3M™ Coding and Reimbursement System Plus

- Provides a sophisticated, easy-to-learn solution for accurate, complete, and compliant coding, as well as reporting and grouping
- Enables easy access to your coded data via a web reporting tool
- Provides ICD-10 functionality today, as an essential resource for all ICD-10 implementation programs
- Available as a web-based application

Intuitive coding decision support

Designed for expert and novice coders alike, the 3M Coding and Reimbursement System Plus (CRS+) offers more of everything you expect from the world’s most popular coding software. With 3M experts and clinicians delivering consistent regulatory updates and clients providing continuous feedback, 3M CRS+ works the way coders work, with all the latest features to address regulatory requirements and operational demands.

With easy-to-use menus, references and prompts, 3M CRS+ gives coders the functionality they need to support complete, accurate and compliant coding.

The challenge

Keeping up with the ever-changing rules and regulations of health care is difficult. Understanding and managing regulatory updates, classification guidelines, payment methodologies and the increasing volume of data in the EHR are formidable challenges.

In addition, computer-assisted coding (CAC), natural language processing (NLP), and the increased specificity required for ICD-10 have also become part of the coding landscape and add to the complexity facing HIM professionals. These technologies have become key factors in the decision-making processes that can affect every level of a healthcare organization.

The 3M solution

Decisions made to improve quality throughout the hospital are based largely on data supplied by the HIM department. Changing technology and regulations have not changed the basic foundation of your data, which is accurate, complete, and compliant coding. Today most hospitals in the U.S. depend on the functionality and reliability of 3M’s coding system to build that foundation.

The 3M Coding and Reimbursement System Plus (CRS+) is a sophisticated yet easy-to-use suite of tools that generates accurate, complete, and compliant coding and grouping. It supports coders with powerful coding logic, giving them the confidence of knowing their judgments are backed by 3M experts and nosologists.

3M CRS+ is designed to provide appropriate support for novice to expert level coders. The system guides the coder through the coding process, covering the full range of situations from complex oncology treatments to repetitive or typical patient encounters. At any time, the coder can view the comprehensive selection of online references to clarify the situation and make appropriate decisions.
With 3M CRS+, coders have a flexible tool that supports greater productivity—allowing direct coding for routine procedures, yet employing consistent rules and expert logic to help address unique or complex coding issues. For all of these reasons, 3M uses this flagship coding and reimbursement solution as the coding engine for the 3M™ 360 Encompass™ System.

Report on your coded data
3M CRS+ now provides detailed reporting on your coded data via powerful, yet simple-to-use tools. You can:

• Measure coding impact on CMI
• Detect productivity issues by coder and case type
• Gauge ICD-10 impact on coders, allowing for training adjustments and workload realignment
• Report and analyze the impact of new state payment methodologies (e.g., 3M™ APR DRGs)

3M: The ICD-10 experts
For over a decade, 3M has worked with international clients to develop and implement ICD-10-based coding. We developed ICD-10-PCS and the General Equivalence Maps (GEMs) between ICD-9-CM and ICD-10-CM/ICD-10-PCS. This experience makes 3M the logical choice for your ICD-10 coding solutions.

With 3M CRS+, your coders can:

• Perform dual coding (i.e., simultaneously code in ICD-10 and ICD-9 using a single coding logic pathway)
• Access an integrated ICD-10-CM and ICD-10-PCS code book from within the coding software
• Translate codes on claims
• Run ICD-9/ICD-10 analysis reports to see the difference in grouping and reimbursement
• Identify specificity gaps in the documentation that will can impact ICD-10
• Perform improved ICD-10-PCS coding using a dynamic code builder (patent pending) which combines logic and table-based coding approaches

Powerful components
• 3M™ Codefinder™ Software—Helps you manage the complex rules and terminology of ICD-9-CM and ICD-10 coding, following mandated rules, principles and guidelines.
• 3M™ DRGfinder™ Software—Provides accurate MS-DRG grouping capabilities for Medicare and other payers. DRGs are automatically computed to help improve coder productivity, and multiple DRGs can be calculated at the same time. Also includes indications if a code is an MCC or a CC.
• 3M™ HCPCS/CPTfinder Software—Helps you determine the standard five-digit code for outpatient procedures and services.

Easy to integrate
3M CRS+ can be interfaced and integrated with:

• 3M™ Health Record Management (HRM) Software—Provides a comprehensive data abstracting and management tool for collecting and reporting on all inpatient coded, interfaced, abstracted, special study and reimbursement data.

• 3M™ Ambulatory Revenue Management Software (ARMS)—Provides a central repository for and view into all three major data sources that impact outpatient revenue: HIM and chargemaster coded data, UB-04 codes, and remittance advice (RA) codes.

• 3M™ Audit Expert System—Reviews 100 percent of inpatient records for compliance errors at the point of coding.

• 3M™ ClinTrac™ Care Planning Manager (CPM) Software—Integrates case management, social services, resource management and discharge planning in one comprehensive solution.

• HIS vendors and EHR systems available in the market today that have a software interface license agreement with 3M.

