Problems & Barriers Associated to Dual Coding
Agenda

• Introduction to Dual Coding
  – What is Dual Coding?
  – Why Dual Code?
  – Dual Coding and Coder Productivity

• Introduction to Computer Assisted Coding
  – What is a CAC?
  – Why Implement a CAC?
  – Coder Productivity

• Implementation Struggles with Computer Assisted Coding

• A Dual Coding “Real World” Timeline

• Questions & Answers
About the Speaker’s Organizations

• **Legacy Health** ([www.legacyhealth.org](http://www.legacyhealth.org)) an Oregon-based nonprofit, tax-exempt organization and, with more than 9,000 full- and part-time employees, is one of the largest private sector employers in the Portland metropolitan area. The Legacy system provides an integrated network of healthcare services, including acute and critical care, inpatient and outpatient treatment, community health education and a variety of specialty services.
  
  – Legacy’s hospitals include: Legacy Emanuel Medical Center, Randall Children’s Hospital at Legacy Emanuel, and Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center in Tualatin, Ore.; Legacy Mount Hood Medical Center in Gresham, Ore.; and Legacy Salmon Creek Medical Center in Vancouver, Wash.
  
  – Also included in the Legacy system are a hospice agency, a full-service research facility, laboratory services, and specialty and primary care clinics.

• **Deloitte (Contractor for the Military Health System or MHS)** was named as the *nation’s #1 Health Care Consulting practice* in Kennedy’s *Healthcare Consulting Marketplace 2010-2013: Key Trends, Profiles and Forecasts*, and works with large commercial providers (e.g., Kaiser Permanente, Cleveland Clinic, Mayo Clinic), payers (e.g., Aetna, Cigna, Blue Cross Blue Shield), and Federal Health Agencies (e.g., Centers for Medicare and Medicaid Services, Office of the National Coordinator, and the Department of Defense). Deloitte has conducted comprehensive ICD-10 assessments for over sixty (60) large provider organizations across the US and are currently assisting over a dozen clients on their transition to ICD-10.
About the Speaker’s Organizations

- **Advisory Board Company (www.advisory.com)**: This presentation includes content supplied by the Advisory Board Company in partnership with Legacy Health. The Advisory Board is a global research, technology, and consulting firm partnering with more than 165,000 leaders in more than 4,100 organizations across health care and higher education.
  - Legacy has partnered extensively with Advisory Board Company in its ICD-10 preparations, specifically through the ICD-10 Compass initiative, which combines performance technologies with consultative support in order to proactively identify risks and opportunities associated with the transition to ICD-10, and also to provide the necessary solutions and strategies for a successful transition. In addition to ICD-10, Legacy works with the Advisory Board as a trusted thought partner across a wide variety of additional terrains and challenges.”
What is Dual Coding?

- Dual coding requires medical coders to use ICD-9 and ICD-10 codes in a chart simultaneously in order to allow them time to practice using the new codes.
- It can also provide benchmarking for future productivity, helping management teams understand the adjustments that will be needed once ICD-10 comes into full effect.
Definitions

- **Dual coding** = Dual Coding is adding both ICD-10 and ICD-9 codes simultaneously to the record.
- **Double coding** = Double Coding is coding the record twice for two different classifications, or natively coding the record for ICD-10 after it has already been coded for ICD-9.
- **Native coding** = Establishing each code, whether I9 or I10, through use of on-line coding books, hard copy books, or coding trees, etc.
Coding options

• Natively code in ICD-9 and then start over and natively code in ICD-10.
• Natively code in ICD-9 and use a translation tool to identify ICD-10 codes.
• Natively code in ICD-9 and use a combination of the translation tool, coding pathways or online coding book to identify ICD-10 codes.
• A coder, using a single logic pathway, can derive ICD-10 and ICD-9 codes simultaneously.
  – (Not currently using at Legacy Health until I10 Autosuggested codes are added)
  – (MHS evaluating this approach using regional guidelines where top diagnosis and procedures are evaluated and suggestions applied)
Why Dual Code?

