as such. There are strong audit trails that keep track of transactions," said Stearns. "This is very helpful as it tightens the controls on how money must be handled. For example, one of the most common ways that money might be stolen from a system is the cash copayments received. There is a function in place that immediately starts the tracking system such that someone cannot take a copayment, hand-write a receipt, and then take the money. Even if the transaction is deleted, the record is retained in the audit trails. Many financial reports can be run based on a number of criteria to help narrow down and find the source of problems. For example, one might run a report by specific user and compare it with other users. If it appears that there is an anomaly, then the audit trails will reveal the detail such as a reduced charge from the defaults automatically set by the system from fee schedules."

What Impacts Coders Most?

In the future, Tullis said, we will see "positive impacts in the form of increased coder and HIM efficiency offsetting many of the new and future regulatory pressures on HIM. It will help the coders deal with new regulations being implemented such as POA indicators."

Stearns said, "Technology will provide clinicians with the ability to provide higher quality care by identifying compliance with guidelines. Coders are perfectly positioned to take advantage of their understanding of medical terminology to set up systems to automate quality reporting. Coders will be required to learn about more sophisticated terminologies such as systematized nomenclature of medicine clinical terms (SNOMED CT®), but the basic knowledge they need to know will be similar to ICD-9-CM. They will also need tools to embed coded concepts within applications that can later capture structured data." ⁶⁵

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