• 3M™ Advanced Analyzer Software—Assists coders in picking up the specificity in clinical documentation. 3M Advanced Analyzer helps coders obtain the most precise and comprehensive set of ICD-9-CM and ICD-10-CM codes by providing suggestions for frequently missed codes that impact MS-DRG and 3M™ APR DRG assignment, as well as severity of illness and risk of mortality—important quality metrics.
• 3M™ Reimbursement Calculation Software—Calculates instantly the reimbursement based on formulas that use appropriate national and hospital-specific variables. It includes Medicare inpatient and outpatient formulas and accommodates various other payer groupers using the same codes.

• 3M™ APCfinder™ Software (optional)—Calculates Ambulatory Payment Classifications (APCs) incorporating outpatient prospective payment system regulations for editing, grouping and reimbursement. It also includes estimated payment for APCs, fee schedules and beneficiary co-payments, and provides APC grouping and reimbursement capabilities for Medicare as well as OCE, NCCI and proprietary 3M edits.

• 3M™ 360 Encompass™ System (optional)—Is the only CAC and clinical documentation improvement (CDI) solution fully integrated with the 3M Coding and Reimbursement System. It was developed to help your coders realize the significant productivity gains from CAC and natural language processing (NLP) technology, without sacrificing the ability to understand the expert logic behind each computer-suggested code.

3M: Delivering coder confidence

Today’s shortage of qualified coders requires organizations to identify ways to maintain coding accuracy and consistency. 3M CRS+ gives coders the support and confidence they need to follow correct coding rules and guidelines. In addition, screen-specific help and secondary how-to windows answer questions about navigation and software functionality.

The information required for quality coding is vast and always changing, usually requiring a variety of manuals scattered throughout the HIM department. The following references are integrated into the software and right where coders need them to expedite the coding process:

• ICD-9-CM Integrated Codebook
• ICD-10-CM/PCS Integrated Codebook
• Current Procedural Terminology

Client support, 3M-style: Experienced, reliable, comprehensive

We hear over and over again that 3M’s support is what sets us apart from the rest. The 3M Client Support Services team of dedicated analysts and product specialists are trained to provide the support clients need to keep their software running smoothly.

3M takes pride in delivering a comprehensive, three-pronged client support program consisting of:

• Technical software support delivered via phone or online by knowledgeable 3M support analysts
• A “self-service” client-only support website with an extensive, searchable knowledge base and the ability to download software and regulatory updates as soon as they are available
• Coding-specific support by phone or online from the 3M Nosology Support Services team of experienced, credentialed coders

Since the company’s beginning, 3M nosologists have provided a unique-in-the-industry service to licensed 3M coding and grouping clients by:

• Providing ICD-9-CM, ICD-10 CM/PCS and CPT® coding support relating to either inpatient or outpatient coding
• Responding to a range of grouping methodology questions relating to CMS MS-DRGs, APCs, 3M™ Enhanced APGs, 3M™ APR DRGs, etc.
• Gathering feedback from 3M clients on suggestions for enhancing 3M products
• Assisting 3M product development to continuously improve the quality and accuracy of the 3M™ Coding and Reimbursement System (CRS and CRS+)

CPT is a registered trademark of the American Medical Association.
References from A to Dr. Z’s

Because specific coding references play such an important part in today’s coding process, we offer additional online references in the optional 3M™ Coding Reference Software, including:

- AHA Coding Clinic for ICD-9-CM
- AMA CPT® Assistant
- Clinical Pharmacology Drug Reference
- Dorland’s Medical Dictionary
- Elsevier’s Anatomy Plates

Another optional reference component, the 3M™ Coding Reference Plus Software, adds the following valuable references:

- Coders’ Desk Reference by Optum
- AHA Coding Clinic for HCPCS
- Faye Brown’s ICD-9-CM Coding Handbook
- Dr. Z’s Interventional Radiology Coding Reference
- The Merck Manual
- Dictionary of Medical Acronyms & Abbreviations
- Mosby’s Manual of Diagnostic and Laboratory Tests
- Anesthesia Crosswalk
- ICD-9 and ICD-10 MS-DRG DRG Definitions Manuals
- ICD-10-CM and ICD-10-PCS Coding Handbook

3M: A history of reliability

Since the early 1980s, 3M Health Information Systems has developed market-leading solutions to help improve your organization’s financial health. The 3M™ Coding and Reimbursement System Plus is key to generating more accurate coding, quality data for decision support, and appropriate reimbursement. In addition, 3M supports grouping and reimbursement configurations for more than 50 federal, state, and commercial payer and reporting organizations.

3M has developed proprietary products and consulting services to help your facility realize an accurate and justifiable case mix index, so you can receive payment in full for the services provided.

3M works closely with:

- American Hospital Association (AHA)
- Centers for Medicare & Medicaid Services (CMS)
- American Medical Association (AMA)
- Agency for Healthcare Research and Quality (AHRQ)
- National Center for Health Statistics (NCHS)
- Various state agencies
- Professional healthcare associations

For more than 30 years, 3M’s goal has been the consistent and timely delivery to our clients of software that incorporates the latest regulations, rules and guidelines needed to achieve complete, accurate and compliant coding.

Call today

For more information on how 3M software and services can assist your organization, contact your 3M sales representative, call us toll-free at 800-367-2447, or visit us online at www.3Mhis.com.