- Dual coding offers further ICD-10 education. Coders need to be proficient in ICD-10 and ready to go at a moment’s notice.
- Dual coding allows for testing with outside organizations, like payers and clearinghouses, to ensure that all systems are a go before they’re actually needed.
- It can also help identify opportunities for clinical documentation improvement (CDI) and areas where physicians need training.
Dual Coding Risks

1. **Revenue Risk**
   - Properly trained coders will capture accurate reimbursement of DRGs in an ICD-10 environment
   - Ability to foresee denials and underpayments ahead of the transition

2. **AR and DNFB Spikes**
   - Current efforts will mitigate long term AR and DNFB spikes anticipated with ICD-10
   - Poorly prepared organizations will require months to restore AR to pre-ICD-10 levels

3. **Cost Risk**
   - Uncovering IT vendor compliance issues in advance
   - Focusing on coder training now will help organizations retain their best coding staff

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## Dual Coding Challenges

**Challenges of Dual Coding Now**

- Coding departments already strapped for time and resources
- Managing dual coding while continuing to reduce/maintain DNFB and AR days
- Can be difficult to figure out which DRGs to prioritize
- Insufficient number of ICD-10 trained coders

## Benefits of Dual Coding Now

- Discover the actual impact of ICD-10 on your reimbursement so you can budget and plan for reimbursement changes
- Give your physicians and coders a chance to practice their new skills
- Allow leaders to assess ICD-10 performance before it counts
- Quantify coder productivity losses and plan staffing to minimize disruption and burnout
- Sleep well knowing from experience that systems will be ready for ICD-10
- Gain visibility into reimbursement & potentially negotiate neutrality agreements

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## Concurrent vs. Retrospective Model

**Concurrent Model**

**Pros**
- Gives opportunity to work with physicians on any documentation deficiencies
- Using live charts as if we are currently in ICD-10 environment
- Begins the process of end-to-end testing in real time

**Cons**
- Initial loss of coder productivity
- Likely associated increase in DNFB days
- Overtime or outsourcing to backfill day-to-day coding coverage

**Retrospective Model**

**Pros**
- Can define a rigid scope of claims for ICD-10 testing
- Develop specialty specific coders in ICD-10 who become subject matter experts
- Provides accuracy and consistency for the cases that matter most

**Cons**
- Charts are not in the current revenue cycle flow
- CDI issues may or may not have already been remediated through recent training

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Dual Coding and Coder Productivity – MHS and Legacy Health Experiences

• Validate your system can handle dual coding
• Ramp up staff with the assumption of up at least 20% productivity loss.
  – MHS experience indicated at times, up to 50% loss of productivity if using a single coder approach (varying by region)
• Depending on the end coding system the productivity loss could be 20-50%.
  – Using claims data or using CMS GEMS generally have significant impacts on productivity (MHS experienced additional productivity loss of 10-15%)
  – Mapping from ICD-9 to ICD-10 also impacts productivity due to loss of granularity (MHS experienced greater losses in productivity in mapping from ICD-10 to ICD-9)
Dual Coding & Dual Claims

• **Dual Coding Submission:** According to the industry’s definition, “dual coding” relates to whether or not providers will be able to submit claims with **both ICD-9 and ICD-10 CODES on the same CLAIM.** CMS released the following:
  – “Medicare will RTP/return as unprocessable all claims that are billed with **both ICD-9 and ICD-10 diagnosis codes** on the same claim.”
  – Likewise, Medicare will also RTP/return as unprocessable all claims that are billed with **both ICD-9 and ICD-10 procedure codes** on the same claim.”

• To be consistent with this industry mandate, **clearinghouses will not process ICD-9 and ICD-10 codes on the same claim.**
  – If a clearinghouse processed claims with ICD-9 and ICD-10 codes on the same claim, it could result in downstream rejections and payment delays by CMS and other payers.
MHS Initial Challenges with Dual Coding

- Initially, MHS encountered several challenges with dual coding, as it deals with a disparate population of third parties
  - The training and development of staff members to support ICD-10 is extensive and costly and requires additional temporary contractors
  - Loss of productivity associated with MHS led to the creation of ICD-10 “SME roundtables” to review coder productivity for each Managed Care Support Contractor (MCSC) and their region
  - In support of the retrospective approach, the method of using two coders for one record was attempted to improve productivity
MHS Training Experiences

