

# CAC – Disruptive Technology That Could Transform Medical Coding



A key process in the field of revenue cycle management, coding has become more deep and complex and labor-intensive with the passage of time. Yet the productivity and efficiency parameters most businesses had become resigned to, might be a thing of the past. The days of a coder reading through charts and assigning the right set of codes might well be over soon. History suggests that any repeatable process can be enhanced via technology, and coding wasn't about to be left behind. CAC (Computer Assisted Coding) is the new term that finds a place in water cooler conversations among the medical coding fraternity.

We now may have a system that will read through charts, pre-assign codes and present them for review prior to final submission.

Visit Information		Patient ID		Demographic		Vitals		Medications		Allergies	
Planned Procedure(s)		Name		Gender		Age		Medication		Allergy	
Planned Procedure(s):	Procedure #1: exp lap.			S	H	1				R: VENTRAL HERINA W/ODG/GANGRENE	
		K45.9	Y							R: UNSPECIFIED INTESTINAL OBSTRUCTION	
		K26.80	Y	MALE	FEMALE	2				R: UNSPECIFIED ASTHMA UNCOMPLICATED	
		348.908	Y			1	1			R: CORP UNSPECIFIED	
		246.9	Y			1	1			R: TYPE 2 DM WITHOUT COMPLICATIONS	
		E11.9	Y			1	1			R: HYPOTHYROIDISM UNSPECIFIED	
		833.9	Y			1	1			R: ESSENTIAL PRIMARY HYPERTENSION	
		210	Y							R: GERD WITHOUT ESOPHAGITIS	
		A21.9	Y							R: PERSONAL HISTORY OF COLONIC POLYPS	
		Z96.010	Y							R: PERSONAL HISTORY OF NICOTINE DEPEND	
		287.891	Y							R: PERS HS TIA & CI NO RESSD DEPCIT	
		Z96.73	Y							R: ALLERGY STATUS NARCOTIC RT STATUS	
		Z96.3	Y							R: ALLERGY STATUS TO PENICILLIN	
		Z96.0	Y							R: ACQ ABSENCE GTH PART DIGESTIVE TRACT	
		Z96.46	Y								

  

Past Medical History		Medications		Allergies	
Neurologic					
TIA, Other: mini stroke possibly 6-2013					
Cardiovascular					
Heart murmur, Other: High cholesterol. Follows with Dr. Baird(PCP).					
Circulation					
No circulatory PMH					
Respiratory					
Asthma, COPD, Other: smoker 1/2-1pk per day					
GI					
Cholecystectomy, GERD, Other: Colon polyp					
GU/Renal					
Other: kidney stones greater than 1 yr ago					
Musculoskeletal					
Arthritis, Back pain					
Endocrine/Metabolic					
Diabetes Type II, Hypothyroid					
Hematology					
No blood disease PMH					

## A system that could benefit early adopters

Changes in technology are inevitable. With the advent of CAC, the domain of coding threatens to change for the better, proving of great advantage to those companies that see the writing on the wall and make the switch. Coupled with their existing domain expertise and talent, CAC can equip them for the rigours of an evolving and more competitive domain, and put them firmly on track for a great future.

The multiple benefits of CAC include:

1. Saves time: - Studies show that up to 22% time is saved for the coders if CAC is used. However, the coders need to validate the codes derived by CAC and cannot directly bill the machine-coded claims.
2. Increases productivity - Complete more cases in less time with automated prioritization
3. Reduces potential error rates – CAC reads through the EHR completely and assigns codes by which coder will not miss any reports to be reviewed.
4. Reduces interpretation challenges – Since the EHR is validated through NLP, assigning incorrect codes will be avoided.
5. Reduced dependency on manual effort – Coders will only need to validate the codes assigned by CAC.

## A professional role revision

Implementation of a CAC however does not make the role of a medical coder redundant. It simply means that the role morphs itself into a different, more sophisticated one that leaves the more intricate aspects of the work to the cerebral power of the coder. The system will still need a person at the end of the process line, to validate and approve the codes or fix deviations etc. This will mean that a coder now needs to know almost all specialities rather than just one or two.

In the years to come, as this technology gets pervasive, it will start to learn itself and reduce the deviations and throw backs.

The list of medical codes are only going to get longer and more complex. Scale can only be handled through technology and CAC promises to be the way forward.

*CAC can equip them for the rigours of an evolving and more competitive domain*

## About Omega Healthcare

Omega is the leading offshore provider of healthcare outsourcing Revenue Cycle Management (RCM) services to the US healthcare industry, serving 5 of the top 10 RCM companies.

Omega has significant domain expertise across multiple medical specialties (e.g., Radiology, Pathology, Cardiology, Anesthesiology, Emergency Medicine, Surgery, Hospitalist, etc.) and across multiple payers and payer classes, including Medicare, Medicaid, commercial health insurance and workers compensation in both the physician and hospital segments.

Apart from inpatient and outpatient medical coding on the ICD-10 code sets, OMEGA provides a comprehensive range of RCM services, including accounts receivable management, insurance follow up, in-bound call center activities, payment posting and selected data services.

The Company is fully HIPAA compliant and also maintains ISO 27001 and 9001 certifications, along with SSAE16 certification. OMEGA utilizes industry proven Quality Control and Audit methodologies to guarantee customers 98%+ accuracy in all processes.

Omega operations are based out of India and the Philippines.



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Thirumozhi MGK – CPC, CIC, CRCE-P – is a training head at Omega Healthcare and very passionate about the RCM industry. Her 20+ years spent in the healthcare domain gives her the requisite expertise to understand the industry, predict changes, and build effective training programs for the company. Outside of her work at Omega, she is the treasurer at AAHAM - Chennai Chapter.

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