

AI-Generated Coding: Advantages of Accuracy

BridgepointMD is excited to announce the launch of a new solution to support our client’s transition from fee-for-service to value-based care: AI coding and documentation software.

Accurate and complete coding and documentation processes are the backbone to most value-based clinical and financial strategies, though many specialty physicians may be leaving important condition codes out of their insurance claims due to unfounded concerns. The table below outlines some of the misconceptions and realities of specialist coding and documentation.

In the journey to value-based care, initiatives to improve coding and documentation are the basis to collect data that can then uncover opportunities to identify gaps in care and/or improve care delivery.

Misconceptions	Realities
✗ If I document a condition, I’m responsible for providing care for the condition	✓ Documenting a condition outside of your specialty does not make you responsible, instead those codes provide context for the care you’re providing and for payers to understand clinical complexity
✗ Documenting conditions outside of my specialty is ‘upcoding,’ or intentionally inflating reimbursement amounts	✓ If documentation and coding accurately reflects the patients’ condition, coding all conditions is expected by payers and CMS
✗ Capturing condition codes outside of my specialty could lead to payer audits	✓ Proper documentation of the full spectrum of patient conditions through ICD-10 / HCC coding can justify billing level 3-5 services and could reduce the possibility of audits
✗ Documenting patient complexity at presentation only benefits the payer	✓ Once payers recognize the clinical complexity and risk related to each beneficiary, new contracts could allow for greater reimbursement for more complex patients or the possibility for taking on upside risk arrangements
✗ Documenting and coding from last year carries over to this year	✓ Chronic conditions must be re-coded every year to capture disease severity

Some common documentation issues we’ve encountered are:

- **Missed Chronic Conditions or Inappropriate Coding:** Specialists often underreport conditions that may not be directly related to their specialty. Documenting these conditions creates a fuller picture of the patient’s health and can potentially impact reimbursement. In payer conversations, clinical performance data can be used as evidence to drive value-based contract negotiations. Accurate coding and documentation will also supply necessary support for level 3-5 services, potentially minimizing the occurrence of payer audits.
- **Annual Coding and Re-Coding:** Chronic conditions, even permanent ones like amputations, must be re-coded every year to create a full picture of a patient’s clinical complexity.
- **Incomplete Procedural Notes:** Inadequate documentation of procedures or interventions, such as imaging studies or biopsies, can result in missed reimbursement opportunities. A dedicated focus on thorough procedural notes details the scope of care provided, reinforcing accurate reimbursement.

Accurate and complete documentation and coding is a fundamental administrative function that allows practices to improve performance across payers. We are excited to offer our clients best-in-class AI-powered coding and documentation solutions.



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Founders Corner

Consistent with a recent WSJ article, I've seen increasing frustrations with our healthcare system conveyed by patients and physicians at my practice. Care delivery and patient communication have become increasingly more difficult resulting in an erosion of trust in the physician-patient relationship driven by bureaucratic barriers often pitting physicians and patients against one another. Care gaps derived by EMR and prior authorization models result in failure to digest critical clinical data and timely delivery of coordinated care plans. This creates a fracture at the point of care delivery, the physician-patient relationship. There's no quick fix. But physicians can help rebuild trust via

care navigation services that foster additional patient touch points, breaking through communication barriers so physicians can respond to patient concerns as they arise. The impact of increased patient communication is improved outcomes and restored physician-patient trust. That's why BridgepointMD is bringing care navigation capability to specialists. You can only work so hard and do so much on your own. To create change, you need a deeper bench. The time is now to refocus the physician-patient relationship by expanding communication and care coordination strategies that foster shared decision-making and restore lasting trust.

Link to the WSJ article:

[Doctors Are Just as Frustrated as You by Our Messed Up Healthcare System](#)

A Narrative on Barriers to Change

The Human Elements Erecting Barriers to Change: *Perception, Resistance, Guarded Acceptance* Part 2

In Part 1 of this series, we discussed how our perception of the world around us is influenced by our experiences, observed relationships among the elements we see, and our interpretive capacity based on this totality of input. We all understand that change is inevitable. Despite this knowledge we tend to resist change. We tend to be complacent and set in our ways, relying on tradition and time-tested methods rather than seeking newer, better solutions. Such perceptions align with the "don't try to fix what isn't broken" mentality. However, this leaves little room for innovation and progress. One can argue that not all innovation is indeed progress, but the application of new ideas and solutions can result in significant improvements to solve problems that exceed the capacity of our historic remedies Albert Einstein once said, "We cannot solve our problems with the same thinking we used when we created them." Innovation, over time, remains the most important and logical step forward.

drawn carriage (red circle). A significant change has occurred in a relatively short amount of time.

While this transition is easy to observe and recognize, other

Year 1900: One Motor Vehicle



Our perception of the pace of change often differs from reality. Change occurs much more rapidly than we like to think. Take a look at the image of New York's 5th Ave in 1900. There is a street full of horse-drawn carriages and a single automobile (red circle). However, a corresponding image from 1913 shows a field of automobiles and a single horse-

Year 1913: One Horse & Carriage



more subtle changes seem to be stuck in our memory banks and may contribute to our overall resistance to change. To illustrate, get a pen and paper. Within 10 seconds write your first response to the question; "What are the colors of a Yield sign?" Then look up the answer online, you might be surprised. History shows that nearly 50% of people will get the answer wrong. This exercise demonstrates how we are prone to perceive change differently than reality and perhaps why we resist implementation of change, even if it is for innovation and progress.

As Yogi Berra once presciently said, "The future ain't what it used to be." For those in healthcare operations, management, or delivery this is certainly true. We are in a time of evolution. To best position ourselves during the evolutionary process, we need to understand our perception of change to move forward, to be part of the solution that better addresses the needs of our stakeholders.

Part three of the series will focus on transitions that will allow us to embrace change