- MHS has the need to support multiple coding experts across several regions of Tricare and thus must support multiple training programs
  - Using a retrospective model, the MHS has worked to train subject matter experts in ICD-10 to be deployed throughout the regions of Tricare
  - These experts work as part of select roundtables to train coders and to review records to support the development of “guidebooks” to be used by coders within specific regions
  - One challenge encountered was the need to have specialized ICD-10 PCS and ICD-10 CM coders trained in CPT coding as well
Legacy Health
Dual Coding Prep

• ICD-10 Education began in February 2013 – online and on site
• Inpatient coders were on accelerated schedule to meet Finance dual-coding goal
• Contract coding backfill for productive time lost to education
• Dual coding of inpatient accounts began on July 1, 2013
• HB OP dual coding (part time) in September 2013
MHS Dual Coding Prep

- Establish ICD-10 IPTs for each of the Tricare regions of care
- Work with Managed Care Support Contractors (MCSCs) in each region to establish initial dual coding guidelines found facilitate training programs
Legacy Dual Coding Productivity Remediation

- Early adoption of dual coding to meet Finance need to evaluate ICD-10’s fiscal impact
- Goal to forecast DRG/case mix change
- Evaluate if reduced ICD-10 coding plan could still result in appropriate DRG assignment
Legacy Dual Coding cont.

• Needed to limit ICD-10 diagnosis code assignment to 5, maximum of 3 procedures

• Transition to coding I-10 as primary **will create another period of decreased productivity and backlog management**

• Monitoring DRG changes has helped provide focus for additional I-10 coding training

• ICD-10-PCS coding standardization challenge – helped by monitoring DRG changes.

• Continue to have periodic on site training to allow I10 coding discussions
What is a CAC?

• A computer assisted coding system (CAC) is a computer software application that analyzes health care documents and produces appropriate medical codes for specific phrases and terms within the document.
  – For example, the software can determine that the term "cancer" requires coding when it's a diagnosis, but not when it is referring to a "family history of cancer."
Why Implement a CAC?

• The transition to ICD-10 will make the coder world more complex.
• Much of the interest in a CAC is driven by worries about the effect ICD-10 will have on staff productivity and efficiency.
• It is known that coder productivity will drop as much as 50%.
Industry Says...

• According to the American Health Information Management Association (AHIMA), CACs offer several advantages over manual coding, including increased productivity and efficiency in coding and the consistent application of coding rules. However, the cost of the software and the increased potential for errors are potentially detrimental.
CAC improves coder productivity by streamlining the access and viewing of EHR documents. This tool can eliminate the need for coders to access multiple systems to retrieve the documents needed for coding.
In partnership with the University of Cincinnati Health and Texas State University, an HIM consulting company conducted a study to benchmark the time it took to code inpatient charges in ICD-9 against ICD-10.

✓ What they found: On average, it took 17.72 minutes or 69% longer to code a record in ICD-10-CM/PCS.*

* Source: HCPRO.com: Medical Records Briefing from March 2013: “Coder productivity study confirms losses, invokes call for robust ICD-10 training”
Why You Should Plan Now!

- Some CAC installs can take 22-26 weeks to implement (based on 3M 360 Encompass timeline).
- A CAC is critical for the dual coding efforts required for education and payer testing.
- Industry standard indicates that coders should be dual coding no less than 12 months prior to ICD-10 go live.
Implementation Considerations

• Computer assisted coding (CAC) implementation
  – Annotation and/or auto-suggested codes
  – Initial training and learning curve
  – Technical issues
    • Install time line – learner considerations
    • Documentation templates
    • NLP engines
  – Refreshing fundamentals
  – Resources to resolve issues and improvements
  – Continuing support
MHS Implementation Lessons Learned

- Involvement of billing staff to review ICD-9 and ICD-10 code sets will provide data that can be grouped to MS-DRGs to determine potential reimbursement pitfalls.
- MHS performed dual coding records for top diagnosis and conditions using top revenue producing diagnostic statements.
- Supporting training for inpatient and outpatient coders will increase the ICD-10-PCS training budget and require more medical coders to dedicate time to training.
Questions and answers