

Coding Automation

Automate your documentation and coding for faster billing cycles and increased revenues.

By Sean Benson

Perhaps no process has as great an impact on the revenue cycle as procedure documentation and coding. When done accurately and efficiently, it can accelerate billing, reduce rejected or returned claims and increase revenues.

The reverse is also true. Problems with procedure documentation at the front end negatively impact the ability to code appropriately on the back end. This causes delays in the revenue cycle when gaps in documentation must be filled. It can also lead to lost revenues when unfilled gaps in documentation result in under-coding.

The problem is that procedure documentation and coding is primarily a manual, paper-based process. It relies upon the physician to immediately and properly dictate and document services provided, and a medical transcriptionist or service to accurately transcribe that dictation. Coders then use the transcribed note to apply the proper corresponding codes and CCI edits to allow for billing at the highest appropriate level.

The entire process is inefficient, and the added manual steps increase the chance for error. In fact, procedure documentation is one of the leading culprits behind claims and coding problems, as well as a significant portion of payment errors. It is also a drain on financial and staff resources.

Automation to Eliminate Inefficiencies, Errors

Eliminating these issues requires removing the inefficiencies and human errors that plague most documentation and coding processes. To accomplish this, a growing number of health care facilities are deploying software solutions that automate real-time documentation and coding.

In addition to mitigating the risk of lost or delayed revenues, these solutions can reduce costs associated with transcription and chart storage, eliminate dictation/transcription delays and streamline workflows -- all of which will have a direct and positive impact on the bottom line. The key is to identify an application that fits well within the clinical workflow, is easy to use and is designed specifically for clinicians, which can ensure adoption.

The most popular utilize medical content-driven menus that emulate typical procedure workflow and automatically adapt to physician selections. The software follows the logical flow of a procedure, presenting all relevant options that may impact clinical care or correct coding and expanding selections to automatically create detailed procedure notes, which the physician can then electronically sign.

Interfaces with monitoring systems used during procedures automatically import data, including medications, supplies used and other procedure-specific information, while scope interfaces allow relevant images to be attached and incorporated automatically into clinical notes.

The software then maps procedure content directly to billing codes, automatically generating correct CPT and ICD codes, as well as employing CCI edits and all appropriate modifiers. The end result is coder-ready documentation delivering compliance, proper reimbursement and fewer days to drop a bill.

Top-tiered applications will also automatically generate post-procedure orders, patient instructions, referring physician letters and other auxiliary documents that are populated with relevant patient information. Finally, the best systems will accommodate quality and outcomes data reporting for participation in performance-based initiatives or compliance with accreditation and regulatory requirements.

Real-Time Return on Investment

Automating the documentation and coding process can result in a very rapid return-on-investment. Between the cost savings generated by eliminating transcription and the revenue gains realized by capturing all charges to which a practice and facility are entitled, the typical payback for a documentation and coding system is 12-18 months.

There are also significant productivity enhancements that can be realized from automation -- enhancements that have a direct impact on the bottom line. For example, Harmony Surgery Center in Ft. Collins, CO, realized such quantifiable financial outcomes as:

- Enhanced revenues, including an annual net revenue increase of nearly \$872,000 due to faster patient throughput that enabled an additional 80 procedures per month;
- Cost savings, including more than \$44,000 per year from enhanced coding efficiencies and an additional \$12,000 from the elimination of dictation and transcription; and
- A faster revenue cycle, including the ability to drop bills within 24 hours and a reduction in average days in A/R to 26.

In short, by automating procedure documentation and coding with a physician- and coder-friendly solution, provider organizations can streamline and accelerate the overall process and remove the weaknesses inherent in a manual system. This results in an immediate and tangible return on investment, as well as the added bonuses of increased compliance and greater clinician, coder and patient satisfaction.

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