Lessons Learned on Dual Coding
A Provider’s View

Wednesday, July 16, 2014
12:00 – 1:00pm CST

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- The views expressed in this publication are strictly those of the presenter(s) and do not necessarily represent official positions of the American Hospital Association.

Faculty

Moderator
Nelly Leon-Chisen, RHIA, Director of Coding and Classification, AHA

Speakers
Cindy Hutchinson, CCS, CCS-P, Corporate Director of Coding Services, Intermountain Healthcare

Linda M. DiGregorio, RHIA, CCS, Associate Director Clinical Documentation, Coding & Reimbursement, Winthrop University Hospital
“Housekeeping” Instructions

To Download Slides
To ask a question
For CEU information

Poll Question 1

How are you participating in today’s Webinar?

- Individually
- In a group of 2-5
- In a group of 6-10
- In a group of 11-20
- In a group of 21 or more
Dual Coding . . . Or Double Coding?

Definitions vary widely

- Coding both ICD-9-CM and ICD-10-CM/PCS on the same patient record
- Coding simultaneously ICD-9-CM and ICD-10-CM/PCS codes
- Coding natively twice vs. using map or translation tool?
- Same individual coder assigning codes in both systems vs. different individual coding same record?

Benefits of Dual Coding

- Create data for financial modeling and end-to-end testing
- Increase coder productivity and confidence
- Conduct coder readiness assessments
- Identify deficiencies in clinical documentation
- Ensure already trained coders don’t lose skills learned
- Provide information for future planning
- Identify areas where coding advice is needed
Poll Question 2

If you are implementing dual coding, will you be using the information for?

- End to end testing
- To gather comparison data for data analytics (e.g. revenue comparison, productivity, other)
- To build organizationally-unique cross walks from ICD-9-CM to ICD-10-CM/PCS
- Other
Issues to Consider with Dual Coding Strategy

• Case selection
• Staffing
• Technical issues
• Concurrent vs. retrospective

HIPAA Code Set Standard

• Under HIPAA, ICD-10-PCS is the standard for hospitals when reporting surgery and procedures for inpatients, whereas CPT/HCPCS is the standard for hospital reporting of outpatient services and physician reporting.

• However, today some hospitals report ICD-9-CM procedure codes for outpatient services for internal or non-claim related purposes, or for specific payers under contractual agreements, or as required by their state data-reporting requirements.
Poll Question 3

Will you be requiring hospital outpatient coders to code procedures in ICD-10-PCS as well as CPT?

- Yes
- No
- Unsure

Cindy Hutchinson, CCS, CCS-P
Corporate Director of Coding Services
Intermountain Healthcare
• Nonprofit Health System based in Salt Lake City, UT
• 22 Hospitals
• ~1,300 employed primary and secondary care physicians
• Intermountain Medical Group - ~185 clinics
• SelectHealth – health insurance plans

ICD-10 Dual Coding Project

HIM Coding Services
• Centralized Coding within the RCO
• Employee 134 Coding Staff
  • Corporate Compliance
  • Regional Coding Managers
  • HIM Coders – both facility based and remote
  • HIM Coding Technicians
• Currently a hybrid record, implementing EMR
• Implemented Computer Assisted Coding for Input in 2013
• Began Dual Coding October 1, 2013
ICD-10 Dual Coding Project

Scope of the project

• Training
  • Train the trainer approach
  • Supplemented with vended solution
• Analysis
  • Evaluate Top DRGs by volume and by CMI
  • What records make sense for your facility?
  • Randomize – find any hidden surprises

ICD-10 Dual Coding Project

Coding Support

• Weekly Huddle
  • There will be questions, how will you address them and share the information?
• ICD-10 Coding Hot Line
  • Develop experts and use them to your best advantage
  • Submit items to governing bodies for further clarity
    • Coding Clinic
    • NCHS
ICD-10 Dual Coding Project

ICD-10-CM Coding Clinic Clarification:

- Acute Cor Pulmonale without mention of PE
- High Risk Mammography
- Prematurity in infant >36 weeks gestation
- Small Gestation Ages in infant weighing >2499 grams
- Viral Sepsis
- Acute on Chronic Kidney Disease
- Nosocomial Conditions with documentation of healthcare acquired infection. (CC 4th Q 2013)

