CODING TIPS & TRAINING

Concurrent Coding — Exploring the Concept

By Lisa Hamric, BA, RHIT, CCS, Senior Management Coding Services

In today's healthcare industry, coding of a patient record has become quite complex and the standard simple process is a thing of the past. In the current market, it is imperative that coding professionals work to capture not only the correct DRG assignment but also ensure severity of illness and risk of mortality is optimally captured in the data as these directly impact the quality based initiatives of organizations. Further, clinical pathways are developed through trends found in patient diagnostic data. Due to the multi-faceted areas of the coding process, organizations around the country are moving toward or entertaining the use of concurrent coding in their processes. The movement to concurrent coding is an effort to capture the severity of the patient condition as well as to streamline the final coding process to ensure payment of claims, and timely reimbursement.

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Concurrent coding is the process of real time record review of patient data and often involves collaboration of the Clinical Documentation Specialist (CDS) as well as the Coding Professional to assist in the data capture while the patient is in-house. The process of concurrent coding will vary dependent on whether the organization operates an Electronic Medical Record (EMR), a paper-based record, or a hybrid record. Each organization will need to consider the most efficient approach to their individual work flow. The partnership between the CDS and the Coding Professional is the main link in optimal data capture. The knowledge of the coding professional with regard to Official Coding Guidelines and Coding Clinic, paired with the clinical knowledge of the CDS enables the concurrent coding process to achieve its maximum potential.

There can be many benefits realized from a successful concurrent coding process. The listing below indicates some of the areas that realize benefit:

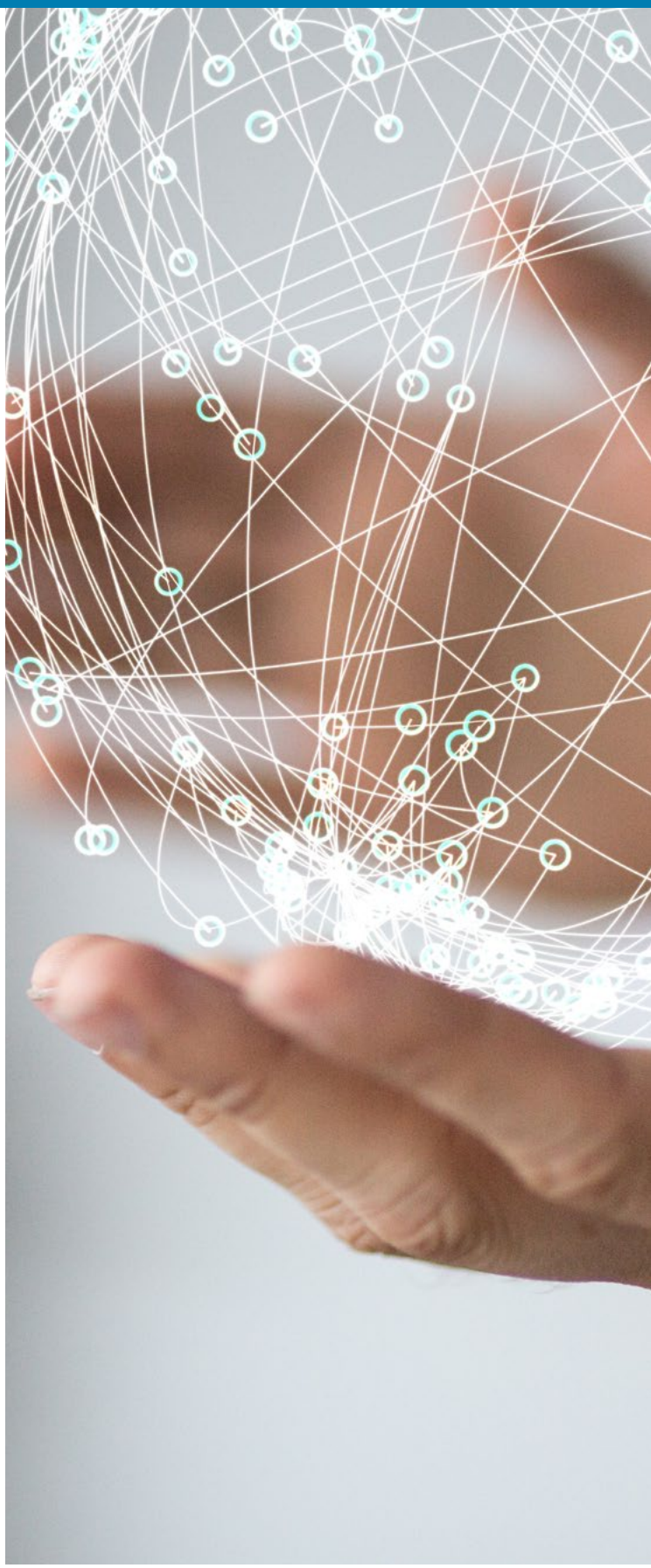
- **Quicker turnaround of final coded records —** Usually the concurrent coding process assigns a coder to follow a patient from admission to discharge. The record is reviewed and coded over a determined period of time (e.g., every 2 or 3 days), adding information into the coding system and analyzing documentation for gaps along the way. When the patient is discharged, a great deal of the coding process has already been done and the coding professional is familiar with the record, decreasing the amount of time for final coding. Additionally, if a query is necessary the coding professional can work directly with the CDS to institute clarification while the patient is being treated, thus lessening wait time for a retrospective query to be answered.
- **Enhanced case management —** Concurrent coding provides data into the hospital EMR that allows case management to proactively follow up on treatment plans, gaps and social deficiencies that patients may experience, rather than addressing challenges upon discharge.
- **Length of stay concerns related to DRG —** Concurrent review of a patient record will allow evaluation of extended length of stay concerns for patients in certain DRG categories. This can be of great benefit for patient care and effective management of facility resources. This approach will provide focus on outliers for patient days related to their conditions as this may have a negative impact on reimbursement.
- **Disease management —** With concurrent data being entered into the system, facilities will be able to trend infections or diseases of concern in real time rather than identify an issue in retrospective fasion. This will allow proactive clinical management and in turn should improve facility quality scores.
- **Medical necessity management —** Reduction in medical necessity denials will be evident as the concurrent process allows for real time analysis of the treatment of the patient and the CDS and coding professional can ensure appropriate documentation is present for justification in the patient record.

