



3M™ Codefinder™ Computer-Assisted Edition — Frequently asked questions

The solution

Q: What is computer-assisted coding and how is it different from autocoding?

A: Computer-assisted coding (CAC) describes applications that “significantly alter the coding process through automatic generation of codes for review by a coding expert who validates and edits the codes rather than manually selects them.”* In this context, CAC relies on a language processing engine to extract pertinent data and terms from a text-based document. The data and terms are converted into a set of medical codes to be used or edited by a coding professional. “Autocoding” implies a fully automated process with no human involvement, whereas CAC depends on human review and validation.

Q: What makes the 3M CAC product distinctive?

A: 3M has developed software that combines our coding expertise with dictation and transcription capabilities for a seamless coding workflow. The result is a system that significantly boosts coding efficiency and links supporting documentation to the codes.

The heart of **3M Codefinder Computer-Assisted Edition** is a coding-focused terminology engine, developed specifically for the healthcare industry. This distinction makes the 3M software the most relevant and appropriate product for clinical applications.

Q: Will 3M Codefinder Computer-Assisted Edition replace coders?

A: No, it will enhance the performance and productivity of coders. It eliminates some of the routine and mundane coding tasks, allowing coders to apply their coding knowledge and judgment to more complex cases, quality assurance, and document improvement. Instead of manually assigning codes, coders spend more time approving the codes that the software suggests.

Q: Is the system focused on a specific area of coding?

A: Coders spend more time coding inpatient records, because they are the most complex. The 3M system targets the inpatient coding process, where the streamlined workflow can help hospitals achieve the most significant improvements.

The benefits

Q: How much can 3M Codefinder Computer-Assisted Edition improve productivity?

A: Productivity improvement will vary by organization. In controlled tests, even inexperienced coders have been able to rapidly master the functionality of the system, achieving an average productivity improvement of nearly 30 percent. These results make us confident that hospitals may be able to achieve at least a 20 percent improvement in productivity.

Q: How quickly can coders learn and become comfortable with the system?

A: 3M Codefinder Computer-Assisted Edition follows a workflow similar to the existing processes most coders follow. As a result, coders can use the system effectively within the first day of training and should notice productivity gains within weeks of implementation.

*AHIMA e-HIM™ Work Group on Computer-Assisted Coding. “Delving into Computer-assisted Coding” (AHIMA Practice Brief). *Journal of AHIMA* 75, no.10 (Nov.-Dec. 2004): 48A-H (with web extras).



Product requirements

Q: How can HIM departments prepare to integrate 3M™ Codefinder™ Computer-Assisted Edition into their workflow?

A: 3M already offers automated solutions and services to help customers streamline workflow and prepare for a transition to 3M Codefinder Computer-Assisted Edition by: improving the accuracy and accessibility of documentation; helping physicians provide accurate and legible documentation; and implementing the **3M™ DRG Assurance™ Program**.

Q: What is required for the system to work well within an existing HIM department?

A: One thing is critical for 3M Codefinder Computer-Assisted Edition to be effective: good documentation. The system is most beneficial when the key documents a coder uses are in a text-based format, such as most transcribed documents and many ancillary documents. 3M offers a tool to help hospitals assess the mix of formats currently used. If there are sufficient text-based documents, the system is effective.

Another requirement is an HL7 interface to send text-based documents to the system. Hospitals that have 3M systems for dictation and transcription (with the 3M™ RAAS DL™ database) do not need to create a new interface. For other hospitals, 3M has defined a standard HL7 specification for their IT group to follow when creating the interface. The system also requires a server to store documents.

Q: How long does installation take?

A: The duration of implementation is expected to take 45 to 90 days for complete installation and testing, depending primarily on an HIT group's ability to create any interfaces that are needed.

Q: Besides an HL7 interface, are other interfaces needed?

A: This is a comprehensive list of the types of interfaces that might be required:

- **Text and image document interface(s).** An HL7 interface is required to bring all text documents into the system to be annotated and processed.
- **Image document interface.** Although 3M Codefinder Computer-Assisted Edition cannot annotate image documents, hospitals can bring them into the system as part of the complete electronic medical record. This would allow coders to refer to them easily, if necessary. This interface may be part of the text document interface, or it could be a second interface, depending on which systems create and store the image documents.
- **Pharmacy NDC code interface.** This interface is required to install the optional pharmacy enhancement for the **3M™ Advanced Analyzer Software**. It can either be in HL7 or flat file format and is typically sent from the pharmacy or charge system.

Q: Do these interfaces replace existing 3M coding interfaces?

A: No. 3M will continue to pass patient demographic information to and from the 3M™ Coding and Reimbursement System through a modified version of the existing interface.



Health Information Systems

575 West Murray Boulevard
Salt Lake City, UT 84123
U.S.A.
800 367 2447
www.3Mhis.com

3M, Codefinder, and DRG Assurance are
trademarks of 3M Company.

Please recycle. Printed in U.S.A.
© 3M 2009. All rights reserved.
Published 04/09
70-2009-9055-7