

Options to Assess Coders Proficiency in ICD-10

Manual Process

TRADITIONAL CODING AUDIT

- Need to identify or contract auditing staff/team
- Manual selection of records to audit
- Manual review by auditing staff
- Each coder codes a distinct medical record; disparate assessment & comparisons
- Subjective determination of reasons for errors based on the individual Auditor
- Manual compilation of findings with No tracking or trending
- Limited data analysis with No drill down capabilities
- Long process, two to three week process
- One single audit project with one snapshot of coder quality
- No productivity assessment
- Very costly whether the Audit is performed by in-house staff or contracted services



AUTOMATED CODING AUDIT *Plus* ASSESSMENT

- Minimal auditors required
- Automatic assignment of cases based on filters
- Automatic scoring of accuracy
- All coders code the same medical record case; equal assessment & comparison
- Answer Key created by a Forum of Coders
- Automatic categorization of reasons for error, and Automatic compilation, tracking & trending of errors
- Full data analysis with drill down to the specific codes
- Immediate findings as each case is coded
- Endless audits that continuously assess coders
- Includes productivity assessment
- Very less costly than traditional audit methods & without the expense of auditors