Concurrent coding efforts are limited in CDI practices

Concurrent coding. It’s a process whereby coders assign ICD-9-CM codes throughout the patient’s stay, rather than after discharge. But the practice isn’t a common one. According to a recent CDI poll on the ACDIS website, only 13% of nearly 170 respondents perform concurrent coding at their facility. The bulk of respondents (50%) indicated they do some concurrent coding primarily in order to assign a working MS-DRG, but coders perform coding retrospectively (See Figure 1.)

Effective concurrent coding efforts require additional staff, place additional expectations on coders, and require policy and procedure revisions, says Paul Evans, RHIA, CCS, CCS-P, supervisor of clinical documentation integrity in the quality department at California Pacific Medical Center in San Francisco.

“It can be a good idea, but only if you have the technology and skilled manpower to do it right,” he says.

That means:

» Working efficiently (preferably electronically) so that CDI staff members receive their census on a daily basis for assigned patients.

» Examining the charts and coding concurrently based on hours poring through the ACDIS site. I asked a million questions (which now seem ridiculous) on “CDI Talk.” I would say my experience has been less about finding nuggets than the gold mine of assistance and knowledge shared by ACDIS and its members throughout the site.

CDIJ: If you could have any other job, what would it be?

KG: It’s hard for me to imagine my life as anything other than what it is. This is just my personality. I have a lot of interests though and entered college intent on studying Latin American studies and joining the Foreign Service.

CDIJ: What was your first job?

KG: I didn’t work in high school; my first job was working in the university library during my freshman year of college.

CDIJ: Do you mind telling us a little bit about your family.

KG: My husband, David, and I have been married for seven years. He is also a nurse and is currently in graduate school to become a CRNA. Our son, Griffin, turned 5 in August and our daughter, Rozlyn, will be 3 in December. We are expecting our third child, a boy, in December.

CDIJ: Tell us about a few of your favorite things:

KG: Vacation spots: We have not done any big international trips since having our children. We try to fit in an annual ski vacation every winter as well as a trip to the Gulf Islands in the summer. We live far from all our family, so we spend much of our time off visiting family.

Hobbies: I spent a lot of time cooking! Also, basic sewing, knitting, crafting, and reading.

Non-alcoholic beverage: Root beer.

Foods: All of it! I love to cook … and eat! I especially enjoy seafood and fruit. I have an enormous sweet tooth.

Activity: I enjoy going to the gym, skiing/snowboarding, hiking, and enjoying family activities.

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all documentation, in a thorough manner. This takes additional time and may require additional staff, or staff may need to limit the type of charts they review. Staff will need to perform an initial review on day one of admission and continue to add codes daily, as warranted by subsequent documentation.

» Querying the physician when and if significant conditions need to be clarified and/or the documentation for such conditions do not support coding guidelines/requirements.

» Sending the CDI specialist’s proposed codes electronically at discharge to an HIM professional/coder for final review, coding, and bill drop. This person should have the final say on code assignment and should be responsible for incorporating any last-minute changes to the discharge summary or late dictations or amendments if needed, Evans says.

“The obvious advantage [of the concurrent coding model] for us was the enhanced opportunity to perform concurrent queries,” says Evans.

A similar process takes place at a 60-bed facility in Iowa, says Rachel April, a pseudonym. She prefers to remain anonymous since, she confides, this method has not worked very well in her facility.

In April’s facility the CDI team includes a combination of coding and nursing staff—two RNs who work three eight-hour days, one coder who works four six-hour days, and one coder who works two eight-hour days—who perform rotating duties of concurrent coding.

The team reviews all patients on every floor. Each staff member is assigned a floor to review every day, and the next day the assignment rotates. A tracking sheet on each unit documents which CDI specialist reviewed the record last and whether the diagnosis changed.

Each staff member reviews roughly 10 new patients and conducts about 11 re-reviews of the charts, essentially following up on a patient’s record every three days. They track the initial, working, and final DRG.

The idea of rotating the responsibility for the record review over the course of the patient stay may have been intended to ensure both clinical and coder expertise were accounted for; however, without assigned accountability, individuals frequently left tricky questions for the next reviewer to resolve, April says.

Janet Gentle, RN, BSN, MSN, CCDS, says the concurrent review and coding process at her previous facility (a program similar in structure to that which Evans describes) worked very well.

“The relationship between the CDI nurses and the coders became very collaborative over time,” Gentle says.

HIM and CDI staff sat in close proximity. Coders made the final coding determination the day after discharge and the same day, CDI staff reviewed the chart to ensure everyone agreed on the final DRG assignment.

“This prevented delays in dropping the bill and reduced days in accounts receivable. I know this type of CDI program is in the minority but it worked well in this situation,” Gentle says.

Now CDI coordinator for Munson Medical Center in Traverse City, Mich., Gentle’s current CDI program employs CDI nurses to perform concurrent reviews/working DRG assignment and retrospective coding is completed post discharge by inpatient coders.

“The change in program methodology has been a big learning curve for me,” says Gentle.

“I now can appreciate that there is a lot to be said for both styles of CDI programs. Each has advantages and disadvantages, but the decision to use either depends on the needs of the facility, the focus of the CDI program, and the talents and backgrounds of the staff.”

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**Figure 1: Does your CDI/HIM program perform concurrent coding along with concurrent record reviews?**

- **Yes, but we only assign codes associated with working DRGs; coders assign final codes retrospectively**
  - 50% Yes
  - 36% No
  - 13% Don’t know
  - 1% Don’t know