ICD-10 Coding Audit Predictions
Assessing coder proficiency becomes top priority in 2016

#1 Focus shifts to auditing and assessing coders
Coding accuracy is predicted to drop by 32% in the first year of ICD-10.* With a drop in code quality, more coding audits and skills assessments will be needed—versus only quarterly or annual reviews.

- Closely monitor coding accuracy during first 12 months of ICD-10
- Current standard of 95% accuracy rate predicted to plummet to 63%*
- Increase coding audit and review frequency—from quarterly and annually to weekly and monthly

#2 New best practices for assessing coders in ICD-10 production environments emerge
Coding managers must continually score coders to identify skill gaps and make staffing adjustments. New processes for code auditing in ICD-10 have already emerged.**

- Use real medical records/patient information within training and test systems
- Track the reason for DRG shifts
- Set a new ICD-10 quality standard to which coders are held accountable
- Have coders double-check codes assigned by the encoder and CAC
- Work collaboratively with denials management during first 6 months of ICD-10

#3 Audit software must also score and grade coders in ICD-10
New technology capabilities to score and grade coders become mandatory as organizations are forced to perform greater volumes of coding reviews. Manual compilation of review findings make way for automatic tracking and trending of errors including ability to:

- Electronically score coders with a consistent answer key
- Full data analysis to compile findings and dynamically present results
- Drill down to specific codes including all patient types: IP, OP and ED
- Score code category, sub-category and unique ICD-10 code

#4 Data-driven objectivity replaces manual audit subjectivity
Subjective determination of reasons for errors is no longer acceptable. Organizations must stay proactive and identify objective categorization of reasons for error.

- Automated, ongoing assessments replace manual coding audits
- Coding review and audit costs are reduced to 50% less than traditional audits
- Managerial time saved—productivity improved

“Traditionally 4-5 days were required for our ICD-10 coding manager to review coder’s codes, score and analyze data results. With Central Learning, this is done instantaneously – an 80% productivity improvement.”
New York City Coding Trainer and Reviewer

ICD-10 resets all benchmarks. Assess coder proficiency with Central Learning.
Get the details here: himoncall.com/central-learning

Coder Auditing in ICD-10: Five Nuances for Managers to Recognize Now by Paul Strafer, RHIA, CCS.
Read the article here: himoncall.com/newsroom/articles

Sources:
* HIMSS - Training for ICD-10: A Complete Plan Extends Beyond Coders

www.himoncall.com • info@himoncall.com • 610.435.5724 x 131 or x115