

# **NLP Assisted Coding**

Amanda Potter





Medical coders translate physician notes into a set of diagnosis and procedure codes.

These codes are used to send a claim to the payer for reimbursement



#### **Physician Notes**

Recorded by physician.



#### **Transcription**

Transcriptionist or voice recognition.



#### **Claim Coded**

Trained coders.



"Nursing Progress Note 7p-7a\n\nNEURO: Sedated on Propofol gtt. Doesn't follow commands even when spoken in Greek by family member. Spont. non-purposeful movts noted. Easily aroused with touch, grimace and withdrawal of extremities noted. Sluggish pupils.\n\nCV: BP stable. HR 90s with occ. PACs. +murmur. Afebrile. +2 distal pulses. CVP 8-11. Warm extremities.\n\nRESP: Rate [\*\*Month (only) \*\*]. to 16 due to resp. alkalosis. Currently on CMV 40%/550/16/10. Scant secretions. Lungs essentially clear. No spont. breaths when resting.\n\nGl/GU: Abd. slightly firm and distended. No hemetemesis or melena. Currently NPO. Adequate UOP. No hematuria.\n\nSKIN: Yeast infection under skin folds. Excoriation of perianal area noted. Miconazole powder and nystatin cream used. Duoderm intact in sacral area.\n\nPLAN: Monitor Hct and transfuse if <30. SBT for possible extubation. Cont. octreotide gtt and manage BG with insulin gtt.\n"

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# **Coding Errors are Expensive**

Errors in coding cost hospitals millions

- Claims Denials
- Incorrect base rate used for reimbursement



# Coding Errors are Expensive

#### Denied claims

- Average \$25 to reprocess
- 50-65% of denied claims are never worked



#### The Data

Data set from MIT

MIMIC-III

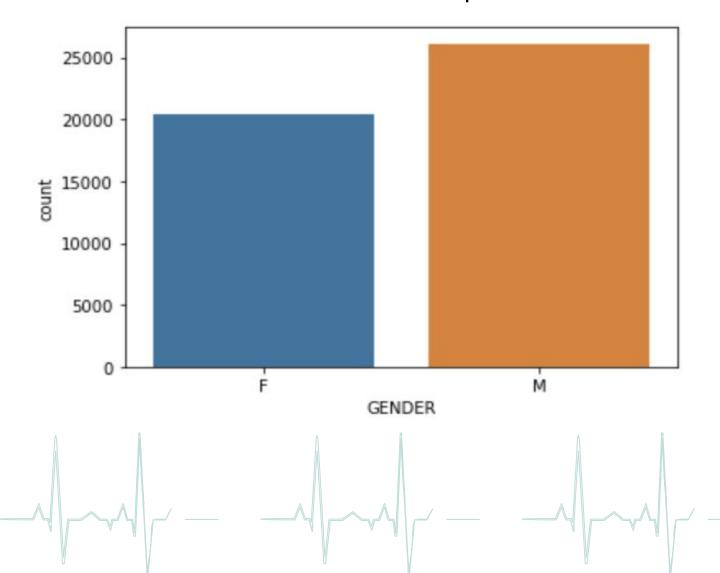
ICU patients at Beth Israel Deaconess Medical Center 2001-2012



#### **Patient Data**

#### Count of Male/Female patients

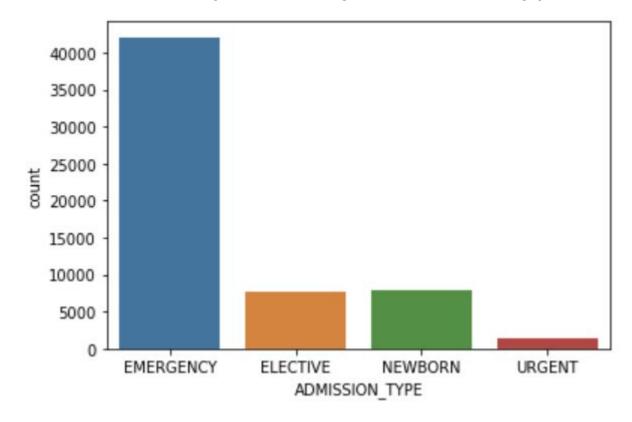
Over 40K individual patients



#### **Patient Data**

Majority admitted through the ED

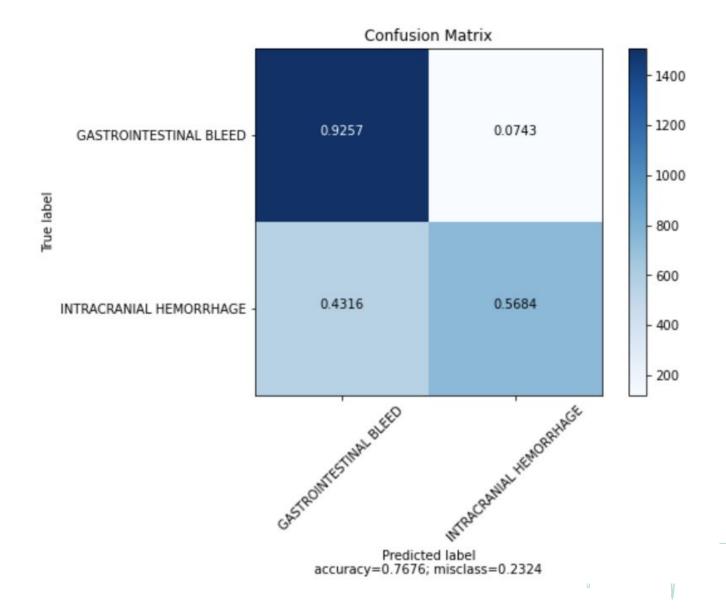
#### Count of patients by Admission Type