ICD-10 Dual Coding Project

ICD-10 PCS Coding Clinic Clarification:

- PP Hemorrhage control using vaginal tamponade (Bikri catheter)
- Chemotherapy wafers during excisional procedures of brain
- Cleft palate repair using bilateral palatal flaps
- Fontan, Glenn and Norwood procedures for hypoplastic heart syndrome in infants
- Rotationalplasty of femur for pediatric osteosarcoma
ICD-10 Dual Coding Project

Lessons Learned

• Training
  • Be sure to expand contract(s) with any vended solutions.
  • Plan for coding vacancies

• Analysis
  • Re-evaluate and share data
    • Prepare for changes in payment allocations by identifying DRG shifts
    • Analysis of coding changes, complexity and DRG shifts allows you to train and staff to identified problem areas

• Productivity
  • Still ambiguous, planned a 20-30 % decrease
  • 9 months later most coders are back to baseline
    • Exception is Children’s Hospital and complex surgical cases

Next Steps

• Expand scope to include SDS
• Close the loop with Clinical Documentation Improvement team
  • Include the CDI specialists in weekly huddle
• Share documentation gaps with Hospitalist groups
• Provide specialty specific education for physicians
Linda M. DiGregorio, RHIA, CCS,
Associate Director Clinical Documentation, Coding & Reimbursement
Winthrop University Hospital
Winthrop-University Hospital
Dual Coding Efforts

Winthrop-University Hospital

- Long Island’s first voluntary hospital; founded in 1896.
- Mineola, Long Island, New York in Nassau County; close to the border of Queens.
- 591-bed teaching and academic center - currently operating 531 active inpatient and observation beds.
- As a teaching hospital, Winthrop serves as the clinical campus for the Stony Brook School of Medicine.
- Major regional healthcare center offering specialized Neonatal, Cardiovascular, Gastroenterology, Obstetric, Neurology and Orthopedic services.
- New York State-designated Regional Trauma Center.
- New Research & Academic Center – a 95,000 square foot facility, will be open and operational by end of 2014. Designed to include core laboratories, a clinical trials center and classrooms for the medical students. Researchers will focus on diabetes, obesity and the cardiometabolic complications that arise from these conditions.
- Flagship for Long Island Health Network (LIHN) - 10-hospital consortium formed to improve and standardize clinical quality, and to enhance the efficiency of operations among member facilities.
Winthrop-University Hospital

2013 Inpatient Discharges
• 35,570 Discharges
• Approximately 3,000 each month
• By Payor:
  - 26% Medicare FFS
  - 2% Medicaid
  - 2% Worker Comp & No Fault
  - 70% Contracted Payors (HMO Managed Care)

2013 Outpatient Visits
• 14,000 Ambulatory Surgery/Outpatient Visits
• 50,000 Emergency Dept. Treat & Release Visits

Health Information Management Department

H.I.M. Department is 88 FTEs Strong

Coding Unit:
• Associate Director; Coding, Reimbursement & CDI
  • 2 Coding & Reimbursement Specialists
  • 1 Coding Coordinator
  • 12 Inpatient Coders; 1 Per Diem
  • 5.5 ED Coders
  • 4 ASU / Outpatient Coders

Clinical Documentation Improvement:
• Manager of CDI & DRG Appeals
  • 9 CDI Nurses
  • 2 RN DRG Appeals Staff Members
ICD-10 Staffing & Budget Impact

- Currently, there are 38 staff members in the Coding & CDI Units
- 18 Staff members have been added since 2011
- There are still 4 vacancies remaining in the Coding Unit
- There is 1 open position on the T.O. in the CDI Unit

1st Major Intersection
Anatomy & Physiology Training for ICD-10

The HIM Dept. reviewed three (3) Educational Sources for Anatomy & Physiology Training

Tools and Training for the Professional Coder Advanced Anatomy & Physiology for ICD-10-CM/PCS
Contexo | Media; A Division Of Access Intelligence

