Coding at a Crossroads

by Linda Kloss, RHIA, CAE, chief executive officer

It has been nearly 25 years since ICD-9-CM codes became the basis for hospital inpatient payment. Over the years, code-based payment has extended to virtually all healthcare services, and CPT and HCPCS code sets have been added to the mix. We now use software tools to facilitate coding and have implemented strong compliance programs. We use analytic tools to report coded data trends and patterns.

After 25 years of investment, we ought to have hospital inpatient coding down pat in the US. But as Kimberly Hrehor reports in "The Codes to Watch," payment errors remain significant. DRG coding is just one factor in payment errors, but data from the Centers for Medicare and Medicaid Services show room for improvement.

Getting Control of the System

The HIM community understands the organizational challenges to correct coding: limitations in the coding systems, medical record documentation, the qualified coder shortage, and the need to reduce cycle time versus the need for complete data. We also understand the policy challenges that affect correct coding: variable payer policy and directives that do not conform to coding guidelines, the inadequacies of the 30-year-old ICD-9-CM code set, the productivity impact of multiple procedure code sets, and a general lack of understanding about how all this coding stuff really works.

AHIMA's Foundation of Research and Education is currently researching best practices in revenue cycle management for hospital inpatient coding, work that Mitch Work describes in the sidebar "Best Practices in Revenue Cycle Management" on page 31. The research will help HIM professionals be more effective process owners and contributors to the overall revenue cycles in their organizations. It will also help us be more effective advocates for organizational and policy changes that improve compliance and the accuracy and efficiency of these complex and expensive administrative systems. Using technology to solve real workflow challenges is well-illustrated in "Data Abstraction Unplugged" by Cynthia Eisenhower, Karen McElwee, Christina Wargo, and Tracy Woodruff.

Another way to become an effective revenue cycle process owner is to learn from the data. In "How Does Your Coding Measure Up?" Kurt Price and Dean Farley illustrate what data should be monitored and how to drill down to identify where your organization's performance can be improved.

On the Cusp of Major Change

In 1999 AHIMA convened a group of experts to consider how technology would influence coding processes in the future. The group's report included scenarios that predicted computer-assisted coding in electronic health records using mappings from reference terminologies and artificial intelligence technologies.[1] This report helped shape AHIMA's activities and positions. AHIMA is currently validating mappings from SNOMED to ICD-9-CM for the National Library of Medicine, which is attributable to this task force's work.

In collaboration with the American Association of Medical Transcription (AAMT), AHIMA conducted a study on transcription futures, whose highlights are reported in "Transcription's Future(s)" by Jill Callahan Dennis, AHIMA's president-elect, and Sandy Fuller, its chief operating officer. This work will guide our activities and positions, and we look forward to continuing collaboration with our colleagues at AAMT. Like coding, transcription is at a crossroads. Now is the time to be effective advocates for process redesign to improve productivity and quality.

Note

1. Johns, Merida. "A Crystal Ball for Coding." *Journal of AHIMA* 71, no. 1 (2000): 26–33.

Article citation:
Kloss, Linda. "Coding at a Crossroads." *Journal of AHIMA* 76, no.7 (July 2005): 25.