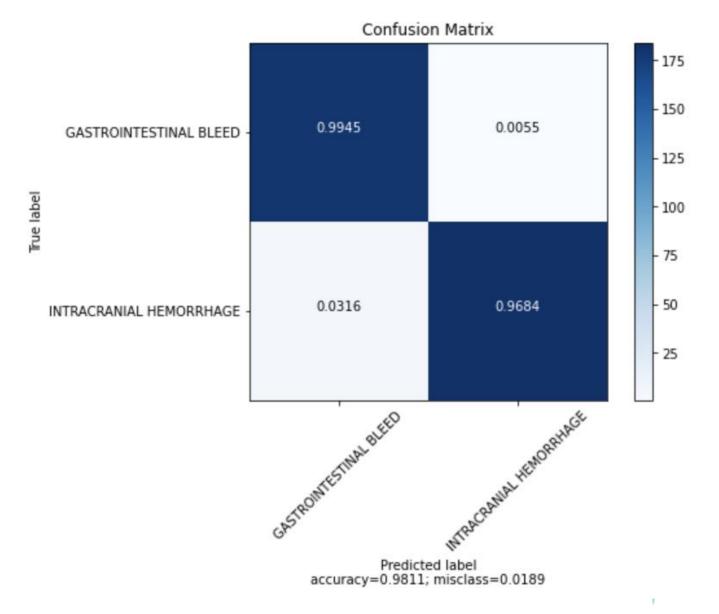
## First Simple Model



- Chose 2 diagnoses
- Count vectorization
- Lemmatized
- 500 features
- Accuracy = .77



## First Simple Model



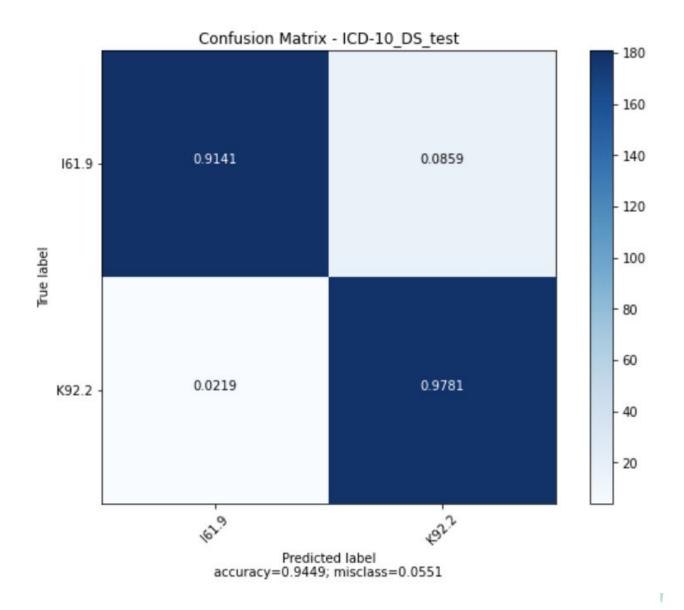
- Limited to Discharge
   Summary notes
- Accuracy = .98



#### Processed Text Included Actual Diagnosis

'admission date discharge date date birth sex f service medicine allergy topiramate aripiprazole shellfish bee pollen attenlaint am major surgical invasive procedure paracentesis thoracentesis history present illness f history alcoholic hepatitis ge gi bleed without clear source subsequently develop c diff treat iv flagyl po vanc taper sbp hcap treat vanc cefepime dis day transfer back hospital am report ems hospital rehab febrile today pcxr c w pna go svt rate transfer hospital give adeno ive apap vanc zosyn transfer ed afebrile alter unable answer question labs show wbc stable hct plt electrolytes wnl excepti ct p obtain look toxic megacolon negative however show large new right pleural effusion lead atelectasis near collapse right ill define opacity lul may reflect infectious process also splenomegaly varix signialying portal hypertension diagnositc pa e inr low plt past ir requirement give iv flagyl possibility toxic megacolon also receive another l n ed sbps remain stable t feel like truck hit elaborate much review system difficult obtain feel like truck hit sob abd pain distension past medica sis p tip p cholecystectomy gastroesophageal reflux disease bipolar disorder htm depression anxiety recent burn hand housef ocial history life husband child age smoke pack every week use accountant describes beer daily denies drug use family histo ion exam hr bp l general encephalopathic mumble ox heent sclera icteric dry mm oropharynx clear eomi perrl neck supple jvp l murmur rub gallops lung clear auscultation bilaterally anteriorly abdomen distend ascites present fluid wave diffusely te l perfused pulse peripheral edema neuro cnii xii intact move extremity discharge exam v ra nr bmx x general chronically ill e heent sclera icteric mmm cardiac tachycardic regular systolic murmur along left sternal border byperdynamic precordium lu

#### **Final Model**



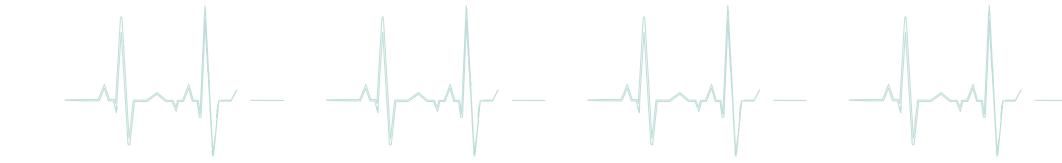
- Chose 2 ICD-10 codes
- Discharge Summary
- Count vectorization
- Lemmatized
- 500 features
- Accuracy = .95



# Evaluation and Next Steps

### **Recommendations/Next Steps**

- Proof of concept, NLP can be used to capture codes accurately
- Add additional diagnosis codes medical coding is not binary
- Add in DRG much lost revenue from incorrect DRG codes, specifically not capturing CC/MCC



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