> ***Concurrent coding is not a 'one size fits all' process. Rather, it is customized to the individual facility, its staff and their needs.***

As with any change in a program, the move to concurrent coding identifies challenges for organizations. The CDI staff and coding staff must build a productive relationship. The collaboration of these staff members is paramount to seeing a successful program. Likewise, physician buy-in is a strong factor in success as well. Often times, programs have to revise their original plans until they find a process that works well for them. Concurrent coding is not a "one size fits all" process. Rather, it is customized to the individual facility, its staff and their needs.

At UASI we have seen success in the area of concurrent coding. The seasoned coding staff we have onboard acclimate well to concurrent review of the record. Also, their interaction with CDI staff is enhanced by their clinical knowledge base. This assists in query writing and identification of documentation gaps. The experience found in our team also lends itself to the education of medical professionals treating the patient and helping them to understand the necessity of clear, concise, and complete documentation in the patient record.

Concurrent coding has shown in several organizations to benefit data capture and identify trends and gaps in documentation that need to be addressed. Additionally, a strong program can show improvement in turnaround time related to final discharge coding resulting in faster payment of claims and improvement in cash flow. A commitment is required when the decision is made to move into the concurrent coding arena but with planning and forethought the benefit can be worth the effort.



ABOUT THE AUTHOR:

Lisa Hamric, BA, CCS, is a Senior Manager of Coding Services at UASI. United Audit Systems, Inc. (UASI) is a leading national provider of revenue cycle solutions designed to help healthcare facilities achieve correct reimbursement in the quickest possible time.

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