T 800.334.5724
F 801.365.0710
www.contexomedia.com

January 2011: A 60-day sign-on access was allowed for each of the Coding and DRG staff members enrolled. Over the next 8 weeks, we set 4 scheduled 2-hour Review & Summation Sessions for review and discussion after everyone had completed each of the 4 Learning Modules and the requisite Quiz. The final class was dedicated to coding examples using ICD-10.
2nd Major Intersection
Coding Assessment: Solidify Staffing, Review Strengths, Obtain Commitment

[Letter content]

3rd Major Intersection
Formal Training in ICD-10-CM/PCS

- September 2011; 4 lead staff members attend the AHIMA ‘Train-the-Trainer’ Sessions in Albany, New York
- November 2011; 10 Coding staff members attend the AHIMA ‘Train-the-Trainer’ Sessions in East Elmhurst, New York
- Issue: Staff hired in 2011, along with other Coders who did not attend one of the AHIMA Training sessions, still must receive formal training.
4th Major Intersection
The Road to Dual Coding

• Late 2011, the hospital signed an agreement with Health Revenue Assurance Associates (HRAA) for bi-monthly live Web-based training first in ICD-10-CM (Diagnosis) coding; followed by ICD-10-PCS Training.
• HRAA held a live, onsite ‘Kick-off’ meeting to introduce the staff to ICD-10 Diagnosis coding on January 20, 2012. Bi-monthly 2-hour live web-casts followed through June 2012.
• March 21, 2013 - December 5, 2013 (Total 17 sessions); Retrospective Dual coding of Inpatient Charts. Cases selected based upon the Hospital’s Top 25 DRGs for 2012. Two (2) DRGs (Ex. DRG 392 & 313) selected and reviewed; 6 cases per 2 or 3 hour session. Live Web-casts held bi-monthly.
• December 19, 2013 – July 24, 2014 (Total 15 sessions); Concurrent Dual coding of Outpatient Visits. 5 ED Sessions; 5 ASU sessions; Interventional Radiology & Minisurgery Visits.
• Cost to the Hospital: $94,500 for HRAA Training
• Issue: Staff hired in late 2012 missed out on formal ICD-10-CM/PCS Training.

Concurrent Dual Coding

• January 2014, the Coding staff began concurrent dual coding on all Obstetrical Visits. Currently, there are over 2,000 OB cases with both ICD-9 & ICD-10 codes stored in our Siemens data base.

• February 2014, staff members began concurrent dual coding of all Hip & Knee replacement surgeries, in addition to ORIF. Currently, there are 300 Orthopedic cases with both ICD-9 & ICD-10 codes stored in our Siemens data base.

• July 2014, the Coding staff began concurrent dual coding all cardiac visits - both Inpatient & Outpatient ASU visits - involving an AICD; Pacemaker or Loop Recorder; Cardiac Catheterization with or without stent placement and EPS visit with both ICD-9 & ICD-10 codes stored in our Siemens data base.
Productivity & Coding Tools

- Prior to staff training in ICD-10, Inpatient Coders were to meet the productivity standard of 15 to 20 Inpatient records coded and abstracted daily. Most coded, on average, 18 charts per day.
- With the onset of training in January of 2012 productivity has dropped to 13 Inpatient records coded and abstracted daily.
- Coding staff now involved in concurrent dual coding in 3 important MDCs – Vascular; Orthopedic & Obstetrical – now average 11 Inpatient visits coded and abstracted daily.
- This represents a 60% drop from our pre-training rate of 18 charts per day in 2011. (60% of 18 = 10.8)
- As we have seen our Cardiac procedures - PTCA & stent, along with AICD placement move to the outpatient arena, Winthrop will begin to track productivity loss in the ASU section.

Crosswalk

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http://www.surveymonkey.com/s/july16webinar

CE certificate may be obtained for AHIMA and AAPC credits

July 17, 2014

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Retain this verification in your personal file for audit purposes.

Thank you for your interest and participation.

Nelly Leon-Chisen, RHIA
Program Chairperson
American Hospital Association
AHA Central Office

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__________________________________________
Name

Lessons Learned on Dual Coding - A Provider's View

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